

# Heathway Medical Centre

## Quality Report

Broad Street Resource Centre  
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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

<b>Overall rating for this service</b>	<b>Good</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Good</b> 

# 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 Heathway Medical Centre on 26 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. Breaches of legal requirements were found and requirement notices were issued in relation to patient safety, receiving and acting on complaints and fit and proper persons employed. In addition we issued the practice with a warning notice for Regulation 17, Good governance, requiring them to achieve compliance with the regulation by 9 September 2016. We undertook a focused follow up inspection on 7 November 2016 to check that the practice had addressed the issues in the warning notice and found that they had met the legal requirements. The full comprehensive report can be found by selecting the 'all reports' link for Heathway Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 3 July 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- GPs liaised with the local CCG medicines management team and attended educational meetings.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Clinical audits were carried out and demonstrated quality improvement.
- Data from the Quality and Outcomes Framework showed patient outcomes were above CCG and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice now had a governance framework which supported the delivery of their vision of highly effective care.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.

In addition the provider should:

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Consider ways of improving information available to patients, for example, a website.
- Take steps to improve the practice's performance in cervical cytology screening.
- Review how lessons learnt from significant events and complaints are shared with the locum GP.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requires improvement



- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events; although lessons were shared with most staff, the practice did not have a formal system in place to share learning with the locum GP who could not attend meetings.
- The practice did not follow its process for handling uncollected prescriptions.
- Sample handling guidelines which underpinned cervical cytology screening was out-dated.
- Blank prescription forms and pads were securely stored; however the practice did not monitor the usage of printer generated prescriptions.
- The practice could demonstrate that regular medicines audits were carried out with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were above CCG and national averages. For example, performance for hypertension was 92% which was above the CCG average of 78% and national average of 80%.
- GPs liaised with the local CCG medicines management team and attended educational meetings.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- End of life care was personalised and coordinated with other relevant services involved such as a local hospice.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- The practice now maintained a carer's register and had identified 16 patients as carers, however this was less than 1% of the practice list.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 practice had good facilities and was well equipped to treat patients and meet their needs.
- People with no fixed address were able to register with the practice.
- A telephone queuing system had been introduced as a result of patient feedback.
- The practice offered dermatology appointments with the principal GP who was trained to offer this service. This had reduced external referrals.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice now had a vision and that was to deliver highly effective, accessible, efficient and safe healthcare services to patients.
- Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- Practice specific policies were implemented and were available to all staff via the shared drive.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 is rated as for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above CCG and national averages. For example, the percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who was treated with an ACE-I (or ARBs) was 100% which was above the CCG average of 88% and national average of 81%. This was achieved without exception reporting any patients.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- Appointments were prioritised for patients with long term conditions.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



# Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

- Regular audits were undertaken, for example, the practice reviewed and referred all patients with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) and who did not have a record of chest x-rays documented. X-ray results found stage two lung cancer in some patients; this early diagnosis meant patients could receive optimal treatment thus potentially improving survival rates.

## Families, children and young people

The provider is rated as requires improvement for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable to CCG averages, but below national expected coverage for some standard childhood immunisations.
- At 70% the practice's uptake rate for the cervical screening programme was below the CCG average of 79% and the national average of 81%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and safeguarding concerns.
- The practice had emergency processes for acutely ill children and young people.

Good



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

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

- The practice understood its population profile and had used this understanding to meet the needs of its population.

Requires improvement



# Summary of findings

- The practice offered extended hours on Monday and Wednesday evenings for working patients who could not attend during normal opening hours.
- The practice did not have a website, however online services such as requests for repeat prescriptions could be done through NHS Choices.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those affected by homelessness.
- End of life care was personalised and delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered annual health checks and longer appointments for patients with a learning disability. There were 20 patients on the register, 18 of those had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 provider is rated as good for the care of people experiencing poor mental health (including those with dementia).

Good



- The practice carried out advance care planning for patients living with dementia; this information was recorded on the register.
- The practice maintained a dementia register which was monitored and updated monthly by the healthcare assistant (HCA) who alerted the principal GP to those who were due a review.

# Summary of findings

- Performance for dementia related indicators was above the CCG and national averages. For example, 98% of patients with a diagnosis of dementia had a care plan and was reviewed face-to-face in the preceding 12 months and the practice did not exception reported any patients.
- Performance for mental health related indicators was markedly above CCG and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record compared to the CCG average of 85% and national average of 76%. This was achieved without exception reporting any patients.
- The practice provided care and treatment to a 60 bed care home for older people with dementia, Alzheimer's and Parkinson's disease. Patients were reviewed weekly by the GP and referred to the psychiatrist if deemed necessary.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received training and attended conferences on how to support patients with mental health needs including dementia.

# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published on 6 July 2017, however the report used the data which was published on 6 July 2016 and available to us at the time of inspection. The results showed the practice was performing in line with local and national averages. Three hundred and seventy four survey forms were distributed and 106 were returned. This represented just over 2.5% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 83 comment cards which were mostly positive about the standard of care received. Patients said the doctors were friendly, respectful and responded promptly with the right treatment and care.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Heathway Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a lead CQC inspector who was supported by a GP specialist advisor, practice nurse advisor and an expert by experience.

## Background to Heathway Medical Centre

Heathway Medical Centre is one of two GP practices based within Broad Street Resource Centre. Heathway Medical Centre is a modern purpose built building located in a residential area of Dagenham. The practice occupies the ground floor of the building. The practice is well served by local buses and is within easy reach of Dagenham Heathway underground station. Parking is available on site as well as on surrounding streets.

The practice holds a General Medical Services (GMS) contract and provides NHS primary care services to approximately 4000 people living in the London Borough of Barking and Dagenham and is part of the Barking and Dagenham Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). They also take care of 60 elderly residents from a care home who require specialist care in dementia, Alzheimer's and Parkinson's disease. The practice is located in the second most deprived decile of areas in England; level one represents the highest levels of deprivation and level 10 the lowest. Data shows income deprivation affecting children (IDAC) in 2015 was 33%, which was higher than the national average of 20%.

The practice is staffed by a female principal GP, one male salaried GP and one male locum GP who worked fourteen weekly sessions. They are supported by two part time female practice nurses and two part time health care assistants (HCAs), one full time practice manager and various administrative staff. The practice was open between 8am and 6.30pm Monday to Friday with the exception of Thursday, when the practice closes at 1pm. Extended hours appointments are offered on Monday evening until 7.00pm and Wednesday evening until 8pm. Out of hours services are provided by the GP Hub services and the NHS 111 services when the practice is closed. Information about the Out of Hours services is provided to patients in the practice leaflet and posters. The practice does not have a website, however patients can book appointments and request prescriptions through NHS Choices.

The practice is registered with the Care Quality Commission (CQC) to provide the following regulated activities from Broad Street Resource Centre, Morland Road, Dagenham, Essex, RM10 9HU:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Maternity and midwifery.

## Why we carried out this inspection

We undertook a comprehensive inspection of Heathway Medical Centre on 26 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and was placed into special measures for a period of six months.

# Detailed findings

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the regulations by 9 September 2016. We undertook a follow up inspection on 7 November 2016 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 7 November 2016 inspection can be found by selecting the 'all reports' link for Heathway Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Heathway Medical Centre on 3 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## 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 3 July 2017. During our visit we:

- Spoke with a range of staff including two GPs, practice nurse, HCA, practice manager, non-clinical staff and spoke with ten patients who used the service.

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 83 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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?

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

At our previous inspection on 26 May 2016 we found the arrangements for safe services needed improving in relation to reporting and recording significant events, safeguarding, patient chaperoning, recruitment checks, infection control, DBS checks, storage of patient records, patient specific direction (PSD) and basic life support training. At this inspection, we found the practice had addressed these issues; however the process for monitoring printer prescription and uncollected prescriptions needed reviewing. The practice is now rated as requires improvement for providing safe services.

### Safe track record and learning

At the previous inspection we found there was a lack of systems in place for reporting and recording significant events. At this inspection, we found the practice now had a transparent and open system in place for dealing with significant events.

- Staff told us they would inform the practice manager of any incidents and they now had access to a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff had access to the duty of candour policy which was available on shared drive.
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to reduce the likelihood of similar events happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. These were stored in a folder on the shared drive and which was accessible by all staff. The practice carried out a thorough analysis of significant events.

- Eight significant events had been recorded in the last year and we saw minutes of meeting where these were discussed and lessons were shared with most staff and action was taken to improve safety in the practice. For example, following an incident where a referral was delayed as the member of staff did not follow specific guidelines. As a result of this incident, the practice took appropriate action by creating a folder on the shared drive which meant staff had immediate access to specific referral forms and guidance on how to complete and where to send. We noted the practice did not have a formal system in place to share learning with the locum GP.
- Significant events were grouped into different areas such as subject area and staff group which helped to identify training need, for example, a member of staff who compromised patient's confidentiality was provided with refresher information governance training.

### Overview of safety systems and processes

The practice now had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the sample of documented examples we reviewed we found that the GPs attended quarterly safeguarding meetings and provided reports for other agencies especially where neglect was suspected.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, practice nurses to level two and non-clinical staff to level one.
- 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

## Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. Up-to-date cleaning schedules and monitoring systems were in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address improvements identified as a result. At the last inspection, we found chairs in the waiting area were torn and these had not been replaced. The practice manager told us they were still having ongoing discussions with the landlord.

There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice; however improvements were needed in relation to the monitoring of printer prescriptions.

The practice did not follow its process for handling uncollected prescriptions. For example, we found uncollected prescriptions that were issued in March and April 2017 had not been investigated when the eight weeks lapsed; the practice policy stated that any uncollected prescriptions would be investigated after the eighth week. Blank prescription forms and pads were securely stored; however there were no systems to monitor the usage of printer generated prescriptions. Patients on high risk medicines such as methotrexate and warfarin were monitored and reviewed in line with practice policy and national guidance. The practice could demonstrate that regular medicines audits were carried out with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Patient Group Directions (PGDs) had been adopted by the practice 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). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately. (PSDs are written instructions,

signed by a prescriber for medicines to be supplied and administered to a named patient after the GP has assessed the patient on an individual basis). All PGDs and PSDs we checked were signed by the relevant persons and in date.

Sample handling guidelines which underpinned cervical cytology screening was out-dated and the practice failed to follow up a test result which was not received from the laboratory in January 2017.

We reviewed five personnel files and found appropriate recruitment checks had now been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

The practice had strengthened its procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- Patient records were now securely stored in lockable cupboards.
- The practice had a fire risk assessment which was undertaken by a suitable person in April 2016 highlighted several areas which required immediate attention; we spoke with the building manager who confirmed these had been remedied satisfactorily. Fire drills were carried out and there were designated fire wardens within the practice who had received suitable training in September 2016.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The building undertook other general risk assessments to monitor safety of the premises such as health and safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment which was carried out in January 2017 recommended weekly flushing of low outlets; we found this was implemented and the practice kept a log which demonstrated compliance.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet

## Are services safe?

patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice tended to use regular locum GPs to provide cover for annual leave and other long term absences. A detailed locum pack was available in electronic and hard copy formats.

### **Arrangements to deal with emergencies and major incidents**

The practice now had adequate arrangements 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records demonstrated these items were checked regularly to ensure they were in good working order. A first aid kit was available in the reception office.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date, stored securely and a log maintained which identified drugs nearing expiration.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff as well as details of local practice with whom they had reciprocal arrangements in case of emergencies.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 26 May 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of clinical audits, lack of induction, and staff training needed improving. In addition the practice had a higher than average exception reporting for patients with long term conditions.

These arrangements had significantly improved when we undertook a follow up inspection on 3 July 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE through the intranet system and used this information to deliver care and treatment that met patients' needs. Incoming alerts were acted on and shared with relevant staff.
- GPs liaised with the local CCG medicines management team and attended educational meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. This was achieved with an overall exception rate of 6% which was comparable to the CCG and national averages of 9% and 10% respectively. (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 practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was above CCG and national averages. For example, the percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who was treated with an ACE-I (or ARBs) was 100% which was higher than the CCG average 88% and national average of 81%. This was achieved without exception reporting any patients.
- The practice's performance for mental health related indicators was markedly above CCG and national averages. For example, 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record compared to the CCG average of 85% and national average of 76%. This was achieved without exception reporting any patients.
- At 92% performance for hypertension was above the CCG average of 78% and national average of 80%.
- The proportion of the patient list diagnosed with dementia was almost three times the CCG average, yet, performance for dementia related indicators was above the CCG and national averages. For example, 98% of patients with a diagnosis of dementia had a care plan and had been reviewed face-to-face in the preceding 12 months and the practice did not exception reported any patients.

The practice maintained a dementia register which was monitored and updated monthly by the healthcare assistant (HCA) who alerted the principal GP to those who were due a review. Criteria was set for the 35 patients on the register which included whether patient had a carer and if so their details were recorded, whether a pop up note was placed on patient's record and whether or not care plans were in place and the dates they were last reviewed. Fortnightly integrated care meetings were held to discuss these patients.

Quality improvement initiatives were in place and which included clinical audit:

# Are services effective?

## (for example, treatment is effective)

- There had been three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. One such audit related to angiotensin-converting-enzyme inhibitor (ACE inhibitors) which are medicines primarily used to treat high blood pressure and heart failure. The practice carried out this audit in line with evidence based guidelines that ACE inhibitors reduce mortality and morbidity associated with heart failure. In the first cycle which commenced in March 2016, the practice selected 31 patients diagnosed with heart failure and found that 15 patients were already taking ACE inhibitors, 13 were not on ACE inhibitors and three patients were deemed unsuitable. The principal GP discussed new guidelines with the other GPs and ensured they were aware of current practice. Clinicians reviewed patients' notes, coding and diagnosis. The second cycle of the audit carried out in November 2016 found six patients had been incorrectly diagnosed; five patients had contraindications which meant they were unsuitable for ACE-I, five patients had a diagnosis of heart failure but had not been prescribed ACE-I and three patients who were no longer patients at the practice. Findings from this audit led to safer diagnosis, data cleansed and improved note recording.
- Other audits related to diabetes and seasonal influenza vaccination uptake in children where information about patients' outcomes was used to make improvements such as offering walk in clinics during flu season.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had implemented an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice forums.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff who had been employed one year and over had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. A training tool was used to maintain staff training updates.

### 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.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals fortnightly when care plans were routinely reviewed and updated for patients with complex needs.

# Are services effective?

(for example, treatment is effective)

We reviewed patient records and found that there was strong evidence which demonstrated that the practice ensured end of life care was personalised and delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- QOF data showed 87% of patients aged 15 years and over who smoked had this information recorded and were offered smoking cessation support by the practice.

- Phlebotomy service operated from within the same building.

The practice's uptake for the cervical screening programme was 70%, which was below the CCG average of 79% and the national average of 81%. This was achieved with an exception rate of 6%, compared to the CCG rate of 12% and national rate of 7%. The practice had a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. They also ensured a female sample taker was available and longer appointments were offered for those with a learning disability.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer which were in line with CCG and national averages. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were mixed when compared to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 81% to 88% which was below the national expected coverage of 90%. MMR dose 1 vaccine given to five year olds was 85% which was comparable to the CCG average of 87% and national average of 94%. MMR dose 2 at 63% was in line with the CCG average of 72%, but below the national average of 88%.

# Are services caring?

## Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing caring services as the practice did not identify carers and there was insufficient information available to help patients understand the services.

At this inspection, we found that the practice now maintained a carer's register and had identified 16 patients as carers which was still less than 1% of the practice list size. The practice is rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Patient completed 83 Care Quality Commission comment cards prior to the inspection. Of these, 79 of the completed cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, respectful and treated them as individuals. The remaining four comment cards commented on difficulty getting appointments and short appointment times.

We spoke with 10 patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

## Are services caring?

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 78% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is an electronic tool which enables the most appropriate services to be offered to patients and gives them a choice of place, date and time for their first outpatient appointment in a hospital).

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice now held a carer's register; patients were recorded and coded on the clinical system which alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers which was less than 1% of the practice list. New patients were asked to confirm if they were carers when registering and a representative from the local carer's association attended the practice on a monthly basis and provided patients with support. Written information was also available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. Results from the national GP patient survey and comment cards highlighted patients had difficulty obtaining appointments.

These arrangements had improved when we undertook a follow up inspection on 3 July 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The principal GP was the network lead for the local CCG.

- The practice offered extended hours on a Monday and Wednesday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients on the vulnerable patients register such as those with a learning disability, dementia and carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- People with no fixed address were able to register as patients and used the practice's address.
- The practice now had an automated telephone queuing system.
- The practice offered dermatology appointments with the principal GP who was trained to offer this service. This had reduced external referrals.

- GPs attended quarterly safeguarding meetings and weekly integrated care meetings with other healthcare professionals.

### Access to the service

The practice opened between 8am and 6.30pm Monday to Friday with the exception of Thursday, when the practice closed at 1pm. Extended hours appointments were offered on Monday evening until 7.00pm and Wednesday evening until 8.00pm. Out of hours services were provided by the GP Hub services and the NHS 111 services when the practice was closed. Information about the Out of Hours services was provided to patients in the practice leaflet and posters. In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were also available for patients that needed them. The practice did not have a website; however patients could book appointments and request prescriptions through NHS Choices. We noted that approximately 700 patients had registered for online booking, but only 2% had utilised the service at the time of inspection. The practice had a plan to increase online bookings to 10%.

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

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%.
- 91% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 66% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

As a result of patients' feedback, the practice manager told us more same day appointments were now available to meet demands. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients requesting a home visit were requested to contact the practice as soon as possible. The reception staff recorded patient details on the home visit request log which was reviewed by the GP on duty and a visit arranged if deemed necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The system in place for handling complaints and concerns had improved.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed on posters at reception and in the practice leaflet.
- Compliments were stored in a "praise" folder and discussed in team meetings.

We looked at six written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action taken as a result to improve the quality of care. For example, one complaint related to a parent who complained about an uncaring GP. A detailed investigation was carried out and findings were shared with all involved including the reasons why the complaint was upheld. Patient received verbal and written apologies and the practice explained how they intended on reducing the likelihood of similar complaints in the future.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 26 May 2016, we rated the practice as inadequate for providing well-led services as the provider did not have effective governance systems in place to keep patients safe. As a result we issued a warning notice for Regulation 17, requiring them to achieve compliance by 9 September 2016. We undertook a follow up inspection on 7 November 2016 and found the requirements of the warning notice had been met.

At this comprehensive follow up inspection we found the practice had an effective governance framework. The practice is now rated as good for being well-led.

### Vision and strategy

The practice now had a vision and that was to deliver highly effective, accessible, efficient and safe healthcare services to patients. There was a focus on improving the practice by working with the local CCG and other practices within the locality in improving the local population health.

- Staff we spoke with during the inspection knew and understood the values.
- The practice had an improvement plan which included upgrading IT services, management training and recruitment.

### Governance arrangements

The practice governance framework had improved and now supported the delivery of their vision of highly effective care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the principal GP led on safeguarding.
- Practice specific policies were implemented and were available to all staff via the shared drive. Most policies we reviewed had been updated.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was still used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks. For example, the practice now undertook regular infection control audits and whistleblowing concerns were discussed during weekly meeting and we saw evidence the practice took this seriously.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the management team in the practice demonstrated they had the capacity and capability to run the practice, however the new practice manager required further experience to better understand the practice. The practice manager was new to the role, but assured us that with the support of the local CCG along with additional training he would gain the necessary experience over the coming months to be able to run the practice effectively. They told us they prioritised safe, high quality and compassionate care and staff told us management had an open door policy and always took the time to listen.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents and an updated policy which was accessible via the shared drive. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with

# Are services well-led?

Good 

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

district nurses and social workers to monitor vulnerable patients. GPs worked closely, with health visitors from a nearby health centre to monitor vulnerable families and safeguarding concerns.

- Staff told us and we saw minutes to confirm the practice now held weekly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes we reviewed were comprehensive and were available for practice staff to view on the shared drive.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- We spoke with the patient participation group (PPG) who told us the group was formed 18 months ago and members met biannually, however they told us this would be changed to quarterly. They described the new practice manager as “open and capable” and told us the practice was receptive to their views and acted on them. For example, they suggested the practice shared feedback results which were summarised and they told us this was acted on and was now available to view in the waiting area.

- The NHS Friends and Family test, complaints and compliments received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There were demonstrable improvements that showed steps had been taken to improve the practice for example, all staff had completed mandatory training and the practice had implemented systems and processes to minimise most risks to patients. They told us there was a focus on continuous learning and improvement at all levels within the practice. For example:

- The principal GP who had a diploma in geriatric care was the named doctor for a 60 bedded care home where patients required specialist care in dementia, Alzheimer’s and Parkinson’s disease.
- The practice provided an in-house dermatology service which meant they had lower dermatology referrals; this was provided by one of the GPs who had obtained the relevant dermatology qualification.
- One of the GPs was the network lead for the local CCG who attended meetings where performance, prescribing and other local issues were discussed.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The practice failed to follow guidelines when they did not follow-up a cervical cytology screening result which was not received within the specified time.</li><li>• Uncollected prescriptions were not monitored in line with practice policy in a timely manner.</li><li>• The usage of printer prescriptions were not recorded or monitored.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>