

Abbeyslade PMS - Dr Chand

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous inspection 14 January 2016 – Good overall, requires improvement for Well Led)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive focused inspection at Abbeyslade PMS – Dr Chand on 11 April 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in line with our next phase inspection programme.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen. For example, we found that the practice had not followed its cold-chain policy or national guidelines on the management of vaccines.
- There was evidence that care and treatment was delivered according to evidence-based guidelines. However, arrangements in place to formally review the effectiveness and appropriateness of the care provided was not consistent.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice offered a flexible range of appointments and services.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

- The practice proactively sought feedback from staff and patients, which it acted on. There was a clear leadership structure and staff felt supported by management. There were regular clinical meetings which were well documented.
- There was a lack of governance arrangements to ensure that quality assurance processes were in place which led to improvements in patient outcomes.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that persons employed at the practice have received appropriate training.

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

- Review systems in place to increase the uptake of all standard childhood immunisations and cervical screening.
- Continue to take steps to improve practice waiting times during surgery.
- Consider ways to increase the number of elderly patients on the palliative care list and improve partnership working with the local palliative care team.
- Review the process aimed at identifying patients with caring responsibilities to be able to provide appropriate support and signposting.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second inspector, a GP specialist and an expert by experience.

Background to Abbeyslade PMS - Dr Chand

The practice operates from a single location in Abbey Wood, London. It is one of 42 GP practices in the Greenwich clinical commissioning group (CCG) area.

There are 4708 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include influenza and pneumococcal immunisations, minor surgery, remote care monitoring and rotavirus and shingles immunisation.

The practice has a lower than average population of patients aged 75+ years. It has higher than the national

average income deprivation affecting children. Of patients registered with the practice, 55% are white, 26% are black, 13% are Asian and 5% are from a mixed or other ethnic background.

The clinical team includes a male GP partner, a female GP, a female locum GP, and three female practice nurses. The clinical team is supported by a practice manager, four receptionists, an administrator and a medical secretary.

The practice is currently open between 8am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 7.30pm Monday and Wednesday. Appointments are available from 8.30am to 6.30pm Tuesday, Thursday and Friday, and from 8am to 7.30pm Monday and Wednesday. There are four treatment rooms, all of which are on the ground floor. There is wheelchair access and baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to an external out-of-hours service in the borough.

Are services safe?

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

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse. Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to child safeguarding level three. However, the staff we spoke to did not know who was responsible for lead roles, such as safeguarding and infection control.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. They outlined clearly who to go to for further guidance. All staff received up-to-date safeguarding and safety training appropriate to their role. The staff we spoke to knew how to identify and report concerns. However, although there was a safeguarding lead in the practice, staff did they did not know who the safeguarding lead was.
- We saw evidence that the practice monitored and followed-up failed attendance for children's appointments following referral to secondary care or for immunisation.
- Reports and learning from safeguarding incidents were emailed to staff and kept in an accessible location.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice carried out appropriate staff checks at the time of recruitment.
- There was an effective system to manage infection prevention and control. The practice had an infection control lead. However, staff we spoke to did not know who the infection control lead at the practice was.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety. However, the practice did not safely manage patients referred through the two-week cancer referral pathway.

- We saw evidence that new cancer cases were referred using the urgent two-week cancer referral pathway. However, there was no system in place to check a patient had attended their appointment.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures although some emergency medicines were not available.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians we spoke to knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all the necessary information.

Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines. However, some systems for managing high-risk medications were not safe.

- The practice did not have a safe system for monitoring high-risk medication. For example, we reviewed six records of patients taking methotrexate (a medicine to treat cancer and rheumatoid arthritis). One patient had received a blood test; one had received a liver function test and the remaining four patients had not received a blood test within the required timeframe of three months.

Are services safe?

- We reviewed nine records of patients taking azathioprine (a medicine used to treat rheumatoid arthritis and lupus). Five out of nine patients did not have an up-to-date blood test within the required timeframe of three months.
- The practice had not risk assessed the need to hold some of the recommended emergency medicines. For example, the practice did not stock the emergency medicine furosemide. Furosemide is used to treat high blood pressure, heart failure and oedema (a build-up of fluid in the body).
- The systems for managing and storing medicines, including vaccines, did not minimise risks. We reviewed the practices, "Vaccine and refrigerator care log" between September 2017 to March 2018. In total there were 16 working days when the fridge temperature had not been recorded.
- We saw evidence that medical gases, emergency medicines and equipment, were monitored appropriately.
- Expiry dates of emergency medication was not checked consistently. There was a sheet for checks undertaken in January 2018 and one for April 2018 but no recording was available for February and March 2018
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance. The practice's latest figures for prescribing of broad-spectrum antibiotics were below the CCG and national average.

Track record on safety

The practice had good systems in place for responding to incidents. However, there were some safety management systems that required improvement.

- The practice had a comprehensive fire risk assessments. The practice had two fire marshals and a sign in reception to identify them to patients. However, the staff we spoke to did not know who the fire marshals were.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available

on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- The practice had an infection control policy and lead. However, not all staff knew who was the infection control lead.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. For example, after an incident involving a violent patient the practice implemented a panic alarm at reception that alerts the police.
- From the sample of documented examples, we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. We reviewed incident reports and minutes of meetings where significant events were discussed by all staff. We saw evidence of patients being informed of incident as soon as reasonably practicable and receiving appropriate support.
- We looked at three staff meeting minutes. Two practice policies were reviewed during each meeting and a "Sign-off policy form" was completed by staff to confirm that they had read and understood the policies.
- However, staff were not able to identify the safeguarding lead in the practice.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice had identified five patients for the practice's palliative care list. However, the practice had not determined the patients' end of life preferences or liaised with the palliative care team in relation to developing a coordinated end of life plan.
- We saw evidence that patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice had set up alerts in their patient management system for high risk patients, such as people experiencing mental health difficulties or older patients.

People with long-term conditions:

- We saw evidence that patients with long-term conditions, such as diabetes and dementia had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice had 16 patients identified with a learning disability aged 75 and over the past 12 months they had carried-out health checks for 12 of these patients.
- 90% of patients with COPD had a review undertaken within the last 12 months.
- The practice had a Cancer Champion who implemented a 'Cancer corner' within the practice's reception area. The corner included posters and leaflets about cancer and support services.
- We saw evidence that GPs followed up patients who had received treatment in hospital.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Patients assessed as being pre-diabetic were referred to the pre-diabetic service at the local hospital.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were significantly below the target percentage of 90% for four out of four indicators. The practice had recently introduced a programme of quality improvement activity in response to their below average performance rates for child immunisation in 2016/17. For example, they took steps to increase the uptake of child immunisation by opportunistically reminding patients when they attend the surgery for appointments, forwarding up to four reminder letters, after which the family would be referred to the health visitor.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements to review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

- The practice's uptake for cervical screening was 69%, which was below the national target of 80%, though in line with the CCG average of 69% and national average of 72%.
- The practice's uptake for breast and bowel cancer screening was in line the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was not delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, the practice did not explore patients' wishes and needs around end of life or work with the family or significant other to address their worries and expectations.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness.
- There was a system for following up patients who failed to attend to collect repeat prescriptions. An alert would be put on the patient record if the patient was known to be experiencing poor mental health.

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was above the CCG and the national averages.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG and the national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 87% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG and above the national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, between September 2017 to January 2018, the practice conducted a clinical audit of polypharmacy (the concurrent use of multiple medications).

The objective of carrying out the audit was to encourage documented medicine reviews for patients who were taking 10 or more medicines simultaneously. Patients taking 10 or more medicines are at an increased risk of adverse events.

The audit consisted of a review of 15 patients. The first audit identified 13 patients taking between 10 to 19 medicines. In the second cycle, after changes had been implemented, the practice identified seven patients taking 10 or more medicines.

The most recent published QOF results showed the practice had achieved 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The clinical exception reporting rate of 5% was below the CCG average of 8% and national average of 10%. (QOF is a

Are services effective?

system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. However, we found that a practice nurse, employed in December 2017 had not undertaken any training through the practice. Two of the three GPs at the practice did not have Mental Capacity Act 2005 training. All three of the GPs demonstrated an understanding of the Mental Capacity Act 2005 and their responsibility in relation to patients.

Coordinating care and treatment

We saw evidence that staff worked together and with other health and social care professionals to deliver effective care and treatment. However, some areas required development.

We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients.

- We saw evidence that health visitors and community services had attended the practice's staff meetings.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice did not ensure that end of life care was delivered in a coordinated way. For example, there was no liaison with the local palliative care team.

Helping patients to live healthier lives

We saw some evidence of staff being proactive in helping patients to live healthier lives. However, end of life care required improvement.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers. However, there was no co-ordination with the palliative care team for end of life patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make decisions.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Forty one of the 58 patient Care Quality Commission comment cards we received were positive about the service received from both clinical and support staff at the practice. Twelve of the comment cards were positive but reported difficulty in accessing appointments. The remaining five comment cards also reported difficulty in accessing appointments and dissatisfaction with the treatment they received.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- There was a process in place to contact families that had experienced bereavement. Condolence cards were sent out to families and carers.
- The practice had 42 carers. They were supported by being offered respite services if required, easy access to appointments and flu immunisations.
- We saw evidence that the practice had taken practical steps to improve patient experience. For example, staff were given a "First Impression" leaflet, regarding the first impression patients get when they attend a practice and steps to improve the patient experience.
- We spoke with five patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and fifty surveys were sent out and 100 were returned. This represented 3% of the practice population. The practice was above average for patient confidence and trust in the last nurse they saw.

The results showed:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 80%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 86%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG - 87%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 95%; national average - 97%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services.
- staff told us that interpreting services were available for patients who did not have English as a first language but there were no notices in the reception area informing patients this service was available. All staff within the practice were multi-lingual and patients were told that these staff were available to support them if required. Information leaflets were available in the waiting room on many health-related subjects.

The practice proactively identified patients who were carers by asking patients whether they had caring responsibilities when they registered with the practice, and then by identifying patients opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (just under 1% of the practice list).

Are services caring?

- Information on support available to carers was on display in the waiting area. The practice encouraged carers to have influenza immunisation.

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:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.

- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- From our observations during the inspection, there was evidence that the practice stored and used patient data in a way that maintained its security.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice had their phlebotomy clinic discontinued by the CCG due to financial constraints. The practice took steps to employ a phlebotomist to meet the requirements of their patients.
- In response to patient feedback about the difficulty in accessing appointments, the practice added two additional GP sessions spread across Monday and Wednesday.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services by arranging transport when they or their child were referred by a clinician to go directly to hospital from the GP consultation, when an ambulance was not necessary but the patient or child's condition would be vulnerable by public transport.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services. However, we found that palliative care patients did not have their preferred place of death recorded and there was limited collaboration with the local palliative care team. We were told that the practice had plans to improve liaison in an attempt to offer a joint approach to care planning.

Older people:

- The practice was responsive to the needs of older patients and ran a review of housebound patients each month. Patients that were identified as being vulnerable and living on their own were reviewed by an

experienced staff member to ensure they had up-to-date medication. Home visits and urgent appointments were offered to those with enhanced needs.

- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had a dedicated 'disease register recall' lead. Patients were offered a 30-minute appointment where multiple conditions were reviewed.
- The practice used a text messaging service to remind patients to book their review.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk; for example, children and young people who had a high number of accident and emergency attendance. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The Practice Manager monitored and recalled on the Childhood immunisations scheme on a bi-monthly basis. She also liaised with the Health Visitors about non-attenders to work together to encourage parents to bring their child along to complete their immunisations.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice ran extended hours clinics on two evenings a week which included later hours for appointments with a practice nurse.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

- The practice encouraged patients to sign up and use the online services, 'myGP' app and 'electronic prescribing service' which sends electronic prescriptions from GP surgeries to a pharmacy of the patient's choice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Learning disability reviews were carried out by the lead GP. Patients were encouraged to attend all appointments with their 'Black Book'. The Black Book is a paper based record that provides information on each consultation with a person experiencing learning difficulties.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice allocated a room to Oxleas IAPT (Improving Access to Psychological Therapies) service for patients referred within the borough. The service was available, Monday to Friday. The practice's patients were able to access this service through referral from their GP.
- Patients who presented with depression for the first time were offered fortnightly reviews to support the management of their condition.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

Three hundred and thirty surveys were sent out and 100 were returned. This represented approximately 3% of the practice population.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 82% of patients who responded said they could get through easily to the practice by phone; CCG - 70%; national average - 71%.
- 81% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 74% of patients who responded said their last appointment was convenient; CCG - 76%; national average - 81%.
- 72% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 29% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

The practice had taken steps to address their low score in relation to patient waiting times by adding a sign in the reception area and on doctors' consultation room doors requesting patients with multiple concerns to book a double appointment.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available in the reception area.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.
- We looked at five complaints received in the last 12 months and these were satisfactorily dealt with in a timely way.

Are services responsive to people's needs?

Please refer to the Evidence Tables for further information.

Are services well-led?

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

At the last inspection we rated the practice as requires improvement for providing well led services as the deficiencies in governance limited the practices' ability to operate effectively and provide safe care. At this inspection we found, in several respects, there had not been sufficient improvement in the systems and processes which underpinned patient safety.

Leadership capacity and capability

Leaders aspired to deliver high-quality, sustainable care; however, in some areas, the governance arrangements in place required review and development. For example, staff lacked clarity on the leadership roles.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders at the practice were aware of the need to develop future leadership plans, and they were in the process of making succession arrangements.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.

- The practice had a 'Blame free policy' to established confidence in staff members that management will be fully supportive of their efforts and not fear that their mistakes would be held against them.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. From the complaint example we viewed, it was clear that the practice was open with patients when things went wrong and offered a sincere apology. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. However, not all clinicians had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some governance arrangements in place; however, the leaders did not have sufficient oversight to ensure policies were put into practice effectively.

- The practice had policies and procedures in place; however, these were not always well embedded, and in some cases, procedures had not been followed. For example, the practice had not followed its cold-chain policy or national guidelines on the management of vaccines.
- The practice did not have a comprehensive process for the management of their 'two week wait referral' system ('two week wait' referral is a request from a GP to ask the hospital for an urgent appointment, because a patient has symptoms that might indicate they have cancer). We saw evidence that the practice referred patients appropriately; however, there was no system in place to check whether the patient had attended their

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appointment and results received. We raised this issue with the practice, they informed us they would immediately add to their processes a requirement to check patients attended their hospital appointments and that results had been received.

- We saw evidence that the governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. However, there was limited collaboration with the palliative care team for patients near the end of life.
- The practice had effective systems in place to ensure that records were kept of all discussions and activities that took place.
- Staff were clear on their individual roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. We found that a practice nurse, employed in December 2017 had not undertaken any training through the practice. However, the nurse had the appropriate level of safeguarding training on file. This was acquired from a previous employer. Two of the three GPs at the practice did not have Mental Capacity Act 2005 training.

Managing risks, issues and performance

There were processes for managing risks, issues and performance; however, the practice was not fully equipped to manage all medical emergencies.

- There were some processes in place to identify, understand, monitor and address current and future risks including risks to patient safety. For example, monthly infection prevention and control checks were undertaken.
- The clinical audits we viewed had a positive impact on quality of care and outcomes for patients.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had an oversight of incidents, and complaints.

- The practice had a business continuity plan in place which was accessible to all staff.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required.
- The practice used information technology systems to monitor and improve the quality of care.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients, staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, there was an active patient participation group (PPG) that met quarterly. Patients who raised a complaint were automatically invited to PPG meetings to share their ideas and support the practice to improve.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was in the process of having a website created to provide a more engaging patient experience.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Significant events and complaints were shared with all staff during practice meetings and there was some evidence that learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <p>Staff were not aware of the designated fire marshals, safeguarding and infection control leads within the practice.</p> <p>Arrangements were not in place to ensure end of life patients received co-ordinated care, including the involvement of family members and the palliative care team.</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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In particular:</p> <p>The practice nurse had not undertaken the required mandatory training for persons deployed in her role.</p> <p>Not all clinicians had Mental Capacity Act 2005 training.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>WARNING NOTICE</p> <p>How the regulation was not met:</p> <p>During this inspection visit, we found a failing to provide care and treatment in a safe way for service users. In particular:</p> <p>We reviewed six records of patients taking methotrexate. One patient had received a blood test; one had received a liver function test and the remaining four patients had not received a blood test within the required time-frame of three months.</p> <p>We reviewed nine records of patients taking azathioprine. Five out of nine patients had not had an up-to-date blood test within the required time-frame of three months.</p> <p>We reviewed the practices, "Vaccine and refrigerator care log" between September 2017 to March 2018. In total there were 16 days when the fridge temperature had not been recorded.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	