

# Dr Isis Neoman

## Inspection report

St Georges Medical Centre  
Park Hill House  
9 Dollis Hill Lane  
London  
NW2 6JH  
Tel: 0208 450 4040

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous rating November 2017 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at Dr Isis Neoman on 30 March 2016 and the overall rating for the practice was Requires Improvement. We issued Requirement notices under Regulation 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An announced comprehensive inspection was carried out on 15 November 2017 to confirm that the service had carried out their plan to meet the requirements in relation to the Requirement Notices issued. The overall rating for the practice was Inadequate and the practice was placed in special measures for a period of six months. Following the inspection, one Requirement Notice was issued under Regulation 19 and two warning notices were issued under Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive reports on the March 2016 and November 2017 inspections can be found by selecting the ‘all reports’ link for Dr Isis Neoman on our website at [cqc.org.uk](http://cqc.org.uk)

This inspection was an announced comprehensive inspection carried out on 17 October 2018, six months after the report was published. The purpose of the inspection was to confirm if the service had made sufficient improvements and be removed from special measures. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice recently increased their opening hours to allow greater patient access. Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice actively sought patient views about their experience and quality of care and treatment. There was active Patient Participation Group who met with the practice on a regular basis.
- Results from the 2018 annual GP patient survey show patient satisfaction with the service had improved.
- The practice had adequate systems in place to supervise and monitor staff induction and training.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Governance arrangements ensured that there were clear and effective processes for managing risks, incidents and performance. Support staff had been recruited to ensure the findings of the previous inspection were addressed and improvements were made.

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

- Update the complaint and significant event logs to include the learning from the investigations.
- Add a review date to the infection control policy.
- Take action to address identified concerns with medicine prescribing and management.
- Continue to monitor and improve performance on quality indicators for some of the patient outcomes where performance is below average.
- Act to review audits at their recommended timeframe.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Overall summary

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Dr Isis Neoman

Dr Isis Neoman, also known as St George's Medical Centre, operates from 9 Dollis Hill Lane, London, NW2 6JH. The practice provides NHS services through a General Medical Services (GMS) contract to approximately 2,300 patients. The practice premises are in a converted house based over two floors, with the consulting rooms situated on the ground floor. It is contracted to NHS Brent Clinical Commissioning Group (CCG) and regulated by Care Quality Commission 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 is a partnership of one female GP and a practice manager. The clinical staff comprises of one female GP and a male locum GP who provide a combination of nine sessions per week, one practice nurse who works 16 hours per week and a healthcare assistant who works 15 hours per week. The clinical team is supported by one practice manager support and four reception staff.

The practice opening times are from 8.00am and 6.00pm on Monday to Friday and appointments are from 8.00am to 1.00pm every morning and 3.00pm to 6.00pm daily. The practice does not offer extended hours. Patients calling the practice when it is closed are informed about their out of hours provider, Care UK.

Services provided include chronic disease management, child health surveillance, antenatal and postnatal care, cervical health screening, sexual health screening, NHS health checks, dietician, smoking cessation, ECG monitoring, 24-hour ambulatory blood pressure monitoring and phlebotomy.

The patient profile for the practice indicates a diverse population of working age people, with a larger proportion of adults in the 35 to 54 age range.

# Are services safe?

**At our previous inspection on 15 November 2017, we rated the practice as inadequate for providing safe services, as the arrangements in respect of safeguarding, fire and health and safety, recruitment checks, safety alerts, significant events, infection control and arrangements to deal with emergencies, including emergency medicines were not adequate.**

**These arrangements had improved when we undertook this follow up inspection on 17 October 2018. The practice is now rated as good for providing safe services as further improvement is required.**

## Safety systems and processes

Following the previous inspection findings, the practice had made improvement to ensure that they had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control, however, the policy did not include the names of responsible individuals and a review date.
- 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

Following the previous inspection findings, the practice had made improvements to ensure that there were adequate systems to assess, monitor and manage risks to patient safety.

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

## Information to deliver safe care and treatment

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

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

## Appropriate and safe use of medicines

Following the previous inspection findings, the practice had made improvements to ensure that they had reliable systems for appropriate and safe handling of medicines, including emergency medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Although the practice was safely managing blank prescription pads, their system required updating.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.

## Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. However, the practice needed to strengthen their processes for repeat medication reviews for patients on stable medicines. Patients were generally involved in reviews of their medicines.
- The practice had reviewed its antibiotic prescribing and took action to support good antimicrobial stewardship in line with local and national guidance.
- The practice was a positive outlier for antibiotic prescribing. The practice told us that only one practice patient had been prescribed antibiotics repeatedly.

### Track record on safety

Following the previous inspection findings, the practice had made improvements to ensure that they had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

### Lessons learned and improvements made

Following the previous inspection findings, the practice had made improvements to ensure that they learned and made improvements when things went wrong.

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

### Please refer to the evidence tables for further information.

## Are services effective?

**At our previous inspection on 15 November 2017, we rated the practice as requires improvement for providing effective services, as the arrangements in respect of end of life care, keeping clinicians up to date with current evidence based practice and ensuring all staff had the skills, knowledge and experience to carry out their roles required improvement.**

**These arrangements had improved when we undertook a follow up inspection on 17 October 2018. The practice is now rated as good for providing effective services.**

### Effective needs assessment, care and treatment

Following the previous inspection findings, the practice reviewed their 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.

- Links to the recommended guidelines were placed on all clinical desktops and laminated resources were printed and placed in clinical rooms. Locum packs and policies were updated to provide links and references to help direct clinicians to evidence based practice. Flowcharts were created for quick reference and placed in clinical rooms. These included flow charts for the two-week wait pathway and priority symptoms. All guidelines were discussed in minuted clinical meetings.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication and were offered flu immunisations.

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- All housebound patients were visited by the GP together with the practice nurse, healthcare assistant every three months in order to undertake a full review of their needs. On these days, the practice booked a locum GP to cover the surgery.

### People with long-term conditions:

- Performance on quality indicators for diabetes was mixed with two indicators below average and highlighted as negative variations. For example, 62% of patients with diabetes on the register had cholesterol levels within normal range, which was lower than the local average of 79% and 80% and the percentage of patients with diabetes on the register whose average blood sugar levels were within normal levels was 62%, which was lower than the local average of 77% and the national average of 79%.
- Although two of the diabetes indicators were significantly lower than average, evidence provided by the practice showed that despite a higher than average diabetes population, they were taking effective steps to improve the care of patients with diabetes and overall diabetes performance had improved from 75% for 2016/17 to 77% for 2017/18. They had implemented a new call-recall system for disease management areas including diabetes. Evidence for December 2018 provided by the practice showed that performance for patients with diabetes on the register whose cholesterol levels were within normal range had improved to 71% and performance for average blood sugar levels had improved to 70%.
- Patients with long-term conditions 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

## Are services effective?

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered 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.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was mixed when compared to the local and national averages. The most recent published QOF results for 2017/18 showed that the practice was a positive outlier for patients with COPD on the register, who had a review undertaken using the recommended scale. For example, 100% of patients with COPD received this review, which was higher than the local average of 93% and the national averages of 90%.
- The practice was also a positive outlier for the percentage of patients diagnosed with hypertension with normal blood pressure levels. For example, 94% of these patients had blood pressure readings within normal ranges, which was higher than the CCG and national averages of 83%.

### Families, children and young people:

- Childhood immunisation uptake rates for 2016/17 were below the target percentage of 90% or above. The practice disputed these figures and provided verified data from NHS England that showed that between 1 April 2016 and 1 April 2017, they had achieved the 90% target for childhood immunisations for children aged two and below.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 60%, which was below the CCG average of 64% and the national average of 72% and highlighted as a negative variation. The practice had a call and recall system in

place and patients who did not wish to attend screening signed a disclaimer. Cervical screening data for 2017/18 showed that the practice had improved their cervical screening uptake to 68%.

- The practice's uptake for breast and bowel cancer screening was below the national average. The practice had an action plan in place to increase uptake for bowel cancer screening. This included the practice nurse carrying out a search for non-responders every three weeks and contacting them via telephone, as well as sending patients a new testing kit if required. A reminder call and letter were sent out to patients who failed to attend their breast cancer screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

## Are services effective?

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above local and national averages and highlighted as a positive outlier. The practice performance on all quality indicators for mental health was 100%. For example, the percentage of patients with mental health who had a comprehensive, agreed care plan was 100%, which was higher than the local average of 88% and the national average of 90%.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and although they routinely reviewed the effectiveness and appropriateness of the care provided, more work was required to ensure comprehensive audits were completed. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice was actively involved in quality improvement activity and although the practice had carried out seven audits in the last two years, three of which were two cycle audits. These required monitoring to ensure that they were reviewed at the recommended timeframe. For example, one audit was due a re-audit in January 2018 but we were not provided with evidence of this.
- Where appropriate, clinicians took part in local and national improvement initiatives.
- The most recent published QOF results showed the practice had achieved 92% of the total number of points available, which was above the CCG average of 97% and the national average of 96%.
- The overall exception rate was 5%, below the CCG and national average of 6%. (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). Exception reporting rates for clinical areas such as cardiovascular disease, primary disease prevention and contraception were above local and national averages. For example,

exception-reporting rates for cardiovascular disease was 46%, compared to the CCG average of 19% and the national average of 25%. However, this was due to the low number of patients on the disease registers.

- The practice used information about care and treatment to make improvements.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- 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.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The practice had taken action in response to the previous inspection findings regarding a junior clinician carrying out some clinical duties without the appropriate training and supervision in place. The staff received the appropriate training and a plan was put in place where they were supported and supervised by the nurse and GP and performance reviewed on a regular basis.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for

## Are services effective?

people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

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

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

### Please refer to the evidence tables for further information.

## Are services caring?

**At our previous inspection on 15 November 2017, we rated the practice as requires improvement for providing caring services because there were areas where patient satisfaction was significantly below local and national averages, staff were not aware of the arrangements in relation to the Accessible Information Standard and they could not demonstrate that they had identified carers in order to offer them support.**

**These arrangements had improved when we undertook a follow up inspection on 17 October 2018. The practice is now rated as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

### Involvement in decisions about care and treatment

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

- Since the previous inspection, the practice reviewed their compliance with the Accessible Information Standard and patient records were updated with their

communication and information needs. Staff communicated with people in a way that they could understand, for example, communication aids such as a hearing loop were installed, easy read materials were made available and patients were able to communicate with the practice via fax and email.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Since the previous inspection, the practice took steps to proactively identify carers and support them.
- Following the findings of the previous inspection, the practice had reviewed and analysed the results of the previous patient survey where their performance was below the local and national averages for questions relating to involvement in decisions about care and treatment. They set up an active Patient Participation Group (PPG) and with their support and suggestions, the practice was able to make improvements to patient experience. The latest GP patient survey results showed that the practice was now in line with the local and national averages for questions relating to involvement in decisions about care and treatment.

### Privacy and dignity

The practice respected patients' privacy and dignity.

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

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**At our previous inspection on 15 November 2017, we rated the practice as requires improvement for providing responsive services because they did not always take account of patient needs and preferences, did not have an adequate system for handling complaints and concerns and no action had been taken to address the areas where patient satisfaction was low in relation to access to care and treatment.**

**These arrangements had improved when we undertook a follow up inspection on 17 October 2018. The practice is now rated as good for providing responsive services.**

## Responding to and meeting people's needs

Following the previous inspection findings, the practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Following the previous inspection findings, the practice reviewed the needs of its population and tailored its services in response to those needs. For example, they ensured that patients were aware of their interpretation service and these patients were offered double appointments. Posters in different languages were displayed in the practice and multi-lingual staff would also assist with interpretation where required.
- Although there was no practice website, the practice was part of a locality network project to implement standard websites across the borough.
- 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 made reasonable adjustments when patients found it hard to access services and longer appointments were offered if required.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- All housebound patients were visited by the GP together with the practice nurse every three months in order to undertake a full review of their needs. On these days, the practice booked a locum GP to cover the surgery.

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. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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, they increased their Wednesday opening hours and patients could request telephone consultations, as well as contact the practice by email.
- The practice did not have a website but patients could book appointments online through patient access, a 24-hour online system whereby patients could access their local GP services to book appointments.

## Are services responsive to people's needs?

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice offered drug misuse clinics as part of the drug misuse shared scheme. Complex cases were discussed and referred to the local drug clinic. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked in collaboration with Improving Access to Psychological Therapies (IAPT), a counselling and community mental health team, to provide services to patients experiencing poor mental health.

### Timely access to care and treatment

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

- In response to the findings of the previous inspection, the practice reviewed the needs of its population and tailored its services in response to those needs. For example, they increased their opening hours so that patients could access the surgery on Wednesday afternoon.
- 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 generally easy to use.
- Since the previous inspection, the practice took action to improve access to their service. They had reviewed and analysed the results of the previous patient survey where their performance was below the local and national averages for questions relating to access to care and treatment. Changes were implemented which also included daily telephone consultations, using the online facilities available to book appointments and referring patients to the local hub. The latest GP patient survey results showed that the practice was now in line with the local and national averages for questions relating to patient access to care and treatment, as well as above local and national average for telephone access.

### Listening and learning from concerns and complaints

Following the previous inspection findings, the practice made improvement and took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

### Please refer to the evidence tables for further information.

# Are services well-led?

**At our previous inspection on 15 November 2017, we rated the practice as inadequate for providing well-led services because they had limited governance arrangements, policies and procedures were not all effective, leaders did not have effective capacity and skills to deliver high quality care and the practice vision to deliver high quality care and promote good outcomes for patients was not effective.**

**These arrangements had improved when we undertook a follow up inspection on 17 October 2018. The practice is now rated as good for providing well-led services.**

## Leadership capacity and capability

Following the previous inspection findings, the practice made significant improvements to ensure that leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice took effective action to address the findings of the previous inspection visit. They secured support from the local resilience team, as well as recruiting an external part-time practice manager support lead. This support ensured that the gaps identified at the previous inspection were addressed and led to a significant improvement in the quality of care provided to patients. Leaders were able to demonstrate that they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

Following the previous inspection findings, the practice made improvements to ensure that they 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.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

Following the previous inspection findings, the practice made improvements to ensure that they had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

Following the previous inspection findings, the practice made improvements to ensure that there were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

## Are services well-led?

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders reviewed all their policies, established new policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

Following the findings of the previous inspection, the practice made improvement to ensure that there were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients, although monitoring was required to ensure full audits were completed at the recommended timeframe. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice generally acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance, with the exception of quality indicators for some population groups that required continued monitoring and improvement. We saw evidence of improved performance in areas such as diabetes, childhood immunisations and cervical screening. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems such as 'Emis' to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

Following the findings of the previous inspection, the practice made improvement to ensure that they 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. The practice had taken action to establish an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

Following the findings of the previous inspection, the practice made improvement to ensure that there were systems and processes for learning, continuous improvement and innovation.

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

**Please refer to the evidence tables for further information.**