

# Pelham Medical Practice

## Quality Report

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Date of inspection visit: 12 September 2017  
Date of publication: 25/10/2017

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

## Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pelham Medical Practice on 30 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Pelham Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced focused inspection on 4 January 2017 to see whether the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified on 30 March 2016. Although the practice had made some improvements these were not sufficient. Therefore we found a breach of legal requirements

and the practice was rated requires improvement overall. The practice was rated inadequate for providing well-led services, requires improvement for safe and effective services and good for providing caring and responsive services.

Following this inspection we issued a warning notice in relation to the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014: Regulation 17, Good Governance, which stated that the practice must comply with the legal requirements in relation to the following:

- Ensure that safety alerts including those from the Medicines and Healthcare Products Regulatory Agency (MHRA) in relation to monitoring and managing safety in primary medical services were received and made available to relevant staff.
- Ensure embedded systems to prevent, detect and control the spread of infections, to patients and staff.
- Ensure the proper and safe management of medicines and their disposal when of out of date.
- Implement a system to ensure that staff members were trained, including safeguarding training at the appropriate level.
- Ensure a system and process for the timely sharing of patient information particularly in relation to a backlog of scanning at the practice.

This inspection was an announced focused inspection carried out on 3 May 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations

# Summary of findings

identified in the warning notice issued following our previous inspection on 4 January 2017. This report covers our findings only in relation to the requirements of the warning notice and will not result in reviewing the overall rating or the ratings of any individual key question or population group.

Our key findings at this inspection, 3 May 2017, were as follows:

- The practice had devised a new system to manage national patient safety alerts. They were able to demonstrate that alerts were being discussed at clinical meetings and that action was being taken in relation to receipt of alerts.
- Infection control audits had been carried out and there was evidence of action being taken where issues were highlighted.
- Medicines were managed safely and the expiry dates were subject to on-going audit.
- The practice were able to demonstrate that there was a system for identifying and implementing staff training. The practice were working with the Clinical Commissioning Group (CCG) to identify role and person specific training requirements. Safeguarding training had been carried out at the appropriate level.
- A new scanning protocol had been introduced. The practice was able to demonstrate that the process for receiving patient information and scanning this onto the patient record was carried out in a timely way.

We carried out an announced comprehensive inspection at Pelham Medical Practice on 12 September 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

The provider should:

- Continue to work to improve patient satisfaction, as reflected in the GP patient survey results.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Following our previous focused inspection in January 2017 the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with acting on patient safety alerts, safe storage of medicines in particular out of date medicines, infection control and safeguarding training.

At the inspection on 3 May 2017, we found:

- National patient safety alerts were shared, actioned and discussed.
- Medicines were stored appropriately and there were audits conducted of medicine expiry dates.
- Infection prevention and control audits had been completed and action taken where issues were identified.
- GPs and staff had received safeguarding training appropriate to their job role.

At this responsive comprehensive inspection 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. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as requires improvement for providing effective services. It is now rated as good for providing effective services.

Good



# Summary of findings

Following our previous focused inspection in January 2017 the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with clinical and non-clinical staff training and the sharing of patient information in a timely way, particularly in relation to the scanning of information onto care and treatment records.

At the inspection on 3 May 2017, we found:

- GPs and staff had received training appropriate to their job role.
- There was a clear process for receiving patient information and scanning this onto the patient record in a timely way.

At this responsive comprehensive inspection we found:

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



# Summary of findings

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from eight examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice was rated as inadequate for providing well-led services. It is now rated good for providing well-led services.

Following our previous focused inspection in January 2017 the practice had made significant improvements to be compliant with the legal requirements in the warning notice. These related to concerns with systems and processes which had not been established and operated effectively. Therefore, the provider was not appropriately assessing, monitoring and improving the quality and safety of the services provided or adequately mitigating the risks related to the health, safety and welfare of patients and staff.

At the inspection on 3 May 2017, we found:

- Systems and processes had been established at the practice to help ensure the health, safety and welfare of patients and staff.
- National patient safety alerts were shared, actioned and discussed.
- Medicines were stored appropriately and there were audits of medicine expiry dates.
- Infection prevention and control audits had been completed and action taken where issues were identified.
- GPs and staff had received safeguarding training appropriate to their job role.
- The practice had worked to identify staff training needs and implement an on-going programme of training. The practice had compiled a detailed training schedule and staff had been undertaking training.
- The practice had taken action to improve the timely sharing of patient information, specifically scanning information onto patient care and treatment records.

At this responsive comprehensive inspection we found:

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was on-going and refresher information was built into staff appraisals.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

At our previous inspection the practice was rated as requires improvement for the care of older people. The practice is now rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice worked with Age UK to support older people. Where an older patient had two hospital admissions within a six month period a referral could be made to a key worker and a befriending scheme.

Good



### People with long term conditions

At our previous inspection the practice was rated as requires improvement for the care of people with long-term conditions. The practice is now rated as good for the care of people with long-term conditions.

- GPs and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 64% compared with the clinical commissioning group and national average of 78%. This is considered to be comparable to other practices.

Good





# Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice had a system for monitoring repeat prescribing for patients with long term conditions. For example, blood results were attached to prescriptions sent to the GPs for signing prior to disease modifying anti-rheumatic drugs (DMARD) being re-prescribed.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

At our previous inspection the practice was rated as requires improvement for the care of families, children and young people. The practice is now rated as good for the care of 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Baby and child clinics were held weekly and led by a GP and followed up with a nurse appointment if required.
- The practice provided post-natal checks and child health surveillance clinics.

Good



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

At our previous inspection the practice was rated as requires improvement for the care of working age people (including those recently retired and students). The practice is now rated as good for the care of working age people (including those recently retired and students).

Good



# Summary of findings

- The needs of these populations 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, extended hour appointments were available on Tuesday at the branch surgery and Tuesday and Thursday at Pelham Medical Practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice used a text message service to remind patients of their appointments.

## People whose circumstances may make them vulnerable

At our previous inspection the practice was rated as requires improvement for the care people whose circumstances may make them vulnerable. The practice is now rated as good for the care of people 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 provided care and treatment for the residents of number of care homes for people living with a learning disability.
- Patients with learning disabilities were flagged on the IT system so that the appropriate level of care and length of appointment time could be offered.
- Annual reviews were carried out for patients with a learning disability and care plans which demonstrated updates to care and treatment were seen.
- The practice offered longer appointments for patients with a learning disability.
- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. For example, an information leaflet devised by the patient participation group was available to patients.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

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

At our previous inspection the practice was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG and national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 77% compared to the CCG and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages and was deemed to be comparable to local and national averages in CQC verified data. 260 survey forms were distributed and 118 were returned. This represented just under 1% of the practice's patient list.

- 82% of respondents described the overall experience of this GP practice as good which was the same as the CCG average and comparable to the national average of 85%.

- 65% of respondents described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 76%.
- 71% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 80%.

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

## Areas for improvement

### Action the service SHOULD take to improve

The provider should:

- Continue to work to improve patient satisfaction, as reflected in the GP patient survey results.

# Pelham Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Pelham Medical Practice

Pelham Medical Practice is located in a residential area of Gravesend, Kent and provides primary medical services to approximately 14000 patients.

The practice is based in a large Victorian house and there is an independent pharmacy attached to the surgery. The practice is not purpose built, but does have access for wheelchair users and disabled facilities. There is a car park for patient use.

There are four male GP partners at the practice and three female salaried GPs. The practice is registered as a GP training practice, for doctors seeking to become fully qualified GPs.

There are five female members of the nursing team; four practice nurses and a health care assistant (HCA). The practice also employs a female phlebotomist. GPs and nurses are supported by a practice manager and two surgery managers and a team of reception/administration staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.00pm every morning and 3.00pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm and 8.00pm on Tuesday, Wednesday and Thursday. The practice is closed

between 12.30pm and 1.30pm every day except Wednesday when it is closed from 12.30pm to 1.15pm. The phones are answered during this time. In addition to pre-bookable appointments up to six weeks in advance, urgent appointments are also available for people that need them.

The practice has a higher than average percentage of children from 0 to 19 years and is in an area of high deprivation. There are a significant number of people in the area who do not have English as their first language, with a large number of Polish and Punjabi speaking people.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, minor surgery, family planning, anti-coagulation monitoring and immunisations. It also offers a free acupuncture service and a sleep apnoea clinic.

Services are provided from 17 Pelham Road, Gravesend, Kent, DA11 0HN and from St Gregory's Medical Practice, 116 St Gregory's Crescent, Gravesend, Kent, DA12 4JW, which is a branch surgery. The branch surgery was not inspected.

## Why we carried out this inspection

We undertook a comprehensive inspection of Pelham Medical Practice on 30 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing effective services.

We undertook a follow up focused inspection of Pelham Medical Practice on 4 January 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the practice was meeting legal requirements. The

# Detailed findings

practice had not made sufficient improvement and a warning notice was issued to the provider in respect of good governance and informed them they must be compliant with the law by 27 February 2017.

We undertook a second focused inspection of Pelham Medical Practice on 3 May 2017 to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the legal requirements had been met.

We undertook a further announced comprehensive inspection of Pelham Medical Practice on 12 September 2017. This inspection was carried out to ensure improvements had been made. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced responsive comprehensive inspection on 12 September 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and admin/reception and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

**At our previous focused inspection on 4 January 2017 we rated the practice as requires improvement for providing safe services. The practice was unable to demonstrate that they had an embedded system for acting on national patient safety alerts; that they had implemented a system to ensure all staff undertook child and adult safeguarding training at the appropriate level; that the arrangements in respect of cleanliness and infection control were adequate and that medicines were managed safely.**

**These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. This was not a rating inspection, but was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice. The warning notice had been met.**

**At this responsive comprehensive inspection on 12 September 2017 we found:**

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the practice manager's office. 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).
- From a sample of documents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where an expected home visit to a patient was subject to a long delay due to being reallocated from one GP to another via reception, a protocol was devised and shared with the staff team which detailed a new process for the reallocation of home visits between GPs.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information was also placed on the wall in all consulting, treatment and admin rooms. One GP partner was the lead member of staff for safeguarding children and a second was the lead for safeguarding adults. They also deputised for one another. From the sample of documents we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The cleaning was carried out by an outsourced company.

## Are services safe?

The practice communicated with the company and audited the work carried out. There were cleaning schedules and monitoring systems for medical devices and equipment.

- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. An IPC audit was carried out quarterly and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred. For example, all prescriptions with re-started or newly prescribed medicine from secondary care were forwarded to the GPs with a prescribing slip attached and the letter of authority from the consultant or the relevant discharge letter to be approved. These were approved again once the designated changes had been made by the prescriptions team.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The medicines optimisation annual prescribing report for 2017 demonstrated improvement in spend from £50.04 for weighted cost per patient to £48.17.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. All prescription pads and computer prescription paper were logged as they were used.

Blank prescription paper for printers was locked in drawers in consulting rooms and the doors were locked. Prescriptions awaiting collection were also locked away each evening.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and safety checks were carried out of the premises.
- The practice had a fire risk assessment undertaken by an external organisation. Annual maintenance checks had been conducted at both practice premises in July 2017. Staff told us that an evacuation drill was due to be carried out within the next eight weeks.

There were designated fire wardens within the practice and a fire evacuation plan.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and were in good working order. Recalibration was booked for October 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff told us that they covered one another with overtime when there was annual leave or sickness. Staff spoken with were all trained in multiple areas so that they could carry out other duties to cover holiday and absence.

### Arrangements to deal with emergencies and major incidents



## Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff received annual basic life support training.
- A first aid kit and accident book were available in reception.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice nurse conducted regular checks to ensure they were in good working order and there were records kept to evidence this.
- Oxygen with adult and children's masks was available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date, fit for use and stored securely. A clinical member of staff checked the emergency medicines monthly.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous focused inspection on 4 January 2017, we rated the practice as requires improvement for providing effective services as staff training and the arrangements for co-ordinating patient care and information sharing needed improving.**

**These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. This was not a rating inspection, but was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice. The warning notice had been met.**

**At this responsive comprehensive inspection on 12 September 2017 we found:**

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed by reviewing them at clinical meetings and the guidance regarding Sepsis (which is life-threatening organ dysfunction due to infection) was on the wall in consulting rooms.
- The practice used templates derived from NICE guidance to deliver care and treatment. Staff told us that they used personal learning, peer to peer support and supervision to keep up to date with the guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality

of general practice and reward good practice). The most recent published results (2015/2016) were 95% of the total number of points available which was the same as the clinical commissioning group (CCG) and national average.

The overall exception rate was 10% which was comparable to the CCG average of 7% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice QOF clinical targets regarding patients were comparable to the CCG and national average. Data from 2015/16 showed:

- Performance for diabetes related indicators were comparable to the CCG and national averages. The percentage of patients with diabetes, on the register, in whom the last average blood sugar was acceptable in the preceding 12 months was 76% compared to a CCG average of 77% and national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was acceptable was 82% compared to the CCG average of 78% and the national average of 80%.
- Performance for mental health related indicators was comparable to the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 88%, which was comparable to the CCG and national average of 89%. The exception rate for this indicator was 5% which was lower than the CCG average of 11% and national average of 10%.

There was evidence of quality improvement including clinical audit:

- The practice had conducted a number audits in the last two years. Records demonstrated that audits were used to identify areas for improvement and that action was taken to implement and monitor these improvements.
- Findings from clinical audits were used by the practice to improve services. For example, an audit was carried out of patients prescribed medicine to help prevent or slow down osteoporosis (bone thinning). This was to check treatment was in line with best practice guidance and that the appropriate assessments and scans had

# Are services effective?

## (for example, treatment is effective)

been carried out. The audit identified patients who had not had a scan in the last five years and these were contacted by letter for an assessment to be carried out and a scan where necessary.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We looked at their system which demonstrated that all scanning of correspondence was up to date as were test results.
- From a sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way. For example, when referring patients to other services such as for an urgent two week referral, the GP would send the form to the secretaries who would fax or email the referral and record that it had been sent. They would ensure that there was a read receipt and an email to say that the referral had been received.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. The practice worked with the local hospice team to coordinate the care plans and support for patients and their families.

### Consent to care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

- Patient records had evidence of signed consent forms for minor surgery. These were signed and scanned onto the patient record.
- MCA and deprivation of liberty safeguards were discussed in practice meetings.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug addiction.
- Smoking cessation advice was available at the practice.
- The practice held a Healthy Living Club which involved patients in a walking netball club.
- The Patient Participation Group had put together a leaflet called 'People with Needs' which detailed resources and information that patients without easy access to a computer might find valuable. This was given out with new patient registrations and the GP's had copies to give to patients as required.
- A Health Trainer attended the practice weekly to signpost patients to available support services.

The practice's uptake for the cervical screening programme was recognised as a positive variation in CQC verified data. The practice had a 94% uptake for screening, which was above the CCG average of 87% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical

screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, the percentage of females, aged between 50 and 70 who were screened for breast cancer in the last 36 months was 63% compared to 72% at CCG average and 73% at national average; and the percentage of persons aged between 60 and 69, who were screened for bowel cancer in the last 30 months was 47% compared to the CCG average of 57% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, for the vaccines given to one year olds the practice had achieved 91% and for the MMR booster immunisation given to five year olds the practice had achieved 98% and 89% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We spoke with four patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with or below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients 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%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 92%
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 87% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.

- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals and staff told us they were aware of both Gillick competence and Fraser guidelines. (Gillick competency and Fraser guidelines are legal terms used to determine a children's rights and wishes).

Results from the national GP patient survey, published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 79% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 74% of respondents said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 95% of respondents said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national average of 90%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

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

## Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language and GPs at the practice spoke Punjabi and Polish.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

### **Patient and carer support to cope emotionally with care and treatment**

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

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 143 patients as carers (1% of the practice list). Information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there was a multilingual reception team and GPs to help ensure communication and access for patients where English was not their first language; the practice had a sign interpreter to support communication with hearing impaired patients. A Health Trainer attended the practice once each week to speak with patients and signpost them to appropriate services. The practice were working with Age UK to establish a befriending system for older patients who had two hospital admissions in a six month period.

- The practice offered extended hours on a Tuesday and Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Both paper and electronic prescribing systems were available to patients.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. The phone lines were maintained by the out of hours service between 8am and 8.30am and the GP would be contacted if there was an emergency. There was an extended hours clinic on Tuesday and Thursday evenings from 6.30pm to 8pm. The practice offered pre-bookable appointments as well as urgent on the day appointments for patients that needed them.

An out of hour's service was provided by Integrated Care 24 for care and treatment outside of the practices' normal opening hours and there was information available to patients on how to access this in the practice information leaflet and on the website.

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

- 71% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 60% of respondents said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 65% of respondents said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 70% and the national average of 76%.
- 91% of respondents said their last appointment was convenient compared with the CCG and the national average of 92%.
- 64% of respondents described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 62% of respondents said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at eight complaints received in the last five months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to help improve the quality of care. For example, where a complainant was promised a call from a GP by a specific time and was unhappy that this had not occurred, the practice apologised and spoke with the reception team to remind them that a timeframe could not be given.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 4 January 2017, we rated the practice as inadequate for providing well-led services as there was no overarching governance structure and systems and processes had not been established and operated effectively.**

**These arrangements had significantly improved when we undertook a follow up inspection on 3 May 2017. This was not a rating inspection, but was to determine whether the practice was now compliant with the legal requirements in the warning notice that had been issued to the practice. The warning notice had been met.**

**At this responsive comprehensive inspection on 12 September 2017 we found:**

### Vision and strategy

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

- The practice had a clear awareness of their patient population and tailored their values and objectives to meet their needs.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From a sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice had introduced a system to keep written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs had an email system to communicate with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw a sample of documents that supported this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. The practice organised staff team outings for special occasions.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly and both a GP and the practice manager also attended these meetings. The PPG carried out practice surveys and identified actions to improve the service for patients. Survey results and minutes of meetings were displayed on the practice website.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, information was shared at both clinical and non-clinical staff meetings. There was an on-going programme of training and competence based learning by online, in-house and external provision. Clinical staff were involved in peer to peer learning as well as attendance and presentations at protected learning time events.