

LL Medical Care Limited

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at LL Medical Care Limited on 19 April 2016. Overall the practice is rated as requires improvement.

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

- Arrangements for managing and storing Controlled Drugs did not conform to regulations (Misuse of Drugs Regulations (2001)). The practice did not keep a Controlled Drugs register and stocks of these medicines were stored in a cabinet which was easily removable. The practice took steps to resolve this immediately after this was pointed out to them.
- There were concerns about the way the fridge used for storing vaccines was being managed. The fridge was stocked in a way which did not allow for sufficient space around the vaccine packages for air to circulate and some vaccine packages were touching the walls of

the fridge. Although recorded temperatures were within an acceptable range, there was a risk of individual doses freezing and this could render certain vaccines ineffective.

- Pre-employment checks had not been undertaken for all staff. For instance, proof of identification and copies of references were not available for six employees, including two members of staff recruited within the past three years.
- The practice did not have a process to ensure that carers were identified and recorded on the clinical system and had identified significantly less than 1% of their patients as also being carers.
- Risks to patients were assessed and managed, with the exception of those relating to staff recruitment checks.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The majority of patients said they were treated with compassion, dignity and respect.

Summary of findings

- Information about services was available and the practice website was accessible in a range of community languages as well as in a format which was more accessible to patients with dyslexia.
- The practice had a number of policies and procedures to govern activity.

The areas where the provider must make improvements are:

- Ensure all portable electrical appliances are safe to use.
- Ensure that recruitment arrangements include all necessary pre-employment checks for all staff and that the information required by schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is kept on staff files.
- Put in place a robust medicine management system to ensure the safe storage of medicines and vaccines.

In addition the provider should:

- Put steps in place to ensure that the performance of the cleaning contractor is monitored.
- Continue to review and improve outcomes for patients experiencing poor mental health and those with long term conditions.
- Review arrangements for supporting patients with impaired hearing.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to all.
- Revise the practice's business continuity plan to include contact details for key staff members and consider arrangements for keeping copies of the plan stored off-site.
- Maintain records of all training undertaken by staff including training done internally, including infection control training and fire safety awareness training.

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.

- Arrangements for managing and storing Controlled Drugs did not conform to regulations, although the practice took steps to resolve this immediately it was highlighted to them.
- There were concerns about the way the fridge used for storing vaccines was being managed. The fridge was stocked in a way which did not allow for sufficient space around the vaccine packages for air to circulate and some vaccine packages were touching the walls of the fridge. Although recorded temperatures were within an acceptable range, there was a risk of individual doses freezing and this could render certain vaccines ineffective.
- Pre-employment checks had not been undertaken for all staff. For instance, proof of identification and copies of references were not available for six employees, including two members of staff recruited within the past three years.
- The practice had not taken steps to monitor the performance of the cleaning contractor.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Arrangements were in place to safeguard children and vulnerable adults from abuse and chaperones were available if required.

Requires improvement



Are services effective?

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

- Data showed patient outcomes were low compared to the national average. For instance, the percentage of patients with diabetes whose blood sugar was well controlled was 65% compared to the CCG average of 74% and the national average of 78%.
- Although the practice had an induction programme for new staff, there was no evidence that staff had engaged with or completed the programme.

Requires improvement



Summary of findings

- The practice could not demonstrate that they had a consistent process for creating care plans for patients. For instance only 30% of patients with schizophrenia, bipolar affective disorder and other psychoses had comprehensive, agreed care plans compared to the national average of 88%.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%.

Are services caring?

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

- The practice did not have a process to ensure that carers were identified and recorded on the clinical system to ensure information, advice and support could be made available to them and had less than 1% of the patient list as being carers.
- Data from the national GP patient survey showed patients rated the practice as below average compared to others for some aspects of care. For example, 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- The majority of patients said they were treated with compassion, dignity and respect.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a reserved allocation of appointment slots at a local hub service between 10:00am and 4:00pm on Saturdays and Sundays and these are pre-bookable.
- The practice website contained comprehensive information about the practice and health related matters as well as contact details for a range of support organisations which included diabetes, asthma and sexual health for younger people. The website was also available in a version which had been designed to be more accessible by people with dyslexia.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but this had not been developed into a robust strategy. Staff were able to describe the practice's vision and were positive when describing how they worked to deliver a patient centred, safe and respectful service.
- A more thorough understanding of the performance of the practice had recently been developed but plans to address aspects of performance which were below average were on-going and the impact of these plans had not yet been measured.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but there were gaps. For example, arrangements for managing medicines were not robust, electrical appliances had not been tested for safety and the performance of the cleaning contractor was not being monitored by the practice.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice had a vision and a strategy but this had not been developed into a robust strategy. Most staff we spoke with were able to describe the practice's vision and were positive when describing how they worked to deliver a patient centred, safe and respectful service.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe, effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, 71% of patients with hypertension had well managed blood pressure compared to the national average of 84%, whilst 100% of patients with atrial fibrillation with CHADS2 score of 1 were treated with anticoagulation drug therapy or an antiplatelet therapy (national average 98%).
- Home visits were available for older patients.
- The premises were accessible to those with limited mobility and had an automatic door activation system at the front door used to enter the premises.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

- The practice did not have an effective recall system to ensure that these patients had a structured annual review to check that their health and care needs were being met. The practice had identified this as a concern and a GP and a member of the administration team had been tasked with developing a suitable system. We saw evidence of progress and that patients with reviews outstanding were being contacted, but the impact of this work could not yet be measured.
- Performance for diabetes related indicators were below the national average. For instance, the percentage of patients with diabetes whose blood sugar was well controlled was 65% compared to the CCG average of 74% and the national average of 78%. The exception reporting rate for this indicator was 11% (CCG average 17%, national average 12%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 55% compared to the national average of 90%. (Chronic obstructive pulmonary disease is the

Requires improvement



Summary of findings

name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease). The exception reporting rate for this indicator was 3% (CCG average 7%, national average 11%).

- Longer appointments and home visits were available when needed.

Families, children and young people

The provider was rated as requires improvement for safe, effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group. However there were areas of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 72% and the national average of 74%.
- Appointments were available outside of school hours.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group. However there were areas of good practice.

- The practice offered a late clinic on a Monday and Tuesday evening until 7:30pm for working patients who could not attend during normal working hours.
- The practice had a reserved allocation of appointment slots at a local hub service between 10:00am and 4:00pm on Saturdays and Sundays and these are pre-bookable.
- Telephone consultations were available for patients who were unable to attend in person or who were unsure if they needed their condition required a face to face appointment.
- Patients could book appointments and request repeat prescriptions online.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group. However there were areas of good practice.

Requires improvement



Summary of findings

- There were arrangements to allow people with no fixed address to register or be seen at the practice.
- The practice website could be accessed in a wide variety of community languages and was also available in a version which had been designed to be more accessible by people with dyslexia.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability..
- Patients who spoke some South Asian languages were able to see a GP who spoke those languages. Some receptionists also spoke other languages, and were able to speak to patients in those languages if they preferred.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, effective, caring and well-led. The issues identified as requires improvement overall affected all patients including this population group.

- The practice did not have an effective recall system to ensure that people experiencing poor mental health had a structured annual review to check that their health and care needs were being met. The practice had identified this as a concern and a GP and a member of the administration team had been tasked with developing a suitable system. We saw evidence of progress and that patients with reviews outstanding were being contacted, but the impact of this work could not yet be measured.
- Performance for mental health related indicators was below the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 30% compared to the national average of 88%. The exception reporting rate for this indicator was 1% (CCG average 7%, national average 13%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 60% compared to the national average of 84%. The exception reporting rate for this indicator was 17% (CCG average 8%, national average 8%).

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Four hundred and four survey forms were distributed and 112 were returned. This represented 2% of the practice's patient list.

- 42% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards, 27 of which were positive about the standard of care received. Patients referred to reception staff as being friendly and helpful and said they thought clinicians were empathetic, professional and caring. There were no common themes in the three cards which were not positive.

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

LL Medical Care Limited

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to LL Medical Care Limited

LL Medical Care Limited, also known as Agarwal and Agrawal Practice provides GP primary care services to approximately 6,000 people living in Leytonstone, London Borough of Waltham Forest. The practice had a Personal Medical Services (PMS) contract for providing general practice services to the local population.

There are currently three GP partners, two female and one male and one full time salaried GP (male). The practice provides a total of 23 GP sessions per week.

There is one practice nurse who works full time, a practice manager, and five administrative and reception staff. The practice nurse was unavailable on the day of the inspection. The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

The practice opening hours are 9:00am to 8.00pm on Mondays and Tuesdays, 9:00am to 7:00pm on Wednesdays and Fridays and 9:00am to 2:00pm on Thursdays. The practice is closed on Saturdays and Sundays. When the practice is closed the details of the 'out of hours' service are communicated in a recorded message accessed by calling

the practice and can also be found on the practice website. Telephones are answered between 9:00am and 6:30pm daily except Thursdays when the practice closes at 2:00pm. GP appointments are available between 9:00am and 7:30pm on Mondays and Tuesdays, between 9:00am and 6:30pm on Wednesdays and Fridays and between 9:00am and 2:00pm on Thursdays.

The practice also directs patients to dedicated weekend GP and nurse appointments at a local hub which is open between 9:00am and 5:00pm on Saturdays and Sundays.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to 4 weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

When the practice is closed, patients are directed to contact the NHS directly using the 111 telephone service. The details of the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice provides a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. This

Detailed findings

information also shows that although the deprivation score for the practice profile as a whole has improved between 2012 and 2015, Income Deprivation Affecting Older People (IDAOPI) is 35% and is higher than the CCG average of 25% and the national average of 16%.

The practice is located in a single storey purpose built health centre and all treatment and consulting rooms are fully accessible.

The practice had not previously been inspected.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, receptionists and staff who worked for the location's landlord. We also spoke with members of the Patient Participation Group (PPG) and patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- Staff told us they would usually inform the practice manager of incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment and were recorded, patients were informed of the incident, 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 events which had been recorded were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For instance, we saw a record which described an occasion when a patient who had been behaving aggressively in the reception area prior to their appointment, continued to behave aggressively during a consultation with a GP. The practice had reviewed this event during a practice meeting and had reviewed the protocol for dealing with abuse towards staff to ensure that clinicians were made aware of potentially aggressive patients before consultations.

Overview of safety systems and processes

We looked at systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child safeguarding level 3. Non-clinical staff were trained to level 1.

- A notice in the waiting room and in consulting rooms 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).
- We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received infection control training internally although this had not been recorded. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For instance, the most recent audit, undertaken in July 2015 had recommended that a record of staff immunisations and vaccines be maintained and we saw evidence that this had been done.
- We asked the practice to show us copies of specific cleaning schedules and records or audits to demonstrate that cleaning was being reviewed. The practice explained that the cleaning contract was held and managed centrally by the owners of Langthorne Health Centre. We spoke with a representative of the building owners who described their monitoring process but they were not able to provide us with written records as these were held at a different location.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) but processes were not always followed and some arrangements were not consistent with best practice. For example, we looked at the fridge used for storing vaccines and saw that it was stocked in a way which did not allow for sufficient space around the vaccine packages for air to circulate and some vaccine packages were touching the walls of the fridge. Although recorded temperatures were within an acceptable range, there was a risk of

Are services safe?

individual doses freezing and this could render certain vaccines ineffective. We also noted that there were no measures in place to prevent the fridge being switched off accidentally and there was no secondary thermometer. This meant that in the event of a power cut, the practice would be unable to review the temperature range for the duration of the power cut.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice's Health Care Assistant was undertaking training to administer vaccines and medicines and was being supported by the practice in this.
- The practice held stocks of Controlled Drugs (medicines that require extra checks and special storage because of their potential misuse) but could not demonstrate that suitable procedures were in place to manage them safely. For instance, there was no clear procedure for ordering, storing or auditing Controlled Drugs and the practice had not undertaken any assessment of clinical needs to hold or risks associated with keeping, Controlled Drugs on the premises. During our inspection we found that Controlled Drugs were being kept in a lightweight metal cupboard which was equipped with a single lock and which was easily removed from the wall without tools. We also found Controlled Drugs in a doctor's bag which was not locked although the bag was kept in a locked room. We brought this to the attention of the senior GP who made immediate arrangements to transfer stocks of Controlled Drugs to a community pharmacy which was located in the same building. We saw evidence that this had happened on the same day and were advised that the Controlled Drugs were subsequently destroyed by the pharmacy.
- We reviewed nine personnel files and found that required pre-employment checks had not been

undertaken for all staff. For instance, copies of references were not available for six employees, including two members of staff recruited within the past three years.

Monitoring risks to patients

We looked at how risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice was located in a premises shared with two other GP surgeries and community health services including a phlebotomy service and a community pharmacy. This meant that some risk assessments, such as fire risk assessments had been undertaken by the owner of the building. We saw an up to date fire risk assessments and saw that regular fire drills were being carried out. We were told that all staff had received fire safety training internally but this had not been recorded.
- Clinical equipment was checked to ensure it was working properly but electrical appliances had not been tested to ensure they were safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and we saw examples of how this was used to plan work shifts for staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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 and stored securely.
- The practice had a basic business continuity plan in place for major incidents such as power failure or building damage. The plan included contact numbers for a buddy practice, utility companies and emergency services but did not include contact details for the practices' own staff. The plan was only stored on the practice computer system and copies were not held off-site by the practice manager or partners.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 78% of the total number of points available. The overall practice exception reporting rate was 3% which was lower than the CCG average of 9% 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).

This practice was an outlier for COPD and Mental Health indicators. Data from 2014/15 showed:

- Performance for diabetes related indicators were below the national average. For instance, the percentage of patients with diabetes whose blood sugar was well controlled was 65% compared to the CCG average of 74% and the national average of 78%. The percentage of patients with diabetes who had a foot examination in the previous 12 months was 69% (CCG average 88%, national average 88%). The exception reporting rate for this domain was 6% compared to the CCG average of 13% and national average of 11%.
- Performance for mental health related indicators was below the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 30% compared to the national average of 88%. The

percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 60% compared to the national average of 84%. The exception reporting rate for this domain was 4% compared to the CCG average of 7% and national average of 11%.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 55% compared to the national average of 90%. The exception reporting rate for this domain was 5% compared to the CCG average of 10% and national average of 12%.

The practice told us they had recently reviewed these outcomes and had identified that a proper exception reporting process had not been always been followed. This had led to an under-reporting of patients who should have been excepted and this has had a negative impact on performance. Data we looked at supported this explanation. We were also told that the practice had recognised that the process for calling and recalling patients with long term conditions had not been sufficiently robust.

The practice had developed an action plan to bring about improvements had begun to implement several elements of the plan. For instance, the practice reviewed exception reporting criteria and processes and had begun to include a patient recall message on repeat prescriptions. Patients who did not attend review appointments were being contacted by telephone and asked to attend re-arranged appointments. The practice had sought the advice of a community based diabetes management specialist nurse and as a result of their input, the practice were reviewing several aspects of care for patients with diabetes. This included reviewing exception reporting, undertaking a feasibility study of establishing a specialist diabetes clinic at the practice and referring some patients to education programmes to help them better manage their own conditions.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits conducted in the last two years: one of these was a completed two cycle audit and another was a completed three cycle audit. The three cycle audit was a review of patients with COPD over a three year period and an evaluation of care

Are services effective?

(for example, treatment is effective)

and treatment options. The audit had led to a reduction in the use of inhaled steroids by patients with COPD from 62% to 13% and an increase in the use of long acting anticholinergic inhalers from 56% to 71%. The audit had also helped to identify 13% of COPD patients with moderately severe to severe conditions and these patients had been provided with rescue packs to keep at home.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had recently undertaken an audit of medicines management amongst patients being treated for diabetes. The audit had identified a need to be more proactive in monitoring patient weight loss and to use this information when reviewing treatment options. The practice told us that as a result of this audit, 44% of patients diagnosed with diabetes had been able to reduce or stop some of their medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw a copy of the induction programme but the practice did not keep records to show that staff had completed the programme.
- 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. Clinical 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, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training for areas such as infection control and fire safety awareness but records were not maintained. Staff we spoke with were able to demonstrate knowledge about these and were able to describe the practice evacuation plan.

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, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. For instance, we saw that the practice's out of hours provider was able to see patient notes.

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

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.

Are services effective?

(for example, treatment is effective)

- 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.

Supporting patients to live healthier lives

We looked at how the practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening but uptake rates for these programmes were lower than national averages. The uptake rate for bowel cancer was 35% (CCG average 46%, national average 55%) whilst the rate for breast cancer was 60% (CCG average 70%, national average 73%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. We asked the practice what

steps had been taken to improve the uptake rates for bowel and breast cancer screening and were told that this was being done opportunistically during appointments and other contact events with patients.

Childhood immunisation rates for the vaccinations given were lower than CCG averages (national averages were not available for this indicator). For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 64% to 71%, compared to the CCG averages of 81% to 88%. Rates for two year olds ranged from 62% to 81% (CCG averages 74% to 84%) and five year olds from 51% to 88%. (CCG averages 74% to 88%). We asked the practice about the relatively low rates for childhood immunisations and were told that a significant number of the patient population came from cultures which had historically always had low uptake rates. The practice told us they had recently undertaken a comprehensive revision of the practice website and that the new version included a significant section about childhood illnesses and immunisations. We saw the version of the new website which was currently going through user acceptance testing and saw that it contained comprehensive information about immunisations and that this could be translated into a wide range of community languages, including those prevalent amongst the practice population.

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

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 30 comment cards, 27 of which included positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were no common themes in the three cards which were not positive.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that most staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 75% of patients said the GP gave them enough time (CCG average 80%, national average 87%).
- 85% of patients said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 78% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 86% of patients said they found the receptionists at the practice helpful (CCG average 84% national average 87%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of the inspection told us they felt listened to and supported by staff and had sufficient time during consultations. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- GPs and other members of staff were fluent in some of the prevalent community languages spoken by the practice population.
- Information leaflets were available in easy read format.
- The practice website provided information about a wide range of conditions including information about symptoms, treatment and how to self-manage certain conditions.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified eight patients as carers (less than 1% of the practice list). We were told that although only eight patients were formally identified on the carers register, GPs and administrative staff knew other patients who were carers and would offer support as needs

arose. However, the practice had recognised that it would not have been possible to ensure that carers who would benefit from information, advice and support could be easily identified and had started to develop a more effective process to identify patients who were also carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a late clinic on a Monday and Tuesday evening until 7:30pm for working patients who could not attend during normal working 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations were available for patients who were unable to attend in person or who were unsure if they needed their condition required a face to face appointment.
- Patients could book appointments and request repeat prescriptions online.
- There were disabled facilities and interpreter services available but the practice did not have a hearing loop.
- The practice had recently invested in a revision of its website and a new version was undergoing user acceptance testing at the time of our visit and went live shortly after our inspection. The new website contained comprehensive information about the practice and health related matters as well as contact details for a range of support organisations which included diabetes, asthma and sexual health for younger people.
- The new practice website could be accessed in a wide variety of community languages and was also available in a version which had been designed to be more accessible by people with dyslexia.
- Patients who spoke some South Asian languages were able to see a GP who spoke those languages. Some receptionists also spoke other languages, and were able to speak to patients in those languages if they preferred.

Access to the service

The practice was open between 9:00am and 8:00pm on Monday and Tuesday, 9:00am to 7:00pm on Wednesday

and Friday and 9:00am to 2:00pm on Thursday. Appointments were from 9:00am to 7:30pm on Monday and Tuesday, 9:00am to 6:30pm on Wednesday and Friday and 9:00am to 2:00pm on Thursday. Extended hours appointments were offered between 6:30pm and 7:30pm on Mondays and Tuesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice had a reserved allocation of appointment slots at a local hub service between 10:00am and 4:00pm on Saturdays and Sundays and these are pre-bookable. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 42% of patients said they could get through easily to the practice by phone (national average 73%).
- 61% of respondents to the survey said they were able to get an appointment with a GP or nurse the last time they tried (national average 76%).

The practice had worked with the PPG to develop an action plan to ease the pressure on the telephone system. The practice had recently introduced an online appointment booking and cancelling system as well as online repeat prescription requests. The action plan had also recommended advising patients who did not need to speak to the practice urgently to call at less busy time and this was displayed on posters in the reception area and on the practice website.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

We saw that information was available to help patients understand the complaints system including a poster in the waiting area and helpful information on the practice website.

We looked at three complaints received in the last 12 months and found these were handled in line with the

practice complaints policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients but this had not been fully developed in to a robust strategy with supporting plans. Most staff we spoke with were able to describe the practice's vision and were positive when describing how they worked to deliver a patient centred, safe and respectful service.

Governance arrangements

The practice had an governance framework which supported the delivery of and good quality care although there were some gaps:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however some of these were overdue a review and there were areas where the practice should consider developing policies. For instance, the policy on maintaining the cold chain for vaccines was out of date and there was no policy or protocol to provide guidance around care planning for patients with higher needs.
- A more thorough understanding of the performance of the practice had recently been developed but plans to address aspects of performance which were below average were ongoing and the impact of these plans had not yet been measured.
- There was limited evidence of a programme of clinical and internal audit used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but there were gaps. For example, arrangements for managing medicines were not robust, electrical appliances had not been tested for safety and the performance of the cleaning contractor was not being monitored by the practice.
- Required pre-employment checks had not been undertaken for all staff. For instance, proof of identification and copies of references were not available for six employees, including two members of staff recruited within the past three years.

Leadership and culture

On the day of inspection the partners in the practice 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 in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a leadership structure in place but practice management told us that a process of transitioning to new leadership was being undertaken gradually. The practice told us this had led to issues with a lack of oversight in some areas including QOF management and medicines management but these had been recognised and were being addressed. Staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently been reformed and had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had proposed a schedule of meeting time and dates which were more likely to be accessible to a wider range of the patient population and this had been agreed by the practice.
- The practice had gathered feedback from staff through the annual appraisal system. 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to assess risk by not carrying out electrical appliance safety checks.</p> <p>They did not do all that was reasonably practicable to ensure the proper and safe management of medicines.</p> <p>This was in breach of regulation 12(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure that persons employed for the purposes of carrying out a regulated activity were of good character.</p> <p>They had not ensured that recruitment arrangements included all necessary pre-employment checks for all staff and that the information required by schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was kept on staff files.</p> <p>This was in breach of Regulation 19 (1a) (2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>