

# Third Floor Lanark Road Medical Centre

## Quality Report

3rd Floor Medical Centre  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### 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?

Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall. The practice was previously inspected on 27 November 2014 and rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Third Floor Lanark Road Medical Centre on 17 January 2018 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.

At this inspection we found:

- There were systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns.
- There was an effective system to manage infection prevention and control.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

# Summary of findings

- Results of the national GP patient survey and comment cards we received showed patients felt they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Although there were systems and processes in place to support good governance we found that this was inconsistent in respect of safe recruitment, recording and investigating of significant events and incidents and oversight of facilities management provided by NHS Property Services.
- The practice team told us their aim was to provide high quality care and good patient outcomes. However, there was no supporting written strategy or business plan to support this.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Consider the infection control lead undertaking enhanced training to support them in this extended role.
- Review the NICE Guidelines NG51: Sepsis Recognition, Diagnosis and Early Management to ensure the practice can appropriately assess all patients, including children, with suspected sepsis.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Consider how patients with a hearing impairment would access the service.
- Continue to actively promote patients to join the Patient Participation Group to enable patients to have a say in the way services are delivered to best meet their needs, and the needs of the local community.

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

# Summary of findings

## The six population groups and what we found

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

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

# Third Floor Lanark Road Medical Centre

## 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.

## Background to Third Floor Lanark Road Medical Centre

Third Floor Lanark Road Medical Centre, also known as Lanark Medical Centre, operates from 165 Lanark Road, London, W9 1NZ. The property is shared with another GP practice and is maintained by NHS Property Services (NHSPS). The practice has access to three consultation rooms on the third floor. Access to the service is by lift and stairs. On the day of our inspection, the lift access at ground level was out of order. Patients could access the lift at lower ground level via four steps. The practice told us that the lift, at ground level, had been out of order for a couple of weeks and it had been reported to NHSPS.

The practice provides NHS primary care services under a General Medical Services (GMS) contract (GMS is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to 3,200 patients. The practice list size had increased since our previous inspection in November 2014 when the practice had approximately 2,800 patients. The practice told us a nearby GP practice had closed and they had registered approximately 400 patients. The practice is part of NHS Central Clinical Commissioning Group (CCG).

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises of a male and a female GP partner, although only one partner provides clinical sessions, and a male and female GP locum, providing a combined total of 13 clinical sessions per week, which included an extended hour's provision. The GPs are supported by a practice nurse (24 hours per week), a phlebotomist, a practice manager and deputy practice manager and a small reception and administration team.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are available on Tuesday from 6.30pm to 8pm. On-line services, which include appointment books, repeat prescriptions can be accessed from the practice website [www.lanarkmedicalcentre.co.uk](http://www.lanarkmedicalcentre.co.uk).

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Data shows that almost 45% of patients at the practice area were from Black and Minority Ethnic (BME) groups. The practice had identified the Arabic language as the predominant first language of its patients and an Arabic language interpreter was assigned to the practice every week day. The highest proportion of the practice population was in the 15 to 44 year old age category.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We saw posters in all consulting rooms regarding local safeguarding contact details and guidance on the mandatory reporting of female genital mutilation (FGM).
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and DBS checks where required. We reviewed five personnel files, of both substantive and locum staff, and found they contained all the appropriate documentation apart from one file. We found that a standard DBS check had been undertaken for a newly recruited member of staff but the role and responsibilities of the job and the level of contact with patients, potentially children and vulnerable adults, required an enhanced DBS. The practice told us that an enhanced DBS should have been undertaken as per its policy. Immediately after the inspection the practice told us that an enhanced DBS had been applied for and a decision had been made to suspend the role until it had been received.
- There was an effective system to manage infection prevention and control (IPC). An IPC audit had been undertaken in September 2017 and we saw action had been taken to address its findings, for example, a second independent thermometer on the medicines fridge. We observed the practice to be clean and there were cleaning schedules in place for each room. We saw that there systems in place for safely managing healthcare waste. All staff had received on-line IPC training. The practice had nominated the practice nurse as the IPC clinical lead, however, had not provided any enhanced training to support the responsibilities of the role.
- We observed that each consulting room had information displayed on good handwashing techniques, how to deal with a sharps injury and was well equipped with personal protective equipment and waste disposal facilities. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception desk.
- Facilities management was overseen by NHS Property Services (NHSPS) in a shared NHS health facility. The practice did not maintain a record of all maintenance and risk assessments undertaken by NHSPS, including confirmation that action had been taken to address any issues identified as a result of the risk assessments carried out. For the inspection, NHSPS provided a Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment undertaken in March 2016 and a fire risk assessment undertaken in June 2017. We saw that action had been taken to address issues identified.
- We saw evidence of regular lift maintenance and that NHSPS were aware that the lift was out of order from the ground floor. However, it was unclear when this would be rectified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that NHSPS had undertaken portable appliance testing in 2016 and the practice had undertaken calibration of its medical equipment in September 2017.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

## Are services safe?

- At our previous inspection in November 2014 the practice did not have access to an automated external defibrillator (AED). A recommendation in our inspection report had been made to have an AED available or undertake a risk assessment if a decision was made not to have an AED on-site. The practice had initially undertaken a risk assessment which stated that they had access to an AED from a neighbouring building but had later acquired an AED from another practice. This was no longer working and at the time of our inspection the practice did not have an AED on-site but showed evidence that they had ordered one. Photographic evidence was sent after the inspection that the AED had arrived.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff had been trained on basic life support. Staff we spoke with knew the location of the emergency medicines and oxygen. However, we noted that there was no medical gas warning signage on the door where this was located. The practice sent photographic evidence after the inspection that this had been put in place.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Clinical staff demonstrated a knowledge of sepsis management, however, the practice did not have a paediatric pulse oximeter (a piece of equipment that measures oxygen in the blood) required to appropriately assess children with suspected sepsis.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system in place for temporary staff tailored to their role.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice worked closely with the CCG's Medicines Optimisation Team to ensure safe and appropriate prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The practice kept prescription stationery securely and recorded the box serial numbers. However, there was no system in place to track prescription use through the practice. The practice showed evidence that it had rectified this on the day of the inspection and logged the prescription serial numbers allocated to its prescription printers.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

Although there was a system for recording and acting on significant events and incidents the process was not consistent. Non-clinical staff we spoke with told us they would inform the practice manager of any incidents, a clinician told us incidents were documented in an incident book and the lead clinician told us incidents were emailed. Clinical staff we spoke with gave us examples of

## Are services safe?

clinical-related incidents but none of these had been formally documented. The practice had recorded four significant events in the past 12 months, three of which related to facilities management.

There was a system for receiving and acting on safety alerts. We saw evidence that recent alerts had been acted upon. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for 1 July 2016 to 30 June 2017 showed that the practice was comparable to local and England averages for the number of antibacterial prescription items prescribed per Specific Therapeutic group (practice 0.84; CCG average 0.63; England average 0.98) and the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (practice 2.6%; CCG average 5.9%; England average 4.7%).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The performance for diabetes-related indicators was comparable to CCG and national averages. For example:
- The percentage of patients with diabetes, on the register, in whom the last HbA1c is 64 mmol/mol or less in the preceding 12 months was 88% (CCG average 78%; national average 79%) with an exception reporting of 9% (CCG 11%; national 12%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 83% (CCG average 76%; national average 78%) with a low exception reporting of 5% (CCG 11%; national 9%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% (CCG average 78%; national average 80%) with a low exception reporting of 5% (CCG average 12%; national 13%).
- The performance for indicators in respect of atrial fibrillation (an irregular, rapid heart rate that may cause symptoms like heart palpitations, fatigue, and shortness of breath), hypertension (high blood pressure) and respiratory-related indicators (asthma and chronic obstructive pulmonary disease) were all comparable to local and national averages.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for the period 1 April 2015 to 31 March 2016 showed that uptake ranged from 64% to 90%, which fell below the target of 90%. However, the practice provided outcome data for the period 1 April 2016 to 1 April 2017 for immunisations up to aged two and aged five which showed a consistent achievement of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening for women aged 25 to 64 was 80%, which was comparable to the CCG average of 72% and the national average of 80%.

# Are services effective?

## (for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months which was comparable to the local average of 87% and national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the local average of 88% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption in the preceding 12 months was 92% (local average 91%; national average 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99% (local average 96%; national average 95%).

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and the England average of 96%. The clinical exception reporting rate was 5% compared with a CCG average of 10% and the national average of 10%. (QOF is a system intended to improve the quality of general

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

The practice had a programme of quality improvement and routinely reviewed the effectiveness and appropriateness of the care provided. The practice presented three two-cycle audits. Where appropriate clinicians took part in local improvement initiatives and benchmarking with the CCG, for example, audit of prescribing with the CCG Medicine Optimisation Team.

The practice used information about care and treatment to make improvements. For example, the practice had identified that its patient take-up rate of the national bowel screening programme was low. The practice audited all patients who had been invited to undertake the bowel screening test for the period January 2015 to May 2017 and identified that 37 patients had not responded. The practice wrote to all the patients, in both the English and Arabic language as appropriate, explaining the procedure and the importance of the screening programme. A re-audit showed that 10 patients had undertaken the screening test as a result of the practice correspondence. The practice told us they have continued to promote the screening during face-to-face consultations.

### Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.

### Coordinating care and treatment

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

# Are services effective?

(for example, treatment is effective)

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

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Two-week wait referral data showed that the percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two-week wait referral pathway was 67%, which was comparable to the CCG average of 51% and the national average of 50%. This gives an estimation of the practice's detection

rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which may positively impact survival rates.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a primary care navigator attached to the practice and could help signpost patients to health, social care and voluntary sector services.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, bowel and breast cancer screening, stop smoking campaigns and tackling obesity. The practice held a weekly dedicated smoking cessation clinic.

## Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All clinical staff had undertaken Mental Capacity Act (MCA) training.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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 received 41 patient Care Quality Commission comment cards, of which 37 were positive about the service and four contained negative comments. Patients who provided positive feedback said they felt the practice offered a very good service and all staff were very friendly, helpful and caring. Patients commented that they were able to get an appointment easily when they needed them. The negative feedback included waiting time to be seen for their appointment when at the surgery.
- The practice actively sought patient feedback through the NHS Friends and Family Test. Results for the period January to December 2017, based on 320 responses, showed that 75% of patients would be extremely likely or likely to recommend the service. Similarly the latest national GP survey showed that 72% of patients would recommend the surgery to someone new to the area (CCG average 74%; national average 77%).

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and seventy-eight surveys were sent out and 52 were returned. This represented a completion rate of 14% and just under 2% of the practice population. The practice was statistically comparable with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 87% of patients who responded said the GP gave them enough time (CCG average 80%; national average 86%).
- 96% of patients who responded said they had confidence and trust in the last GP they saw (CCG average 93%; national average 95%).
- 70% of patients who responded said the last GP they spoke to was good at treating them with care and concern (CCG average 80%; national average 86%).
- 80% of patients who responded said the nurse was good at listening to them (CCG average 86%; national average 91%).
- 87% of patients who responded said the nurse gave them enough time (CCG average 87%; national average 92%).
- 100% of patients who responded said they had confidence and trust in the last nurse they saw (CCG average 96%; national average 97%).
- 81% of patients who responded said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%; national average 91%).
- 86% of patients who responded said they found the receptionists at the practice helpful; (CCG average 84%; national average 87%).

### Involvement in decisions about care and treatment

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

- An on-site Arabic language interpreter and interpretation services for all languages were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice sent text messages to advertise health campaigns, for example the annual influenza immunisation.

The practice proactively identified patients who were carers through new patient registration forms and carer identification forms. We saw information in the waiting room and on the practice website to direct carers to the

## Are services caring?

various avenues of support available to them. The website had the functionality to translate to other languages. The practice also had a primary care navigator on site one day a week who was able to signpost patients for further support. The practice had nominated the practice nurse as the carer's champion. The practice's computer system alerted GPs if a patient was also a carer and we saw that 15 patients had been identified as carers (0.5% of the practice list). The practice offered annual influenza immunisation and health checks to identified carers.

Staff told us that if families had experienced bereavement, the lead GP contacted them and often sent flowers. 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.

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

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care (CCG average 78%; national average 82%).
- 81% of patients who responded said the last nurse they saw was good at explaining tests and treatments (CCG average 85%; national average 90%).
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%; national average 85%).

### Privacy and dignity

- Staff we spoke with recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- We saw that staff had undertaken information governance training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had identified the Arabic language as the predominant first language of a large proportion of its patient population and an Arabic language interpreter was assigned to the practice every week day. The interpreter assisted patients during consultations and with written documentation, such as registration forms and feedback questionnaires.
- We saw that all directional signage and door signage within the practice was printed in the English and Arabic language. There was a poster at the reception desk in various languages advising patients that interpreter services were available.
- The practice was on the third floor of a shared building. There was lift access for patients with mobility difficulties. However, on the day of the inspection the lift was not working from the ground level. Patients could access the lift at lower ground level via four steps and then ascend in the lift to the third floor. Some areas of the practice (reception, waiting room and one consultation room) were not accessible to people with mobility difficulties. Clinical and non-clinical staff we spoke with told us that patients could be seen in other areas of the practice where there was step-free access.
- There were accessible toilet facilities, baby change area and breastfeeding facilities. The practice did not have an induction hearing loop for patients with a hearing impairment.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- Patients requiring additional support could be referred to an on-site primary care navigator who helped signpost patients to health, social care and voluntary sector services.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and community matron to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

# Are services responsive to people's needs?

## (for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice hosted a weekly counselling session. The lead GP liaised with the service to plan care for patients with common complex mental health problems.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use. The practice sent text message reminders of appointments.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was statistically comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and seventy-eight surveys were sent out and 52 were returned. This represented a completion rate of 14% and just under 2% of the practice population.

- 90% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.

- 95% of patients who responded said they could get through easily to the practice by phone (CCG average 83%; national average 71%).
- 90% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 83%; national average 84%).
- 89% of patients who responded said their last appointment was convenient (CCG average 76%; national average 81%).
- 84% of patients who responded described their experience of making an appointment as good (CCG average 71%; national average 73%).
- 44% of patients who responded said they don't normally have to wait too long to be seen (CCG average 53%; national average 58%).

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. We saw complaints leaflets and poster in the waiting room and information on the practice website.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year of which one was written and two were verbal. We reviewed the written complaint and found that it was satisfactorily handled in a timely way. Staff treated patients who made complaints compassionately.
- The practice discussed complaints in its monthly practice meetings as a forum to learn lessons from individual concerns and complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

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

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- We saw from minutes that practice and clinical meetings were held on a monthly basis.

### Vision and strategy

The lead GP told us their aim was to provide high quality care and good patient outcomes. However, there was no formal written strategy or supporting business plan in line with health and social priorities to meet the needs of its practice population, which had also been a finding at our previous inspection.

The practice had a mission and philosophy statement which it had formalised in a leaflet with the practice charter. This was available to patients.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. There were positive relationships between staff, the GPs and the management team.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. All staff had undertaken training in relation to being open and honest. Staff we spoke with understood the meaning of the duty of candour and their responsibilities.

- There were processes for providing all staff with the development they need. This included appraisal and training except for lead IPC role. All staff received regular annual appraisals in the last year.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

### Governance arrangements

Although there were clear responsibilities, roles and systems of accountability to support good governance and management we found that this required improvement. In particular:

- The systems in place to ensure safe and appropriate recruitment were not consistent. We found that a standard DBS check had been undertaken for a newly recruited member of staff, however, the role and responsibilities of the job and the level of contact with patients, potentially children and vulnerable adults required an enhanced DBS. The practice told us that an enhanced DBS should have been undertaken as per guidance and its policy.
- The significant events process did not ensure all incidents were recorded and investigated and there was inconsistency in staff's understanding of how to raise an incident.
- The practice had not maintained up-to-date records relating to facilities management undertaken by NHS Property Services (NHSPS), specifically remedial work identified from risk assessments, to satisfy itself that the areas managed by NHSPS were compliant.

However, staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Policies and procedures were available and staff knew how to access these.

### Managing risks, issues and performance

There were processes to identify, monitor and address current and future risks including risks to patient safety. However, these were not always consistent in respect of safe recruitment, the reporting and recording of significant events and incidents and oversight of facilities management provided by NHS Property Services (NHSPS).

# Are services well-led?

Requires improvement 

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

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The most recent published QOF results showed the practice had achieved 99% (CCG average 93%; England average 96%).

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful. The provider had identified areas for improvement and there were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice gathered feedback from patients through the NHS Friends and Family Test, comments and complaints received and the NHS Choices website.

At the time of our inspection, the Patient Participation Group (PPG) was no longer active. The practice had previously had a small PPG of four patients but only one patient was currently engaged with the practice. The practice told us they were attempting to encourage more patients to join the PPG and we saw leaflets and posters in the practice regarding the role of the PPG.

Staff we spoke with told us they could provide feedback through meetings and appraisals.

The practice held multi-disciplinary team (MDT) meetings every eight weeks with four GP practices within its hub.

## Continuous improvement and innovation

There were systems and processes for continuous improvement and innovation. The practice took part in schemes to improve outcomes for patients in the area. For example, the practice were participating in an out of hospital services initiative designed to bring services closer to the patient in the primary care setting which included ambulatory blood pressure monitoring and phlebotomy.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p><b>In particular:</b></p> <ul style="list-style-type: none"><li>• The registered person had failed to ensure safe and appropriate recruitment checks were undertaken in line with guidance.</li><li>• The registered person had failed to ensure that all staff were aware of the procedure for reporting significant events and that all incidents were recorded and investigated.</li><li>• The registered person had failed to maintain up-to-date records relating to facilities management undertaken by NHS Property Services (NHSPS), specifically remedial work identified from risk assessments, to satisfy itself that the areas managed by NHSPS were compliant.</li><li>• The registered person had failed to develop a written business plan and strategy in line with health and social priorities to meet the needs of its practice population.</li></ul>