Gordon Street Surgery

Quality Report

The Surgery
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Staffordshire
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Date of inspection visit: 4 December 2017
Date of publication: 12/02/2018

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. We previously inspected the service in October 2014 and rated the practice as Good.

The key questions are rated as:

Are services safe? –Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? - Inadequate

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 – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

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

We carried out an announced comprehensive inspection at Gordon Street Surgery on 4 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had systems, processes and practices in place to protect people from potential abuse. Staff were aware of how to raise a safeguarding concern and had access to internal leads and contacts for external safeguarding agencies. However, not all staff had received safeguarding training relevant to their role.
- The practice systems to manage risk so that safety incidents were less likely to happen required strengthening.
- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- Some patients found it difficult to make an appointment by telephone and told us appointments with GPs did not always run on time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Summary of findings

- There was a system to manage infection prevention and control and patients commented that the practice was always clean. However, there was a lack of evidence to show how the action plan was being monitored to assess progress in meeting the requirements of the Infection Prevention and Control (IPC) audit. The IPC policy did not govern practice.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure specified information is available regarding each person employed.
- Ensure, where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

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

- Carry out fire drills at regular intervals.
- Increase the identification and support to carers on the practice list.
- The induction process for new staff staff should include an assessment of competence. The provider should also review the system for induction of locum staff to ensure they are adequately supported to provide safe care and treatment.
- Review arrangements to protect patient privacy and confidentiality.
- The provider should review its systems to assure itself that all relevant staff know how to respond appropriately in the event of a safeguarding concern and understand their roles in relation to chaperoning.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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.

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

Gordon Street Surgery

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 second CQC inspector a GP specialist advisor and a practice manager advisor.

Background to Gordon Street Surgery

Gordon Street Surgery is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England and provides a number of enhanced services to include childhood vaccination and immunisation schemes and joint injections. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice is part of the NHS East Staffordshire Clinical Commissioning Group (CCG).

The practice is located in a purpose built level access building. The practice has a population of 10,477 patients and is within the fourth most deprived decile when compared with both local and national statistics. The practice has slightly more patients aged between 20 and 39 than the England average. This could increase the demand for more flexible appointment times. The practice had a comparable percentage of patients with a long-term condition (LTC) with the local and England average. The percentage of unemployed patients that used the practice was slightly higher than that of CCG and England averages. These factors could increase demand for health services and impact on the practice.

The practice staffing comprises of:

- Three partners (two males full time and one female part time).
- One salaried GP (male, part time).
- One Advanced Nurse Practitioner.
- Three practice nurses and three health care assistants.
- One practice manager, one assistant to the practice manager and one reception manager.
- A team of administrative staff.
- A live in caretaker/cleaner.

Opening hours are 8.30am until 6.00pm Monday to Friday. The practice offers pre-bookable appointments on three out of four Saturday mornings. From the hours of 8am and 8.30am, a telphephone message advises patients to call the surgery's mobile number in the event of an emergency.

The practice has opted out of out of hours care provision. Out of hours care is provided by Staffordshire Doctors Urgent Care Limited. Between the hours of 6pm and 8am, patients are advised to call NHS 111.

Further information about the practice can be found at : http://www.gordonstreetsurgery.co.uk

Inadequate

Are services safe?

Our findings

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

Safety systems and processes

The practice's systems to keep patients safe and safeguarded from abuse were not always effective.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. Staff we spoke with knew how to identify and report safeguarding concerns and had access to internal leads and contacts for external safeguarding agencies. The practice provided evidence that most clinical staff had received safeguarding training at the appropriate level. Two of the newly recruited reception staff had not received any safeguarding training.
- 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.
- We looked at the files of five members of staff. The practice had not carried out all the necessary recruitment checks, including initial checks of professional registration with the General Medical Council and Nursing and Midwifery Council where relevant. There was also no on going system in place to ensure the professional registrations were in date.There was no information relating to the physical and mental fitness of staff to carry out their work and there was a lack of information relating to work history of two out of the five staff. There was no formal system for checking the suitability of locum GPs to work.
- Disclosure and Barring Service (DBS) checks were not undertaken routinely for reception staff. There was a lack of effective risk assessment in place which supported this decision.
- Members of staff who acted as chaperones had received training for the role. Staff when asked were able to demonstrate that they understood their role in relation to chaperoning, including, for example, where they would stand during an intimate examination. We checked the files of three staff who acted as chaperones, two out of the three staff had not 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).
- Notices were displayed in consultation and clinical rooms advising patients that chaperones were available if required. Patients we spoke with were aware of this service provided.
- There was a system to manage infection prevention and control. There was a designated infection prevention and control (IPC) clinical lead in place. An IPC audit had been carried out in 2016 and 2017 and an action plan had been developed to address the improvements identified. However, there was a lack of evidence to show how the action plan was being monitored to assess progress in meeting the requirements of the IPC audit. In the 2016 IPC plan we saw that carpets and hand basin taps were to be replaced, and that rooms were to be de-cluttered. In the 2017 IPC plan we saw that carpets and hand basin taps were still to be replaced and that rooms were still to be de-cluttered. The IPC policy did not govern practice.
- There were systems for safely managing healthcare waste.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was not an effective induction system for temporary staff tailored to their role, for example there were no locum packs in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had emergency equipment which included automated external defibrillators (AEDs), (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult masks. The pads for the AED were for adults only. The practice told us they had considered this but had not completed a formal risk assessment for children. Since the inspection, the practice had obtained pads for use on children.

Inadequate

Are services safe?

- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. An alert process appeared within their computer system to aid the diagnosis of sepsis. The practice had adult and paediatric pulse oximeters available within the practice. Staff told us that they had also received training to identify signs of sepsis. The practice had recently trialled the equipment that tested the C-reactive protein (CRP) in a patient's blood at the point of consultation. This was used when infection was clinically suspected. Measuring the CRP in a patient's blood in this way could be an aid to differentiate between viral infections and more serious bacterial infections needing antibiotic prescribing.
- Control of substances hazardous to health (COSHH) the symbols for these items were nationally updated in 2015. The practice was still using the 2013 symbols. The Health and safety policy did not govern practice.

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 systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. On the day of the inspection not all of the recommended emergency medicines were held at the practice including a medicine used to treat the possible side effect of insertion of intrauterine devices (coil) and medicine used for the treatment of epileptic fit. The practice had not carried out a risk assessment to support the decision not to stock these items. Following the inspection, the practice had discussed the need to stock these medicines and had made a decision to include these medicines as part of their emergency medicines stock and had subsequently ordered the medicines.
- The practice kept prescription stationery securely and monitored its use.
- 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. We saw an informative display in the practice's waiting area, encouraging patients to use over the counter medicines. Leaflets were also available to encourage patients to be antibiotic aware.
- The practice involved patients in regular reviews of their medicines.
- We found that the practice needed to strengthen the system for managing and prescribing medicines requiring close monitoring. For example, eight patients were on a particular psychiatric medicine. We found that seven of the eight patients had been monitored appropriately. For one patient, however, their blood results showed that they were outside the safe levels for receiving this medicine. The patient however had been prescribed the medicine for six consecutive months despite being outside the safe levels. The clinicians signing those prescriptions had not instigated a review. Following the inspection, the practice advised us that the patient had been reviewed in person, and steps had been taken to ensure the safety of the patient. The patient was now within safe levels for receiving the medicines and was well. Following the inspection, the practice had written a protocol for staff to adhere to so that the management of this medicine was improved and the risk of re-occurence was reduced.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues in place and records of routine safety checks undertaken. This helped it to understand risks and gave

a clear, accurate and current picture that led to safety improvements. For example a recent fire risk assessment had been completed. The last fire drill was undertaken in July 2016.

- All electrical equipment was checked to ensure it worked properly.
- A business continuity plan was in place for major incidents.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us that leaders and managers supported them when they did so. Staff gave an example of a recent incident. We checked the significant event log, the incident had been recorded in the accident book, but the incident had not been recorded as a significant event and there had been no recorded discussions about lessons learnt.
- The practice discussed significant events during the weekly clinical meetings. We saw brief details of the incidents within minutes of the clinical meetings notes. However there was a lack of detail captured to facilitate wider learning. There was no evidence of systematic analysis, nor that quality improvement activity had arisen from the significant events. Although the clinicians were aware of it formal consideration of the Duty of Candour in relation to significant events was not always evident.
- The system for receiving and acting on safety alerts was inconsistent. For example the practice had undertaken a check to identify women of childbearing age on a specific anti –epileptic medicine due to concerns raised within an alert that the medicine caused birth defects. The practice however had not received or acted on an alert sent regarding a diabetic medicine which was thought to increase the risk of lower-limb amputations. Following the inspection, the practice provided evidence that patients on this medicine had since been reviewed and were receiving appropriate treatment. We saw other examples where the practice had not received alerts including alerts relating to estates and facilities. For example the practice had not received or acted on an alert which advised the discontinuation of 13A electrical socket covers. We saw evidence that the practice still used socket covers throughout the practice. The practice told us following the inspection that they had put a system in place which ensured that they received all relevant new alerts issued. They told us that they had also implemented a more effective system to manage the alerts which included completing a written report on all alerts received. The report included details of any patients affected including the action taken to minimise risk to patients and were discussed at clinical meetings.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement 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.
- The practice's daily quantity of Hypnotics per Specific Therapeutic group prescribed was in line with the CCG and national average. The practice, regional and England averages were broadly 1% (for that therapeutic group).
- The practice was comparable to the Clinical Commissioning Group (CCG) and national averages for antibiotic prescribing. The number of items prescribed per specific therapeutic group by the practice, CCG and national average was 1%.
- We saw no evidence of discrimination when making care and treatment decisions.

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 who had been visited at home to ensure they were doing well.
- Once patients reached 65, the practice sent a birthday card which included an up-to-date practice leaflet and a reminder that they were entitled to free flu and pneumococcal vaccinations.

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. For example, there was a lead nurse and GP for diabetes.
- Data available showed that the practice scored lower than average for some of the management of long-term conditions. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 71%, which was lower than the CCG average and the national average of 78%. The practice exception reporting rate of 4% however, was lower than the CCG average of 8% and England average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients on the diabetes register, in whom a specific blood test to get an overall picture of what a patients average blood sugar levels had been over a period of time was recorded as 67% compared with the CCG and the national average of 80%. The practice exception reporting rate of 11% was lower than the CCG and the national average of 12%. The practice had undertaken an audit to look at their management of diabetic reviews.
- 72% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma. This was slightly lower than the CCG average of 77% and the national average of 76%. The practice exception reporting rate of 11% was slightly higher than the CCG average of 7% and England average of 8%.

The practice was aware of the low scores in some areas. The practice had identified a lead for managing the Quality Outcome Framework (QOF) work. In order to improve QOF results and outcome for patients, the practice actively

followed-up with patients who had not attended for reviews. The practice was also considering offering nurse appointments on a Saturday and were also in the process of recruiting for an additional advance nurse practitioner.

Families, children and young people:

- Child immunisations were offered by the practice and carried out in line with the national childhood vaccination programme. Patients who missed any of their immunisations were monitored and recalled and information shared with the health visitor. Uptake rates for the vaccines given to under two year olds were above the target percentage of 90% and the rate for five year olds ranged from 87% to 96%.
- Full contraception services were offered including implants and intrauterine contraceptive devices (coils). The practice's uptake for cervical screening was 77%, which was slightly lower than the national average of 81%. The practice was aware of the slightly lower than average uptake and were actively following-up with patients who had not attended.
- 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.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was in line with the CCG average of 84% and the national average of 84%. The practice exception reporting rate of 6% was the same as the CCG average and slightly lower that the England average of 7%.
- 72% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was lower than the CCG average of 88% and the national average of 90%. The practice exception reporting rate of 6% was lower than the CCG average of 15% and England average of 13%. The practice was working alongside the community psychiatric nurse to promote the uptake of clinical reviews.
- The practice data showed that the practice needed to improve the way they considered the physical health needs of patients with poor mental health in some cases. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 66%, which was considerably lower when compared with the CCG average of 86% and the national average of 91%. The practice was aware of these lower than average scores and had been working with the community psychiatric nurse (CPN) to encourage patients to attend reviews. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was the same as the CCG average of 95% and slightly lower than the national average of 97%.

Monitoring care and treatment

The practice had undertaken nine audits to review practice. Most of these audits were in response to clinical guidance such as National Institute for Health and Clinical Excellence. For example, the practice had completed a full cycle audit to identify patients on aspirin who had atrial fibrillation (AF) (one of the most common forms of abnormal heart rhythm). AF is a major cause of stroke. NICE guidelines suggested that other medicine to prevent a stroke should be used instead of aspirin. The audit showed that all eligible patients had been prescribed alternative medicines to prevent stroke.

The most recent published Quality Outcome Framework (QOF) results showed that the practice achieved 94% of the total number of points available which was above the clinical commissioning group (CCG) average of 93% and below the national average of 96%. The overall exception reporting rate was 9%, which was in line with 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

Requires improvement

Are services effective?

(for example, treatment is effective)

condition or when a medicine is not appropriate). The overall achievement for 2016/2017 had improved greatly from the previous year where they had achieved 68% of points available.

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. Staff were encouraged and given opportunities to develop. For example, staff told us that they were given opportunities to discuss personal development needs within their annual appraisal. Staff told us they were supported to complete courses, for example one of the nurses was due to complete a leadership course.
- Up to date records of skills, qualifications and training however were not maintained and we saw gaps in training.
- The practice provided staff with on going support.This included an induction process, but the induction process did not assess the competence of staff.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, 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

- The practice offered a range of clinics to help patients live healthier lives. For example dietary advice, smoking cessation advice and weight management advice was offered.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

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

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

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

During the inspection, we observed staff treat 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 three patient Care Quality Commission comment cards. One patient was positive about the service experienced and described staff as helpful. The other two patients commented that they had to wait in excess of an hour past their appointment time to be seen,

Results from the July 2017 annual national GP patient survey showed that patients rated the practice in line with or lower than the local and national averages with regards to being for being treated with compassion, dignity and respect. Three hundred and five surveys were sent out and 112 were returned. This represented about 1% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs. For example:

- 78% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 77% of patients who responded said the GP gave them enough time compared with the CCG average of 89% and the national average of 86%.
- 85% of patients who responded said they had confidence and trust in the last GP they saw; compared with the CCG average of 96% and the national average of 95%.
- 73% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared with the CCG average of 86% and the national average of 86%.

Results of an independent survey carried out at the practice in July 2017 where 167 patients provided feedback, however showed better results. For example, the practice scored above average for areas such as warmth of greeting by practitioners, ability to listen and offering reassurances and explanations.

The July 2017 annual national GP patient survey practice satisfaction scores on consultation with nurses were in line with local and national averages. For example:

- 92% of patients who responded said the nurse was good at listening to them; compared with the CCG average of 93% and the national average of 91%.
- 89% of patients who responded said the nurse gave them enough time; compared with the CCG average of 93% and the national average of 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; compared with the CCG average of 98% and the national average of 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with the CCG average of 92% and the national average of 91%.

The practice satisfaction score for reception staff was significantly below average. For example:

- 54% of patients who responded said they found the receptionists at the practice helpful; compared with the CCG average of 84% and the national average of 87%.

Results of an independent survey carried out at the practice in July 2017, also showed the practice scored below average for reception staff. We spoke with six patients during our inspection. The feedback relating to the attitude of reception staff was mixed, some commented that some staff lacked customer care skills, others commented that they were helpful and tried their best in difficult circumstances. The practice had identified the manner in which patients were treated by reception staff as an action point within their improvement action plan. This

included the need for the reception manager to remind staff to treat patients politely. There was no evidence however to show that the action plan was being monitored and contributing to improved outcomes for patients.

Involvement in decisions about care and treatment

Staff helped patients to 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):

- Interpretation services 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. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, the practice had a hearing loop for patients with hearing aids and the practice used an electronic patient call system.

The practice did not proactively identify patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. However, the practice did not retain a register of patients who were carers. During the inspection the practice searched the computer records to identify 46 patients who had been identified as carers (0.4% of the practice list). We did not see any information readily available in the waiting areas for carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. The practice offered a mobile phone number for those patients in extra need.

Results from the national GP patient survey showed the practice scored below average for patient involvement in planning and making decisions about their care and treatment. For example:

- 71% 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 89% and the national average of 86%.
- 71% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

Improving patient involvement had not been identified as an area for improvement within the practice's action plan.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. However, it was possible to overhear conversations within those rooms from the corridor outside.
- A private area was available should a patient wish to discuss sensitive issues or their prescriptions.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- 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 and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had experienced changes to its staffing since our last inspection. The practice had lost three of their partners but despite attempts to recruit they had replaced only one of these partners. This had resulted in additional pressures on the practice.

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.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. At times of high demand, the practice was supported by the Acute Visiting Service (AVS) which was provided by the CCG. This service assisted the practice with meeting the needs of patients requiring urgent medical service at their home including nursing homes.
- The practice has facilities for disabled access to the building.

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. However, patients told us that the appointments were not flexible to meet their specific needs. For example some patients told us they did not receive the double appointments that they felt they required to discuss their long term conditions.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary. Appointments were also offered outside of school hours.
- The premises was suitable for children, babies and breastfeeding mothers. Postnatal and eight-week baby checks were offered.

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, evening appointments and Saturday appointments.
- The practice offered online service for booking and cancelling appointments, ordering repeat prescriptions and viewing medical records.

People whose circumstances make them vulnerable:

- Longer appointments were offered for vulnerable patients, including patients 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 offered same day appointments for acute mental health problems and clinicians were aware of emergency contact numbers where necessary.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- Patients are offered an annual health check. For patients with complex needs, the practice worked with the community psychiatric nurse (CPN) who sometimes arranged the appointments and attended with the patient too to assist with the review.
- The practice identified patients who attended A&E with mental health crisis and followed the patient up usually with a telephone call initially.

Timely access to the service

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. Three hundred and five surveys were sent out and 112 were returned. This represented about 1% of the practice population.

- 63% of patients who responded were satisfied with the practice opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 19% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 69% and the national average of 71%.
- 57% 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; compared with the CCG average of 84% and the national average of 84%.
- 52% of patients who responded said their last appointment was convenient; compared with the CCG average of 82% and the national average of 81%.
- 36% of patients who responded described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 33% of patients who responded said they don't normally have to wait too long to be seen; compared with the CCG average of 67% and the national average of 64%.

Results from the independent patient survey undertaken in July 2017also rated the practice as below average for telephone access, appointment satisfaction and for seeing a practitioner of choice and within 24 hours.

Of the three comment cards we received, two commented that they had to wait in excess of an hour past their appointment time to be seen. All patients we spoke with told us that appointments did not run to time and they were not told that the practitioner was running late.

The practice had identified some of the issues above and had an action plan in place to address concerns. For example, the practice within the last three months had recruited an additional two members of reception staff to assist with answering the telephone. It was also decided that a second private line would be beneficial for practitioners to be able to make outbound calls. This line was due to be installed two days after this inspection. The practice was also in the process of re-configuring the reception area to allow staff to answer calls away from the front desk. The practice was also in the process of recruiting another Advanced Nurse Practitioner to assist in the number of appointments offered including telephone consultations.

Listening and learning from concerns and complaints

The practice had started to improve the system in place for dealing with complaints.

- Information about how to make a complaint or raise concerns was available on a noticeboard in the reception area. Some of the patients we spoke with told us that they were not aware of how to make a complaint. Results from the independent patient survey undertaken in July 2017also rated the practice as below average for the opportunity to make compliments or complaints to the practice about its service and quality of care. In response to this survey, the practice had introduced the role of patient liaison officer with the aim to promote feedback via NHS Choices.
- The complaint policy and procedures were not in line with recognised guidance. Although there was a complaints poster available in the waiting area there were no complaints leaflets available and patients were required to make formal written complaints, or review on NHS choices. Eleven complaints were received in the last year. We reviewed five complaints and found that whilst they were responded to within three working days, the time it took to provide feedback to the patient sometimes exceeded the ten working days stipulated within the practice's complaints policy.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- We found that there was a lack of evidence to show that the practice learned lessons from individual concerns and complaints and did not analyse complaints to identify trends.

Are services well-led?

Inadequate

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

Our findings

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

Leadership capacity and capability

- The practice had experienced changes to its leadership since our last inspection with a loss of three GP partners. This had put the practice under pressure and had contributed to the deterioration in the performance of the practice resulting in patients not able to access a responsive and safe service.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services, however they were constrained due to the loss of GP partners. They understood the challenges and were addressing them. For example, the practice was in the process of recruiting an additional ANP to help with demands on the service.
- One of the GP partners had taken on the management and oversight of the Quality Outcome Framework (QOF) work. This had resulted in a significant improvement in their QOF scores from 67% in 2015/2016 to 94% in 2016/2017.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- In the statement of purpose, the practice advocated providing the best possible service in a confidential and safe environment. The practice aimed to involve patients in decisions regarding their treatment and show their patients courtesy and respect at all times. Some of the staff we spoke with were unware of the practice's vision and values. We saw no information relating to the practice's mission on display in the surgery or available to patients.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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 the requirements of the duty of candour, but formal consideration of the duty of candour in relation to significant events was not always evident.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary, although there were gaps in the chaperone and safeguarding training.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and teams.

Governance arrangements

There were governance systems and processes in place however they did not always operate effectively and were inconsistent.

- Clinical meetings took place weekly but whole team meetings took place infrequently (the last meeting being June 2017). The dissemination of information from these meetings was described as disjointed.
- There was a lack of monitoring of performance. For example there was no evidence that the practice monitored their progress in meeting the requirements of the Infection Prevention and Control (IPC) audit.
- There was a lack of oversight to ensure that staff received safeguarding training.
- Practice policies, procedures and activities did not always promote safety, for example the recruitment policy did not clearly outline the necessary checks required to be completed prior to employment. The practice did not always work in line with policies and procedures, for example the complaints procedure.

Are services well-led?

Inadequate

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

- We found that there was a lack of evidence to show that the practice learned lessons from individual concerns and complaints and did not analyse complaints to identify trends.
- The practice had identified action points and had formulated an action plan to address some of the below average responses from the GP patient survey and the independent survey carried out. There was no evidence however to show that the action plan was being monitored and contributing to improved outcomes for patients.

Managing risks, issues and performance

There was not always a clear and effective process for managing risks, issues and performance.

- The practice did not have adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example we found that the system in place for the actioning of patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) was not effective in managing risks to patients.
- 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. Most of the audits however had been reactive (i.e. to alerts or National Institute for Health and Clinical Excellence guidelines) and had not looked at proactive ways of improving the quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective 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 had a patient participation group. The numbers in the group had diminished of late. The practice was actively trying to recruit new members to the group. There was a notice in reception to encourage patients to join the patient participation group (PPG) and a message had been put in repeat prescription slips to advertise for new members. During the inspection we spoke with two members of the group. They told us they felt valued by the practice. They could not however give examples where improvements had been made as a result of PPG input.
- The practice was experiencing difficulties in engaging with patients to gain feedback. For example, responses to the friends and family test was very low. In view of this, the practice had introduced the role of patient liaison officer and was promoting the use of NHS Choices as a method for gaining patient feedback.

Continuous improvement and innovation

- The practice had recently started working collaboratively with two other local practices. This enabled shared learning.
- One of the GP partners was a GP trainer, and the practice was a training practice for registrars. The practice was supporting a registrar at the time of our visit. The practice also offered placements for student nurses.

The practice had recently trialled the equipment that tested the C-reactive protein (CRP) in a patient's blood at the point of consultation. This was used when infection was clinically suspected. Measuring the CRP in a patient's blood in this way could be an aid to differentiate between viral infections and more serious bacterial infections needing antibiotic prescribing.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Safe care and treatment** **How the regulation was not being met:** The provider was failing to ensure that care and treatment was provided in a safe way for patients. In particular: • The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.In particular: • Not all patients on medicines requiring monitoring had been reviewed appropriately. Appropriate monitoring was not in place for all medicines and these processes were not reviewed regularly and subject to proactive audit or other appropriate quality improvement action. • The practice has not carried out a risk assessment to reflect the emergency medicines required for the range of treatments offered and the conditions treated. • The practice had not carried out a risk assessment for the need for staff who also acted as chaperones to have a DBS check. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 Good Governance**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	There were governance systems and processes in place however these were not always effective and compliant with the requirements of the fundamental standards of care. In particular • Some practice policies, procedures and activities did not promote safety, for example the recruitment policy did not clearly outline the necessary checks required to be completed prior to employment. The practice did not always work in line with policies and procedures, for example the complaints procedure. • We found that there was a lack of evidence to show that the practice learned lessons from individual concerns and complaints and did not analyse complaints to identify trends. • The practice had identified action points and had formulated an action plan to address some of the below average responses from the GP patient survey and the independent survey carried out. There was no evidence however to show that the action plan was being monitored and contributing to improved outcomes for patients. The progress of the practice in meeting the requirements of the IPC audit was not monitored either. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 Fit and Proper Person Employed** **How the regulation was not being met:** • The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice. • The registered person employed persons who must be registered with a professional body, where such

This section is primarily information for the provider

Requirement notices

registration is required by, or under, any enactment in relation to the work that the person is employed to perform. The registered person had failed to ensure that documentary evidence was available to show that such persons were registered. In particular: the registered person did not hold evidence that the practice nurse was registered with their professional body (Nursing and Midwifery Council).

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.