Dr S Sherwood & Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sherwood and Partners practice on 28 October 2015. Overall the practice is rated as inadequate.

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

- GP staffing levels were insufficient to meet the needs of patients although the practice had been actively recruiting for some time without success.
- Patients were at risk of harm because some systems and processes were not in place to keep them safe. This included the system used for monitoring patients on high-risk medicines and action not taken as a result of an infection control audit.
- Staff had received training in safeguarding children and vulnerable adults and a safeguarding lead had been appointed.
- Staff spoken with felt discouraged about reporting incidents, near misses and concerns and there was a lack of a robust system to evidence learning being shared with staff. However there was a positive reporting culture.
- The learning from complaints was not being routinely shared with staff. The practice carried out clinical audits but these had not been repeated to assess whether improvements had been maintained.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Chaperones were readily available and had been appropriately trained for the role.
- Urgent appointments were usually available on the day they were requested. However, patients told us the appointment system needed improving as they felt they did not always receive timely care when they needed it.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had sought feedback from patients and had an active patient participation group. There was no system in place to seek feedback from staff. Not all staff had received an appraisal.
- The practice had a leadership structure, however some staff felt they were not listened to and there were limited formal governance arrangements.
- Multidisciplinary team meetings were taking place but were not being recorded to reflect the care and treatment decisions made about patients.

The areas where the provider must make improvements are:

- Ensure that the learning from the analysis of significant events, notifiable safety incidents and complaints is shared with staff and that there is an audit trail to reflect improvements have been actioned.
- Put systems in place to ensure all clinicians act on medicines alerts and ensure that patients on high risk medicines are reviewed in line with published guidance.
- Ensure that the issuing of prescription stationery is recorded to track how they are used.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles which are reflective of the requirements of the practice. Provide staff with suitable appraisal.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements. Ensure that all staff area aware of issues affecting the practice so that they can contribute ideas for improvement.

The areas where the provider should make improvement are:

- Respond to patient feedback in relation to the appointment system.
- Improve audit cycle to ensure improvements identified are implemented and maintained.
- Record the multidisciplinary meetings to reflect the decisions, and care and treatment agreed for patients.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains 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 practice 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.

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

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not always implemented in a way to keep them safe. We saw adverse incidents themes were not being identified and were being repeated within the practice.
- Some staff told us that they felt discouraged about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not formally shared with staff and so safety was not improved.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.
- Patients were at risk of harm because systems and processes in place were not effective and were not always implemented in a way to keep them safe. Compliance with Medicines & Healthcare products Regulatory Agency (MHRA) alerts and safe handling of prescriptions was not robust. Infection control audit findings had not been actioned.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services and improvements must be made.

- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- The practice had carried out clinical audits but these had not been repeated to demonstrate that improvements had been maintained.
- There was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff except the nursing team.
- GP staffing levels were low. The practice had been actively recruiting without success. This was having an effect on the quality of services at the practice.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example the percentage of patients who felt they were given enough time with the GP was below CCG and national average.

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt supported and listened to. For example the percentage of people said the GP was good at listening to them was below CCG and national average.
- The practice was below average for its satisfaction scores on consultations with GPs and interactions with the reception staff.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. It was acknowledged that the lack of GPs impacted on this data and active recruitment was taking place.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy. GP shortages meant that the practice were unable to give this sufficient attention as changes made were unlikely to be able to be implemented.
- There was no clear leadership structure and staff did not feel supported by management.

Summary of findings

- The practice did not hold governance meetings and issues were discussed at ad hoc meetings where minutes were not recorded.
- The practice had not proactively sought feedback from staff however it did have an active patient participation group.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings.
- There was a lack of evidence of information sharing or learning from significant events and written records were not being maintained.

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

The provider was rated as inadequate for safe and well-led, requires improvement for effective and responsive and good for providing caring services. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- All patients including older people had a named GP who was responsible for managing their care and treatment.
- Experienced specialist nurses visited nearby care homes to provide a weekly ward round for the benefit of the patients residing there.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe and well-led, requires improvement for effective and responsive and good for providing caring services. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- Patients had a named GP who was responsible for coordinating their care and treatment.
- Registers were maintained with patients with long term conditions such as Asthma, diabetes and hypertension to monitor their annual reviews
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 99% of the Quality Outcomes Framework (QOF) points available for diabetes; however their exception rates on some indicators were double that of the CCG and National rates.

Summary of findings

- Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe and well-led, requires improvement for effective and responsive and good for providing caring services. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- The practice offered same day appointments for children as needed. Appointments were available outside of school hours.
- There were procedures in place for obtaining consent. Clinical staff were aware of their need to check parental responsibilities when obtaining consent in relation to treating children.
- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Vaccinations for five year olds were lower than the CCG average
- Cervical screening rates were in line with CCG and national average.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe and well-led, requires improvement for effective and responsive and good for providing caring services. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group.
- Appointments could be booked by telephone online or in person however there were no early or extended opening hours for working people.
- The practice offered health checks for their patients
- Cervical screening rates were in line with CCG and national average.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe and well-led, requires improvement for effective and responsive and good for providing caring services. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- There were arrangements to allow people with no fixed address to register or be seen at the practice.
- The practice had carried out annual health checks for people with a learning disability.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff undertook safeguarding training and the practice had a safeguarding lead.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe and well-led, requires improvement for effective and responsive and good for providing caring services. The issues identified as inadequate overall affected all patients including this population group. There were however examples of good practice.

- The practice was able to identify patients
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was below the CCG and National average; with a higher exception reporting than the CCG and National.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Some staff had received training on how to care for people with mental health needs but no dementia training was available.
- Nurses administered injectable medicines for patients with mental illness and there was a system in place to follow up non-attenders.
- A nurse specialised in mental health and liaised regularly with the mental health crisis teams when required.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing below local and national averages. 323 survey forms were distributed and 122 were returned this is a response rate of 37.8%

Results from the GP patient survey showed that the patients were very happy with care they received and thought that staff were committed and caring. The practice scored best on the following three points :

- 93.9% had confidence and trust in the last GP they saw or spoke to; compared to a CCG average of 94.5% and a national average of 95.2%.
- 98.8%said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 94.5% and a national average of 95.2%.
- 100%had confidence and trust in the last nurse the saw or spoke to compared to a CCG average of 97.5% and a national average of 97.1%.

The practice scored lowest in the following :

- 32.3% found it easy to get through to this surgery by phone compared to a CCG average of 72.7% and a national average of 73.3%.
- 73.4% found the receptionists at this surgery helpful (CCG average 85.6, national average 86.8%).
- 56.9% described their experience of making an appointment as good (CCG average 72%, national average 73.3%).
- 37.8% with a preferred GP usually got to see or speak to that GP (CCG average 61.7%, national average 60%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were mostly positive about the standard of care received.

Areas for improvement

Action the service MUST take to improve

- Ensure that the learning from the analysis of significant events, notifiable safety incidents and complaints is shared with staff and that there is an audit trail to reflect improvements have been actioned.
- Put systems in place to ensure all clinicians act on medicines alerts and ensure that patients on high risk medicines are reviewed in line with published guidance.
- Ensure that the issuing of prescription stationery is recorded to track how they are used.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles which are reflective of the requirements of the practice. Provide staff with suitable appraisal.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements. Ensure that all staff area aware of issues affecting the practice so that they can contribute ideas for improvement.

Action the service SHOULD take to improve

- Respond to patient feedback in relation to the appointment system.
- Improve audit cycle to ensure improvements identified are implemented and maintained.
- Record the multidisciplinary meetings to reflect the decisions, and care and treatment agreed for patients.

Dr S Sherwood & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two specialist advisors, a GP and a practice manager.

Background to Dr S Sherwood & Partners

Dr Sherwood and partners practice is situated in Clacton-on-Sea. The practice is situated in a deprived area. The rate of unemployment in Clacton-on-Sea is both higher than the average for Essex and higher than the national average. The rate of claiming any benefit (which includes in work benefits) is more than 25% higher in Clacton-on-Sea than the national average, suggesting that many people maybe under employed or on a low salary.

The practice is spread across two houses with an extension joining them it has disabled access and toilet facilities. There is a team of three GPs, the two male GPs are full time and the female GP is part time. The practice has not been able to recruit GPs for over 12 months; the post has been advertised twice with no applicants responding. The practice population is over 10,000 patients and has a higher than average proportion of percentage of patients aged 65 and over practice value 23.4% practice average across England is 16.7%. A higher than average proportion of percentage of patients aged 75 and over practice value11.7% practice average across England is 7.6%.

The practice also has higher than practice averages across England with patients identified with longstanding health conditions, health related problems in daily life and disability allowance claimants.

The three GPs are supported by an advanced nurse practitioner and two, community experienced nurses that help co-ordinate patients over 65 and patients living with long term chronic conditions. Two practice nurses a health care assistant. On the administration side there is a practice manager a deputy manager supported by administration staff and receptionists.

The practice is open 8am to 6.30pm Monday to Friday. This is in line with local agreements with the Clinical Commissioning Group. Patients requiring a GP outside of normal working hours are advised to contact the practice and will be automatically transferred to the 111 service.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; minor surgery, remote care monitoring and influenza and pneumococcal immunisations.

Why we carried out this inspection

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

How we carried out this inspection

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

Detailed findings

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People whose circumstances may make them vulnerable

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

We requested information and documentation from the provider which was made available to us before the inspection. This included;

- Information available to us from other organisations e.g. NHS England, Mod Essex CCG.
- Information from CQC intelligent monitoring systems.
- Patient survey information.
- The practice's training records

At the announced inspection on 28 October 2015, we:

- Observed how the practice was run and looked at the facilities and the information available to patients.
- Spoke to staff and patients.
- Reviewed management records.
- Observed interactions between staff and patients.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had a high number of significant events that reflected that the practice was open and transparent when incidents occurred. We were informed of four significant events that had been investigated between February 2014 and June 2015 and 31 adverse incidents.

We were sent documentation before the inspection which reflected that the safety issues were recorded and analysed, the level of risk was assessed and areas for improvement identified. However it was not clear from the documentation how learning was shared and whether there was any ongoing review of the action taken to ensure that the learning was embedded into the practice systems.

We discussed this with the practice on the day of the inspection and at a later time after our visit. We were told that due to severe GP staffing issues the practice were unable to hold formal meetings to discuss safety events and this included monitoring and sharing learning with other staff members. The practice acknowledged that this was an issue at the practice, compounded by staffing levels.

We reviewed safety records, incident reports national patient safety alerts and minutes of some meetings where these were discussed. We found that some systems, processes and practices were not able to be evidenced due to the absence of formal meetings. Staff we spoke with had an awareness of reporting significant events but some told us they felt they were not really listened to by senior management and that they were not encouraged to do so.

When there were unintended or unexpected safety incidents, patients did not always receive reasonable support, truthful information, or a verbal and written apology in a timely way.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One member of staff was identified as responsible for monitoring all children under the age of 18 who did not attend for an appointment, to ensure there were no safeguarding issues. GPs were trained to an appropriate level to manage safeguarding concerns.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. We saw an environmental cleaning schedule that was being completed. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations were in place; however compliance with Medicines & Healthcare products Regulatory Agency (MHRA) alerts and safe handling of prescriptions were not robust. We identified 63 patients who according to MHRA advice had been prescribed medicines that required review and this had not taken place The practice did not carry out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored; however there was no audit trail to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for most of their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- There was no robust system to ensure a timely response to requests from specialists in secondary care. For example, a specialist requested a patient's prescribed medicine change, the new medicine was added to the repeat prescription but the old medicine was not discontinued. The pharmacist called several months later querying why both medicines were being prescribed. This was how the error was identified.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, with the practice Clinical Exception rate of 16.6% this is higher than the CCG average of 8.1% and the National average of 9.2%; (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice achieved 99%of the Quality Outcomes Framework (QOF) points available for diabetes; however 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 the practice exception rate was 16.8% this was 6.9 percentage points above CCG average, 4.8% above the national average.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was below the CCG and National average; with a higher exception reporting than the CCG and National.

The most recent QOF data that we reviewed between 01/04/2014 to 31/03/2015 showed areas in which the practice achievement was below the national average. For example;

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 78% compared to the national average of 84%. With an exemption rate of 12.6%, this was 3.2 percentage points above CCG average and 4.3 above national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP was 75% this was in line with CCG and national figures, however the exemption rate was 22.6% this was 17 percentage points above CCG average, 15.1 above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92%; this was slightly above CCG average of 85% and national of 90%. Exception reporting was 18.7% this was 8.2 percentage points above CCG average, 7.6 above national average.

  The practice was aware of these shortfalls and trying to address them by implementing a new policy and procedure regarding reviews.

  The practice sent us several clinical audits that they had carried out since March 2014. These identified where they providing effective services and where they could improve. Due to the staffing shortages experienced by the practice we were told that the audits that had taken place had not been repeated to assess whether improvements had been maintained. There were no other quality improvements processes in place at the time of our inspection.

  Other information such as assessments, diagnosis, referral to other services and patients at the end of their lives were not routinely collected and monitored to

show that outcomes for people were being achieved. The GPs told us that there were systems in place for referrals which were made appropriately. The GPs told us they used the two week referral target for suspected cancers; however there was no system in place to monitor this. The prevalence of higher percentages of patients with long standing health conditions, percentage of patients with caring responsibility and higher average of unemployed than practice average across England. The GP s said this could be accounted for at the practice is in the second more deprived area of the UK.

Effective staffing

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

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However we did not see evidence that multi-disciplinary team meetings took place on a monthly basis or that care plans were routinely reviewed and updated. The practice no longer offers choose and book (this is a service that allows patients to choose the hospital or clinic and book their first appointment.)The GP decided where the referral was to be sent therefore limiting patients choice.

Consent to care and treatment

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

- Staff at the practice had formal training in the Mental Capacity Act and Deprivation of Liberty Safeguards. The GPs spoken with offered no examples where a patient's mental capacity or ability to consent to treatment was, or had been an issue.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal and written consent was documented with a record of the relevant risks, benefits and complications of the procedure.

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 97%. Data available for some of the vaccinations for five year olds were lower than the CCG average from 84% to 96% compared to the CCG average from 93% to 96%. We were advised after our visit that data had been amended due to a reporting error and the new data reflected they were in line with local and national averages.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Of the 24 patient Care Quality Commission comment cards we received 20 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect. Four comments were less positive with patients expressing dissatisfaction with access to appointments and long waiting times. All but one patient we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and interactions with the reception staff, but above average for nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 86%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 74% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Discussions with staff assured us that they understood that the way patients were supported had an impact on their care, treatment or condition. The GPs told us they had a high prevalence of patients with long term conditions and consultations often ran over the allocated 10 minutes; they were aware other patients were waiting to see them sometimes patients needed prompting to discuss the issue that had brought them to the practice on that day.

The practice provided us with the minutes of a meeting with the patient participation group where they had discussed the data from the July 2015 national GP patient survey and had planned a survey in January 2016 to seek further views from patients.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded slightly negatively to questions about their involvement in planning and making decisions about their care and treatment. Patients rated the practice lower in these areas and the satisfaction rates for GPs were below that of the CCG and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

Higher satisfaction scores were achieved for nurses. For example;

- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

Good

Are services caring?

- 97% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were facilities for the disabled, a hearing loop and translation services available.
- Patients who were homeless or of no fixed address were welcomed to register at the practice.

However, we found the practice was not always responsive to patient's needs. Systems in place needed to be strengthened to improve the level of service provided as patients' accessed secondary care as a result of limited choice and access. For example, comments received from patients showed when in urgent need of treatment, they had not always been able to make appointments on the same day of contacting the practice. Additionally, two patients we spoke with told us they had used the A&E when they had not been able to access a suitable appointment.

Information supplied by health and social care information centre (HSCIC) and hospital episode statistics confirmed the practice had a higher percentage of patients presenting to accident and emergency (A&E) which were above the national average.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available throughout the day. Extended surgery hours were not offered. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 17% of patients were not satisfied with the practice's opening hours compared to the CCG average of 11% and national average of 10%.
- 68% patients said they could not get through easily to the surgery by phone (CCG average 27%, national average 27%).

People told us on the day of the inspection that they had not always been able to make appointments on the same day of contacting the practice. We reviewed the appointment system and noted the nearest bookable non-urgent appointment was in two weeks' time.

The practice were aware of the data from the national GP patient survey published in July 2015 in relation to the appointment system and had discussed them with the patient participation group. They had implemented some changes that were being assessed but the minutes of this meeting reflect that the lack of GPs was believed to be a contributory factor.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system there was a complaints leaflet available in reception and details were included on the practice web site and their practice leaflet.

We looked at 17 complaints received between April 2014 to March 2015 and we saw that complaints and concerns were always taken seriously, responded to and investigated in a timely way. Complaints were not used as an opportunity to learn.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a statement of purpose which had been reviewed in June 2015 that included providing high quality, safe and effective services to their patients, improving the health and well-being of the local population and reducing clinical risk by actively involving patients to make healthy lifestyle changes.

Whilst we found that the provider was able to articulate a vision and aspiration for high quality care, the absence of formal business plans, combined with the inability to recruit additional GPs meant there was neither capability nor capacity to fulfil them.

- Staff spoken with were unaware of or did not understand the direction in which the practice was heading.
- There were no detailed plans to achieve the vision values and strategy. Staff did not understand how their role contributed to achieving the strategy.

We were told that there were many changes occurring due to the staffing instability at the practice and we were told that the leaders at the practice were adopting a flexible approach to change as they were unable to plan ahead too far in advance.

Governance arrangements

The governance arrangements and their purpose were unclear. The information that was used to monitor performance or to make decisions was out of date. There was no formal monitoring of performance in some areas at the practice.

There was a staffing structure and that staff were aware of their own roles and responsibilities

- Practice specific policies were available but not all staff were aware of their location.
- Staff did not have a comprehensive understanding of the performance of the practice.
- There was no programme of continuous clinical and internal audit which could be used to monitor quality and to identify improvements.
- Patients on high risk medicines were not being monitored effectively.
- There were arrangements for identifying, recording and managing risks and issues. However there was a lack of evidence to reflect the action taken as a result of areas for improvement being identified. There was also a lack of shared learning when areas for improvement had been identified.

Leadership and culture

In the last twelve months before the inspection took place, we were told that the GP staffing levels at the practice had been at a critical level and despite efforts to recruit to the practice they had been unsuccessful. The partners at the practice had made management decisions and changed systems to keep patients safety as a priority but had not had the opportunity to document them or the discussions that took place about them. Accordingly we were told that changes to their systems and procedures were necessary in order to maintain a minimum level of service for their patients and to concentrate as much as possible on keeping them safe and that these changes were not always discussed with staff. We were also told that they had sought support on several occasions from NHS England and the Clinical Commissioning Group but this had not been forthcoming.

One of the decisions made by the partners at the practice was to reduce the amount of time spent on administration issues such as team meetings and minutes, clinical meetings, quality improvement processes and discussing significant event analysis and learning.

We acknowledge that the practice was going through a recruitment crisis at the time of our inspection and that the partners had made efforts to deliver services effectively to their patients, but nonetheless we did find evidence that required improvement to the services they provided.

We found that the leaders at the practice had implemented changes to procedures at the practice and displayed leadership in order to deliver a basic, safe service that was commensurate with the number of GPs employed at the practice. However we found that as a result of these changes leaders were not always clear about their roles and their accountability for quality.

The partners had tried a number of different approaches to leading the practice in these difficult times and some of

Are services well-led?

Inadequate

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

these changes were made verbally and not documented. There had not been any staff meetings for almost a year due to the heavy work load and there had not been any sharing of information apart from informally. The partners were visible in the practice but several staff told us that they were sometimes unapproachable and did not take the time to listen to all members of staff. The partners encouraged a culture of honesty but did not encourage information sharing and learning from events.

When there were unexpected or unintended safety incidents there was a lack of written evidence that displayed that they had been managed effectively. In summary:

- They did not kept written records of verbal interactions.
- They did not review the investigations to look for themes to identify mitigating actions to limit the possibility of re-occurrence.

There was a leadership structure in place but not all staff felt supported by management.

- Staff told us the practice did not have regular team meetings.
- Staff told us there was an open culture within the practice; however some staff felt unable or discouraged to raise any issues to senior management and felt uncomfortable in doing so.
- There was a lack of clarity about authority to make decisions.
- There were low levels of staff satisfaction, high levels of stress and work overload.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice did not routinely gather formal feedback from staff. Staff told us they did not feel encouraged to give feedback or discuss any concerns or issues with management. Staff told us they felt a lack of involvement with the practice but did engage in changes when instructed to improve how the practice was run.

Continuous improvement

There was evidence of the practice making changes to improve the service, however there was no structure or design and some changes were reactive, quickly changed and not given time to embed. We were told that this was caused by the critical lack of GPs at the practice and the efforts made to try different solutions to solve a variety of problems. There was no monitoring of how the changes had improved the service and no sharing of this information. There was minimal evidence of learning or reflective practice.

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 17 HSCA (RA) Regulations 2014 Good governance We found that the provider did not have an effective system in place to manage the risks to service users and others and to assess, monitor and improve the services provided. In particular ; Share the learning from the analysis of significant events, notifiable safety incidents and complaints so that the risks of reoccurrence were reduced. There was no audit trail in place to show that improvements had been actioned. The practice was not effectively managing the risks to patients in relation to safety and medicines alerts and those patients on high-risk medicines. The practice did not have an effective system in place to track the issue of prescriptions throughout the practice. The practice were not assessing and monitoring the quality of service provision through clinical audits or other form of quality improvement. The practice were not providing regular appraisal for all staff. Policies were not readily accessible to staff to support them in their roles. There was insufficient leadership capacity and clarity at the practice to deliver improvements and not all staff received information about the issues affecting the practice. Staff feedback was not routinely being sought. This was in breach of regulation 17(1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.