

Edridge Road Community Health Centre

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (At the comprehensive inspection in October 2014 the practice was rated Good; at the inspection in June 2016 we rated the practice as Requires Improvement in Safe. Since the last inspection the provider was no longer providing a walk in service.

The practice is managed by The Practice Surgeries Limited, Corporate provider.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

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 Edridge Road Community Health Centre on 24 November 2017 to follow up on breaches of regulations.

At this inspection we found:

- The patients were at risk of harm as the system in place for the monitoring of patients on high risk medicines was ineffective; the provider did not have a system to manage and follow up patients who had been referred for suspected cancer; the provider did not have safety netting in place to ensure the cervical smear test results are appropriately disseminated to relevant clinicians.
- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen. We saw significant events were not always recorded contemporaneously to ensure dissemination and learning.
- The practice did not always review the effectiveness and appropriateness of the care it provided. The practice did not have multi-disciplinary team meetings to ensure effective care and treatment was provided to patients.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Patients found the appointment system easy to use; however some of the patients we spoke to during the inspection reported difficulty in accessing appointments. Some of the Care Quality Commission comment cards we received confirmed this.
- There was limited focus on continuous learning and improvement at all levels of the organisation.
- The provider had limited oversight of the issues in the practice and did not ensure that systems and processes operated effectively to ensure good governance.

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

- Ensure care and treatment is provided in a safe way for patients including the safe management of medicines, significant events, two week wait referrals, cervical smear results and record keeping.
- Ensure that systems and processes operated effectively to ensure good governance including complete and contemporaneous record keeping, a recall system in place to manage patients with long-term conditions and regular multidisciplinary team meetings.

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

- Recording the details of fire drills for staff learning.
- Document discussions from meetings for sharing and learning amongst staff.

- Improve the uptake of childhood Immunisations and cervical screening.
- Undertake regular health checks for all patients with a learning disability.
- Improve the identification of carers.

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

Edridge Road Community Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to Edridge Road Community Health Centre

Edridge Road Community Health Centre provides primary medical services in 2 Edridge Road, Croydon CR0 1FE to approximately 5,800 patients and is one of 52 practices in Croydon Clinical Commissioning Group (CCG). This practice is managed by The Practice Surgeries Limited, Corporate provider. The practice website can be accessed through <http://www.thepracticeedridgeroad.nhs.uk/>

The practice is situated in a building which has other services including dental surgery and a sexual health clinic.

The practice population is in the third most deprived decile in England. The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is above the CCG and national averages. The practice population of older people is below the CCG and national averages.

The practice is registered as an organisation with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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 had clear systems to keep patients safe and safeguarded from abuse. However processes in place for the monitoring of patients on high risk medicines were not adequate.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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.

The arrangements for managing patients taking high risk medicines were not adequate.

- During the inspection we reviewed records of patients taking high risk medicines and found that three out of nine patients taking warfarin (a medicine that stops blood clotting) had their prescriptions without the required blood tests; three out of four patients taking

azathioprine (immunosuppressive medicine) were overdue required blood tests; one out of three patients taking sulfasalazine (medicine used to treat arthritis) was overdue required blood tests.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety; however they were not effective.

- There were arrangements for planning and monitoring the number and mix of staff needed; however the practice only provided 16 GP sessions each week and staff we spoke to indicated that this was not sufficient. Many patients reported difficulty in accessing appointments in the Care Quality Commission comment cards.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The provider informed us that they had discussed the evidence based guideline in the management of sepsis in a clinical meeting; however we saw no evidence to support this.
- The practice manager told us they undertook regular fire drills; however they did not record the details of fire drills.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

Individual care records were not managed in a way that kept patients safe. The practice had recently changed its patient management system during which they transferred all patient records from their old patient management system to a new patient management system. The staff had received training to prepare them for the transfer of records; however the provider reported that they had not performed any pre-transfer checks and had experienced a number of issues due to the transfer of records to the new system. The practice did not consider this as a significant event. The issues which had an impact on patient care included:

- Incorrect clinician linked for patient consultations.
- Duplication of patients.
- Read codes appeared in incorrect chronological order within the same patient.

Are services safe?

- Local codes being assigned to clinical events that had no valid read codes.
- Consultations with no associated content.
- Allergies only displayed on the full history screen and no warnings were displayed when prescribing medicines.
- Some of the medicines name, form and strength were not associated with patients.
- Medicine review dates not transferred.
- Prescribing and clinical data did not match in some patients.
- Referral issues.

The care records we saw showed that information needed to deliver safe care and treatment were not always available to relevant staff in an accessible way.

The practice did not have a policy to manage and follow up patients who had been referred for suspected cancer (two week wait referrals). The lead GP informed us that a task for each referral was sent to administrative staff to action; we found that there was no clear procedure in place to follow-up these referrals.

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However we found that many patients with long-term conditions including Diabetes, Chronic Obstructive Pulmonary Disease and Asthma were issued their medicine with no diagnosis coded in their patient management system; there is a risk of prescriptions issued to patients incorrectly.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.

- Data for 2016/17 indicated that the practice had prescribed high number of antimicrobials when compared to the local and national averages. Recent antimicrobial prescribing data provided by the practice indicated a decline in prescription of antimicrobials.
- The practice involved patients in regular reviews of their medicines.

Track record on safety

- There were risk assessments in relation to safety issues; however these were not adequate in relation to the transfer of patient records from their old patient management system to their new system.

Lessons learned and improvements made

While there were systems in place to learn and make improvements when things went wrong, this was not being used consistently.

- The systems for reviewing and investigating when things went wrong were not adequate.
- The practice uploaded significant events to a central reporting system for the provider to analyse and report back to the practice; however no feedback was received by the practice. We found that not all significant events were contemporaneously recorded locally to ensure dissemination and learning; we found that some of the significant events were only recorded two days before the inspection when they had happened three to six months before. Staff understood their duty to raise concerns and report incidents and near misses. Local leaders and managers supported them when they did so.
- There was a system for receiving and acting on safety alerts although it was not effective because it did not include all clinical staff receiving these alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as inadequate 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.

- Patients' needs were not always fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Those identified as being frail had a clinical review including a review of medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Staff who were responsible for reviews of patients with long term conditions had received specific training. However their system for following up patients on high risk medicines was not effective as some of the patients' records we reviewed showed the patients were not having the required blood tests.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were not in line with the target percentage of 90% or above in any of the four areas measured. These measures can be aggregated and scored out of 10, with the practice scoring 7.8 (below the national average of 9.1). The practice had introduced a dedicated practice nurse in August 2017 to improve uptake of immunisations; however they had no recall system in place for these patients.

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

- The practice's uptake for cervical screening was 53% compared to the Clinical Commissioning Group average of 71.1% and national average of 72.8%. This was below the 80% coverage target for the national screening programme. The practice was aware of the low uptake and had plans to use late evening and Saturday nurse appointment to improve uptake. The practice did not have safety netting in place to ensure the cervical smear test results were appropriately disseminated to relevant clinicians. They did not have a recall system in place for these patients.
- NHS health checks for new patients aged between 40 and 74 years. In the last year the practice had undertaken health checks for 3% (48 patients) out of 1568 eligible patients. They did not have a recall system in place for these patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability; however it was not clear what these were used for. The practice had eighteen patients with learning disability and it was unclear on how many of these patients had their health checks in the last year.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the Clinical Commissioning Group and national averages.
- 23.4% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly lower than the Clinical Commissioning Group and national averages.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia; however the results were below the local and national averages. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 53.2%; CCG 90.1%; national

Are services effective?

(for example, treatment is effective)

90.7%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 83.7%; CCG 97.6%; national 96.7%).

Monitoring care and treatment

The practice had a programme of quality improvement. For example the practice had undertaken clinical audits of use of medicines subject to medicines and safety alerts where improvements were made, implemented and monitored; however we found that not all clinical staff received safety alerts.

The most recent published Quality Outcome Framework (QOF) results were 79.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.5%. This was a significant decline from the previous year (2015/16) where they had obtained 91.9% of the total number of points available. The clinical exception reporting rate was 8.7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national average. For example, 49.7% (10.1% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74.2% and the national average of 79.4%.
- 50% (0% exception reporting) of patients over 75 with a fragility fracture were on the appropriate bone sparing agent, which was below the CCG average of 84.4% and national average of 79.5%.
- 100% (above average exception reporting of 25%) of patients with atrial fibrillation were treated with anticoagulation therapy compared to the CCG average of 83.7% and national average of 88.4%.
- Performance for mental health related indicators was significantly below the CCG and national averages; 23.4% (6% exception reporting) of 67 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 88.9% and national average of 90.3%.

- 100% (0% exception reporting) of patients with dementia had received an annual review which was above the CCG average of 86.5% and national average of 83.7%.
- The national QOF data showed that 77.4% (0% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 76.4% and the national average of 76.4%.
- 75% (11.1% exception reporting) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 92.4% and national average of 90.4%.

The practice did not have recall system in place for the management of patients with long-term conditions. Following the inspection the provider sent us a detailed action plan to improve QOF results and leads responsible including the lead GP and practice manager.

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; although we found the system for recall was not effective.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.

Coordinating care and treatment

Staff did not effectively work together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice did not have multi-disciplinary team meetings to ensure that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice informed us that they held regular clinical meetings attended by GPs and practice nurses however these were not minuted.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

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.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with four patients during the inspection who were mostly positive about the service.
- Only 13 of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 380 surveys sent out 74 were returned. This represented about 1.3% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 69% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 87% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 78% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 81% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.

- 81% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 83% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 57% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Following the national GP patient survey the practice had performed the following changes:

- Have recruited a locum receptionist to support the reception team.
- Practice manager having regular meetings with reception staff to discuss customer service including customer service.

Involvement in decisions about care and treatment

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

- 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, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.2% of the practice list). The practice had organised regular coffee mornings for carers and patients and also had fundraised for local charities.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

Are services caring?

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.

Results from the national GP patient survey showed that the results were below the local and national averages in relation to questions about patient involvement in planning and making decisions about care and treatment.

- 77% 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 85% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 69% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

The practice had not performed any specific changes to improve the patient involvement in planning and making decisions about their care and treatment.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice manager informed us that they complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice only provided 16 GP sessions each week and staff we spoke to indicated that this was not sufficient. Many patients reported difficulty in accessing appointments in the Care Quality Commission comment cards.

- The practice understood the needs of its population and tailored services in response to those needs. The practice provided extended opening hours and online services such as repeat prescription requests, advanced booking of appointments.
- The practice improved services where possible in response to patients' needs. For example the practice changed their telephone system and introduced a text messaging system which enabled the practice to send reminders for appointments and enabled patients to cancel 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 not always coordinated with other services as the practice did not have multidisciplinary team meetings.

Older people:

- All patients had a 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.

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; however this required improvement as blood tests were not always carried out.
- The practice did not have 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. Records we looked at confirmed this.
- Dedicated after school emergency appointments for children.

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, Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People who are not registered at the practice were able to access appointments through temporary registration.
- The practice had contacted some of the most vulnerable patients to remind them of their appointments. These patients were also contacted by their welfare champion (a healthcare assistant) to discuss their well-being.

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 had recently introduced a patient advice service on Wednesdays which assisted patients with internet searches who had not internet access, assisted in completion of forms and benefit searches. They also had social conversations with those who were socially isolated.
- The practice took part in the violent patient scheme (Safe haven Scheme). They had 33 patients on this scheme who were not able to access GP services

Are services responsive to people's needs?

(for example, to feedback?)

elsewhere. The practice offered face to face appointments on a Tuesday between 12pm and 2pm. All patients on this scheme had care plans and access to two dedicated GPs.

Timely access to the service

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Six of the 26 patient Care Quality Commission comment cards we received indicated that patients had difficulty in accessing appointments. During the inspection we found that the next pre-bookable appointment with a GP was only available after 10 days.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in-line or below the local and national averages. This was supported by observations on the day of inspection and completed comment cards. 380 surveys were sent out and 74 were returned. This represented about 1.3% of the practice population.

- 88% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 26% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%.
- 77% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 59% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 41% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 35% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

The practice had performed the following changes in response to the national GP patient survey.

- Practice manager tested the response times and etiquette of receptionists answering telephones by calling as a mystery caller regularly; they told us they logged the results and discussed them with reception staff with a view of making improvements.
- The practice is situated in a building which has other services including dental surgery and a sexual health clinic. The practice informed us that about 15% of the calls they received were for these services and not their own. The practice had arranged a meeting with the heads of these services to resolve this issue.
- The practice offered a walk-in service till April 2017 and they informed us they were still receiving a large number of calls and queries for this service for patients, 111 and local hospitals were not aware of the change. The practice had contacted these services and informed patients to reduce unnecessary telephone traffic to the surgery.
- A dedicated e-mail address had been set up for patients to cancel their appointments rather than calling the surgery which was checked once every hour. This service had been advertised to patients and included in the patient registration pack.
- The practice had recently changed their patient management system and re-introduced their online appointment booking service to patients.
- Text messaging service which enabled patients to book, cancel and receive information from the surgery.
- Due to a large number of non-attendees the practice had implemented a three strike non-attendance policy and had informed the non-attendees; the patients who do not attend appointments for three times would be deregistered from the practice. They also provided the patients on hours missed as a result of non-attendance through posters in the waiting room.
- Text messaging service which enabled the practice to send reminders for appointments and enabled patients to cancel appointments.
- Practice manager reviewed the rotas and held back up to three slots for each clinician which could be added when needed.
- Early morning and evening appointments were provided for working patients and school age children.

Listening and learning from concerns and complaints

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

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way; most of the complaints were verbally dealt with and response letters were only sent to written complaints.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

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

Leaders did not have the adequate capacity and skills to deliver high-quality, sustainable care.

- Leaders did not have adequate experience, capacity and skills to deliver the practice strategy.
- The provider (The Practice Surgeries Limited) had limited understanding of the challenges and was not effectively addressing them.
- Leaders at the local level were visible and approachable and staff reported that they were happy with the support received from local leaders; however some of the staff we spoke to indicated that the leaders at an organisational level were not always visible.
- The practice had inadequate processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients; however it was not adequately implemented.

- There was a clear vision; however the practice did not have a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of the vision and values; however they were not clear of their role in achieving them.

Culture

- Staff said they were happy to work in the practice. However the staff felt that they were slightly removed from the provider, The Practice Surgeries Limited.
- The provider was aware of the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.

- Staff had received equality and diversity training. Staff felt they were treated equally.
- The provider had performed an employee engagement survey which included all employees in the organisation.

Governance arrangements

There were roles, responsibilities and systems of accountability; however it was not adequately implemented to support good governance and management.

- Structures, processes and systems did not adequately support good governance and management.
- The governance and management of partnerships, joint working arrangements and shared services did not always promote person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice held regular governance meetings; however some of the meetings were not minuted to ensure information and learning was shared.
- Practice leaders had policies, procedures and activities to ensure safety; however the provider had not assured themselves that they were operating as intended.

Managing risks, issues and performance

The system for managing risks was not adequate.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety; however we found that they were failing to provide care and treatment in a safe way. For example the practice did not have a clear system in place for the monitoring of patients on high risk medicines.
- The practice had some processes to manage current and future performance.
- While clinical audits were used, there was little evidence of them demonstrating improvements in outcomes for patients.
- The practice had plans in place and had trained staff to deal with major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

Inadequate 

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

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example

the practice changed their telephone system and introduced a text messaging system which enabled the practice to send reminders for appointments and enabled patients to cancel appointments.

- The patient participation group (PPG) was not active. The practice had recently organised PPG meetings but reported that no one attended it so they needed to do more to involve patients in developing the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was limited evidence of learning, continuous improvement and innovation.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider (The Practice Surgeries Limited) did not ensure the care and treatment of service users met their needs.</p> <p>The outcomes for patients were below average when compared to local and national averages.</p> <p>The provider did not ensure there is a policy in place to manage and follow up patients who had been referred for suspected cancer (two week wait referrals).</p> <p>The provider did not ensure that there is safety netting in place for the dissemination of cervical smear results.</p> <p>This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>