Park Road Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Road Surgery over two days, 21 January 2016 and 15 February 2016 and rated the practice as requires improvement for providing effective services, good for providing safe, caring, responsive and well led services with an overall rating of good.

We carried out an announced follow-up inspection at Park Road Surgery on 16 May 2017 to check that the practice had taken action to bring about improvements. At that inspection we found that working relationships between partners had become strained and dysfunctional and this had had an impact on the management capacity at the service. Following this inspection, the practice was rated as inadequate for providing safe, effective and well-led services and was rated inadequate overall. We issued requirement notices in respect of breaches of regulations and the practice was placed into Special Measures for a period of six months. Subsequent to this the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The reports from the inspection of January and February 2016 and the inspection of May 2017 can be found by selecting the 'Reports' link for Park Road Surgery on our website at www.cqc.org.uk/location/1-571411376

This inspection was an announced comprehensive inspection on 13 December 2017 and was undertaken following the period of special measures to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 May 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as requires improvement.

Our key findings at the inspection on 13 December 2017 were as follows:

- When we inspected in May 2017, we found that the practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements. At this inspection we found that the partnership arrangements had changed and a new partnership management team had brought stability and leadership to the practice. Governance arrangements had been reviewed and protocols had been put in place to ensure that management had effective oversight of practice performance.

Summary of findings

- At our inspection in May 2017, we found that patients were at risk of harm because the practice did not have an effective system in place to ensure all clinicians, a significant number of whom were locum staff, were kept up to date with national guidance and guidelines. At this inspection, we saw that the practice had significantly reduced the use of locum staff and had established a system to ensure that guidelines, updates and patient safety alerts were distributed to all clinical staff and were discussed at clinical meetings.
- The practice had reviewed arrangements in place to safeguard children and vulnerable adults from abuse to ensure that all staff were clear about their own roles and that of the safeguarding lead. All staff who carried out chaperoning duties had now received appropriate training.
- The practice was put a system in place to ensure that prescriptions awaiting collection were monitored regularly and GPs made aware when prescriptions remained uncollected for more than four weeks. Prescriptions for high risk medicines or those for patients with mental health or other serious conditions were monitored more closely and GPs made aware if a prescription had not been collected within one week.
- When we inspected in May 2017, we found that although staff were clear about reporting incidents, near misses and concerns, there was no evidence of learning and communication with staff. At this inspection we found that the practice had established regular practice meetings and used a standard agenda which included serious incidents and significant events as a standing item and used this as an opportunity to discuss incidents and share learning points and suggestions for improvement.
- The practice had consulted best practice guidelines around emergency medicines for a GP practice and could demonstrate that an appropriate schedule of medicines had been maintained since the previous inspection and there was a process in place to ensure these were regularly reviewed to ensure they were available and fit for purpose when required.
- When we inspected in May 2017, we found that clinical letters received electronically into the patient document management systems were not always reviewed or acted upon in a timely way. At this inspection, we saw the new practice management team had worked with an external adviser to review the document management process and had identified areas where the practice had not been using the practice computer system to its full potential. Measures had been put in place to ensure that patient related correspondence was reviewed daily.
- At our inspection in May 2017, data showed patient outcomes were low compared to the national average in key clinical areas such as Diabetes. At this inspection, we noted the new practice management team had prioritised improving patient outcomes as a key area for development and had reduced the use of locum GPs in order to improve continuity of care and an effective patient recall system had been put in place. Although the most recently published data showed that patient outcomes for some clinical areas were still lower than the national average, unvalidated year to date performance data for 2017/2018 indicated that practice performance had increased significantly in each of these areas and the practice was in line to improve performance further in the remaining quarter of the current measuring period.
- The practice had started to develop a quality improvement programme and had recently completed two audit cycles.
- Patients were positive about their interactions with staff and said they were treated with compassion, dignity and respect and the practice had put in place an effective system for proactively identifying patients who were carers to offer them additional support.
- Results from the national GP survey showed that patient satisfaction around access to the service was lower than local and national averages. In response to this, the practice had reduced the use of locums by 80% and had increased the number of staff employed in the reception team and had

The areas where the provider should make improvement are:

- Continue to assess and monitor the performance of the practice by following through with plans to reduce high exception reporting and an action plan to continue to improve outcomes for patients.
- Continue to monitor patient satisfaction and consider taking further actions to bring about improvements so that practice performance is in line with national survey results.

Summary of findings

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Summary of findings

The six population groups and what we found

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

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

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Continue to assess and monitor the performance of the practice by following through with plans to reduce high exception reporting and an action plan to continue to improve outcomes for patients.
- Continue to monitor patient satisfaction and consider taking further actions to bring about improvements so that practice performance is in line with national survey results.

Park Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park Road Surgery

Park Road Surgery is situated in Harlesden in the London Borough of Brent. The premises are in a converted residential building based over two floors, with consulting rooms situated on both floors. The practice provides NHS services through a General Medical Services (GMS) contract to around 2,100 patients. It is part of the NHS Brent Clinical Commissioning group (CCG).

There are two partners, a non-clinical business manager partner and a GP partner. The GP partner provides eight GP sessions per week whilst a salaried female GP provides two GP sessions per week. There is a practice nurse (female) who provides two sessions per week and two health care assistants (female) who provide a combined total of four sessions per week. The practice's administration and reception team consists of a business manager, three receptionists one who works full time and two who work park-time and an administrator who also works part-time.

The practice opening hours for the surgery are:

Monday 8:30am to 1pm and 2:30pm to 6:30pm

Tuesday 8:30am to 1pm and 2:30pm to 7:30pm

Wednesday 8:30am to 1pm and 2:30pm to 6:30pm

Thursday 8:30am to 3:30pm

Friday 8:30am to 1pm and 2:30pm to 6:30pm

Saturday Closed

Sunday Closed

GP appointments are available at the following times:

Monday 9am to 1pm and 2:30pm to 6:30pm

Tuesday 9:30am to 1pm and 2:30pm to 7pm

Wednesday 8:30am to 1pm and 2:30pm to 7:30pm

Thursday 8:30am to 1pm

Friday 8:30am to 1pm and 2:30pm to 6:30pm

Saturday Closed

Sunday Closed

Practice nurse appointments are available on Mondays between 10am and 1pm and 2:30pm and 6:00pm. Appointments can be pre-booked up to four weeks in advance. There are same day and emergency appointments available and these can be accessed in person, by telephone or using the online booking system.

The practice is a member of a federation of local GP practices which offers bookable appointments at hub GP locations around Brent.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, on

its website and on a recorded telephone message. The practice offers telephone consultations and home visits are available.

Detailed findings

The patient profile for the practice indicates a population of working age people comparable to the national average, with a higher proportion of adults in the 35 to 44 age range. There are a higher proportion of children and young people but fewer older people compared to the national average.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) at the practice is higher (38%) than the national average of 16% whilst Income Deprivation Affecting Children (IDACI) is also higher at 37% (national average 20%).

The practice population is ethnically diverse and with significant populations of Caribbean, Asian and African origin.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder and injury.

Why we carried out this inspection

We undertook an inspection using our previous methodology on 27 February 2014 and found that the practice was meeting all of the standards in place at the time.

We undertook a comprehensive inspection over two days, 21 January 2016 and 15 February 2016, when the practice was rated as good overall and requires improvement for providing effective services.

We carried out a follow-up inspection on 16 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate overall and placed in Special Measures.

The full comprehensive report following the inspections on 27 February 2014, 21 January and 15 February 2016 and 16 May 2017 can be found by selecting the 'Reports' link for Park Road Surgery on our website at http://www.cqc.org.uk/location/1-571411376.

This inspection was to follow up on areas identified for improvement as a result of the service being placed in Special Measures.

Good

Are services safe?

Our findings

At our previous inspection on 16 May 2017, we rated the practice as inadequate for providing safe services. We had concerns around systems in place to manage and learn from serious incidents and significant events and patient safety alerts as well as concerns around safeguarding arrangements including the provision of chaperoning services. We also had concerns around the processes to manage prescriptions at the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 13 December 2017. The practice is now rated as good for providing safe services.

Safety systems and processes

When we inspected in May 2017, we found some staff were unclear about who fulfilled the role of safeguarding lead at the practice and that some staff who undertook chaperoning duties had not received training for the role

At this inspection we found the practice had taken action to bring about improvements and had clear systems to keep patients safe and safeguarded from abuse.

- The practice had reviewed systems to safeguard children and vulnerable adults from abuse and all staff had received up to date training and knew the lead GP was the safeguarding lead at the practice. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check and had received training to carry out the role. 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 conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- When we inspected in May 2017, we found that the practice employed a significant number of locums but could not assure us that all necessary pre-employment checks were routinely undertaken. At this inspection, we noted that the practice had reduced it's reliance on locum GPs by approximately 80%. We looked at recruitment records and found that the practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis for locum staff. Disclosure and Barring Service (DBS) checks were undertaken where required.
- All staff received up-to-date safety training appropriate to their role. They knew how to identify and report concerns.
- 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.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

When we inspected in May 2017, we found that clinical letters received electronically into the patient document management systems were not always reviewed or acted

upon in a timely way. This meant there was a risk that pathology results or changes to treatment, could be delayed and that clinicians used inaccurate or incomplete information to plan treatment.

At this inspection we found that a change in the partnership arrangements had resulted in the practice management team had become more cohesive. The new GP partner, who had previously been a salaried GP at the practice, working one day per week, had increased the number of sessions they worked from two per week to an average of eight sessions per week. They had introduced regular clinical meetings where practice performance, including the management of patient related correspondence was discussed. On the day of our inspection, there were no documents outstanding and all five pathology results awaiting review had been received that day.

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

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

At our inspection in May 2017, we noted that the practice did not have a failsafe system to ensure urgent referrals had been received and appointments made. During this inspection, we saw that the practice had followed through with plans to implement a system to monitor all referrals, including urgent referrals and would record details of when the referral had been made, the date of the appointment offered to the patient and whether they had attended the appointment.

Safe and appropriate use of medicines

When we inspected in May 2017, we found there was no system in place to monitor uncollected prescriptions and no system to ensure the security of blank prescription pads. At this inspection we saw that blank prescription pads were stored securely and there was a system was in place to monitor their use. The practice now had reliable systems for appropriate and safe handling of medicines.

- The practice had reviewed the protocol to manage repeat prescriptions to include a step to undertake earlier reviews of uncollected prescriptions. We looked at every prescription awaiting collection on the day of the inspection and noted that none of these were more than four weeks old. We also saw that there were no prescriptions for high risk medicines, or medicines used to treat mental health or long term conditions which were dated more than one week old.
- At our inspection on 16 May 2017, we noted that the practice had only a limited range of emergency medicines available, one of which had passed its expiry date. This meant it would not have been able to respond adequately to many medical emergencies. On the day of the inspection, the practice had consulted best practice guidelines around emergency medicines and had arranged a delivery of a suitable range. At this inspection, we found that the practice had maintained an appropriate schedule of emergency medicines which reflected the regulated activities carried out and the needs of the practice population. We also saw there was a process in place to monitor these medicines to ensure they were in date and available when needed.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. When we inspected in May 2017, we noted that the practice did not have a paediatric mask available. At this inspection we found this had been remedied and a paediatric mask was now available.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We saw that clinical staff had access to NICE guidelines and there was system in place to ensure that these were distributed and this was monitored by practice leadership.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Good

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The practice used a risk assessment audit tool to maintain oversight of risk assessments and used this to ensure that reviews were undertaken in a timely manner. For instance, we noted that the practice had undertaken a recent electrical wiring assessment and the most recent fire risk assessment had been within the previous six months.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

At our inspection in May 2017 we found that systems in place to record, investigate and learn from significant events and serious incidents were not effective because the practice did not carry out meaningful investigations which meant that lessons were not always learned or communicated and so safety was not improved. We also noted that patient safety alerts were not routinely distributed to clinical staff and that actions were not taken in response to patient safety alerts.

During this inspection, we saw that the practice had reviewed these systems and put improvements in place. There was now an effective system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. We noted that a discussion around significant events was now a standing agenda item on practice meetings and saw minutes which showed that learning points were clearly identified and shared with staff. The practice had recorded 12 significant events within the previous six months.

We also found there was now a system to ensure that clinicians received and acted on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 May 2017, we rated the practice as inadequate for providing effective services. We found that the GP partner who was the named clinical lead, had only visited the practice sporadically since the 2016 inspection and had not been involved in the management of the practice since that inspection. We noted that this lack of clinical leadership had had an impact on the effectiveness of services provided at the practice.

At this inspection we found that there had been a change in the partnership arrangements. The GP who had been a partner and the clinical lead during our previous inspections had resigned from the partnership and had ceased to be involved with the practice. A GP who had previously been a salaried GP at the practice had joined the partnership and was now the clinical lead. We found that this change had helped to stabilise the practice and noted that clinical oversight arrangements had significantly improved. Although published data for 2016/2017 showed that patient outcomes were still lower than CCG and national averages in several areas, unvalidated year to date performance data for 2017/2018 showed the practice performance had improved significantly in all of these areas and was in line to improve further in the remaining months of the measuring period. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment, care and treatment

When we inspected in May 2017, we found the GP who was the clinical lead at the time did not undertake regular clinical sessions at the practice and had rarely visited the practice since the 2016 inspection. GP services were provided by two part-time salaried GPs who both worked one day per week and a number of regular locum GPs. However, clinical meetings had not been held for a significant period and GPs employed at the practice did not meet in person. This meant that there was no clinical oversight of Quality and Outcomes Framework (QOF) performance and the practice did not have systems in place to ensure that clinical staff were following clinical guidance and standards. (QOF is a system intended to improve the quality of general practice and reward good practice).

At this inspection, we found that the practice had introduced measures to keep clinicians up to date with current evidence-based practice. This included regular clinical meetings and a system to ensure that current legislation, standards and guidance were clearly understood and that clinicians assessed needs and delivered care and treatment supported by clear clinical pathways and protocols. We saw minutes of meetings where performance data had been discussed and noted that members of the administration team had a structured plan to ensure patients with long term conditions were invited to annual health reviews. We also saw evidence that this plan was being implemented and monitored.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.22 which was significantly lower than the CCG average of 0.44 and the national average of 0.9.
- The percentage of antibiotics prescribed as well as the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was comparable to other practices in the CCG and England averages.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered 179 patients a health check. One hundred and seventy five of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Data 2016/2017 showed performance for diabetes related indicators were lower than CCG and national averages. For instance, 56% of patients had well controlled blood sugar levels (CCG average of 77%, national average 79%). This was a decrease compared to the 60% shown in the 2014/2015 data. The exception reporting rate for this indicator was 4% (CCG average 11%, national average 12%). We looked at unvalidated year to date performance data for 2017/2018 and saw that the practice had already achieved 67% for this indicator and were in line to increase this further in the remaining three months of the accounting period.
- The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 74% (CCG average 79%, national average 80%). The exception reporting rate for this indicator was 23% (CCG average 9%, national average 13%). Unvalidated year to date performance data for 2017/2018 showed this had now increased to 78%.
- The percentage of patients with atrial fibrillation in whom stroke risk had been assessed using an appropriate score risk stratification scoring system in the preceding 12 months was 100% (CCG average 98%, national average 97%). The percentage of patients who were currently treated with anti-coagulation where the risk stratification score indicated that this was appropriate was 100% (CCG average 82%, national average 88%), however, the exception reporting rate for this indicator was 27% which was higher than the CCG average of 14% and the national average of 8%.
- The percentage of patients with hypertension with well controlled blood pressure was 71% which was lower than the CCG and national average which were 83%. The exception reporting rate for this indicator was 17% which was higher than the CCG and national average of 4%. Unvalidated year to date performance data for 2017/2018 showed that performance for this indicator had now increased to 80%, whilst the current exception reporting rate was 1%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for 2015/2016 showed that uptake rates for the vaccines given were lower than the target percentage of 90% for some vaccinations. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had achieved the target on only one of the four areas. The practice was aware of this and had undertaken a clinical audit to identify the underlying causes of the lower than expected uptake rates. This had identified issues around the system used to recall patients for standard immunisations. The audit had also identified a lack of appointments with a practice nurse, particularly appointments outside of school hours as a significant barrier to higher uptake rates. The practice had successfully applied to the local CCG for funding to engage the services of a child immunisation expert and had developed an effective recall system. The practice had also begun the process to recruit additional nursing staff with a view to increasing the level of nursing provision available; however this had not yet been successful. We looked at unvalidated data for 2016/2017 which showed the practice had achieved the target in all four areas.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice participated in the MMR catch up programme and provided chlamydia screening. The practice also proactively offered Meningitis C vaccination to all new university students.

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

- The practice's uptake for cervical screening was 71%, which was lower than the 80% coverage target for the national screening programme. We asked the practice about the measures they were taking to bring about an improvement to the uptake rate and were told that although the practice nurse received initial training and updating every 3 years, they were only available one day per week. We saw evidence that the practice was actively seeking to increase the level of nursing provision at the practice but had not yet managed to appoint to the role. However, the practice told us that if an eligible patient could not be accommodated at the practice, they were encouraged to participate by booking an appointment at the local hub service where

this test could also be carried out. We looked at unvalidated year to date performance data for 2017/2018 and saw that the uptake rate for cervical screening had now increased to 77%.

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

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice encouraged and supported patients whose circumstances made them vulnerable to participate in sexual health screening programmes and referred patients to the local genitourinary medicine (GUM) clinic for contraceptive advice and emergency contraception.

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 was above the national average of 84%. The rate of exception reporting was 0% compared with and the national average of 7%.
- 84% 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 lower than the national average of 90% although the practice exception reporting rate was 0% compared to the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% (CCG 93%; national 91%).

When we inspected in May 2017, we noted that the practice did not have a failsafe process to ensure that results for all specimens taken for cervical cytology had been received and did not monitor the rate of inadequate specimens sent for analysis. At this inspection, we saw that the practice had established a log which included details of every specimen taken and this was monitored to ensure that a result was received for every test carried out. Where a result was not received, staff carried out an investigation and ensured that the patient was informed, received an apology and were invited to undertake the test again.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided and although this had lost some momentum during a period of dysfunctionality at the practice, we saw that this had been prioritised by the new practice management.

The most recent published Quality Outcome Framework (QOF) results were 86% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 17% 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.

- The practice was aware that exception reporting rates were higher than average in the previous year and told us that and an over reliance on locum GPs and a lack of clinical oversight had led to some patients being inappropriately exception reported. The lead GP had increased the number of sessions they worked from two per week to eight and had prioritised improving outcomes for patients, including those with long term conditions. The practice had reduced its use of locum GPs by 80% and had established regular clinical meetings where practice performance was discussed. A member of the administration team with experience of managing patient recall systems worked closely with the lead GP to identify patients who were due for annual health reviews or medicine reviews and contacted these

Requires improvement

Are services effective?

(for example, treatment is effective)

patients by telephone and in writing. Patients who did not attend were contacted, reminded of the purpose of the appointment and encouraged to attend re-arranged appointments.

- The practice was actively involved in quality improvement activity. The practice had carried out two completed audit cycles where the improvements made were implemented and monitored. For example the practice had undertaken a two cycle audit of childhood immunisations at the practice and had recently completed a two cycle audit to monitor and improve the practice's in house diagnostic cardiology service. During the first cycle, the practice found that 14 cardiac diagnostic activities had taken place over a period of 3 months. The practice had reviewed these findings and noted there was a limited capacity of qualified clinical staff in cardiology to carry out this test for more patients. The practice had arranged for additional training to be undertaken by clinicians and when the audit cycle was repeated, there had been an increase of 30% in the number of cardiac diagnostic activities carried out in a similar period of time.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing 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. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. For instance, we saw that although the practice had not recently attended a palliative care meeting, there was evidence that all patients on the palliative register had been discussed during telephone calls with other professionals involved in their care.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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.

Good

Are services caring?

Our findings

At our previous inspection on 16 May 2017, the practice was rated requires improvement for providing caring services. We found that the practice had not reviewed how they identified carers and although information about carer's support organisations was displayed in the waiting area, the practice had not taken any action to provide additional support to carers.

At this inspection we found that the practice had reviewed how carers were supported and had increased the number of patients identified as carers. The practice had recruited an experienced administrator and this person was acting as an informal carer's champion and we saw the practice had undertaken an additional survey to assess the impact of recent changes at the practice. The practice is now rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 15 Care Quality Commission comment cards, all of which included positive comments about the service experienced. Three of these referred to difficulties in accessing appointments with GPs although one mentioned this aspect of the service had improved in recent months.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixty eight surveys were sent out and 95 were returned. This represented about 5% of the practice population. The practice was in line with other practices for its satisfaction scores on consultations with GPs but was lower than average for satisfaction around some aspects of consultations with nurse. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%. This was an increase of 6% compared to the previous survey.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 81%; national average - 86%.
- 72% of patients who responded said the nurse was good at listening to them; (CCG) - 84%; national average - 91%.
- 68% of patients who responded said the nurse gave them enough time; CCG - 85%; national average - 92%. This was a decrease of 11% compared to the previous survey.
- 94% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 70% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 84%; national average - 91%. This was a decrease of 11% compared to the previous survey.
- 86% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

The practice was aware of the lower than average satisfaction around aspects of the nursing provision. We were told that the practice currently offered nursing services on one day per week only and that this had placed significant pressure on the availability of appointments. The practice also told us that patient satisfaction had started to improve following a recent change of personnel in this area and they were attempting to recruit additional nursing staff in order to increase the overall nursing provision, however this recruitment had not yet been successful. The practice had also recruited an additional health care assistant who was currently undergoing additional training to assist with monitoring patients with long term conditions. The practice had worked with the patient participation group (PPG) to undertake an additional patient survey using the General Practice Assessment Questionnaire (GPAQ). This had received 42

responses and showed that patient satisfaction with the nursing service had improved. (The GPAQ is a well-established survey tool designed to cover both GP Revalidation and GP Practice survey requirements). We saw that following this survey, the practice had developed an action plan to bring about further improvements and had published a 'You said – We did' poster which was a document showing achievements to date.

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. Patients newly registering at the practice were asked about this and reception staff had been trained to ask people who were accompanying patients, arranging appointments or collecting prescriptions on someone else's behalf if they were a patient's carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (1% of the practice list). This was a an improvement of 50% compared to the inspection in May 2017.

- A member of staff acted informally as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. We saw that information about services available to carers was prominently displayed in the waiting area.
- Staff told us that if families had experienced 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages in regard of GPs but were lower than average for nurses:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 70% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 21 May 2017 the practice was rated requires improvement for providing responsive services as we found that results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages for some areas.

At this inspection, we found the practice had taken steps to bring about improvements, The practice had undertaken an internal survey using an established GP quality assessment questionnaire and although this was able to demonstrate some improvement in patient satisfaction the survey had been limited in scope and had not been analysed in detail. We also noted the CQC comment cards completed by patients all included positive comments. However, we looked at the results of the national GP survey published in July 2017 and found that patients continued to rate the practice lower than others around access to appointments and waiting times. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example the practice offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For instance, the nurse's consultation room was located on the first floor but patients who were unable to access this floor were accommodated in a consulting room located on the ground floor.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice participated in the local CCG's Whole Systems Integrated Care (WSIC) model of care to support proactive, integrated and coordinated care for the elderly and adults with long term conditions.
- The administration team proactively undertook quarterly patient list reviews to identify patients that had recently reached the age of 75 and made contact with any new patients found and invited these patients to attend appointments to discuss changing needs and make them aware of additional services available to people aged over 75.

People with long-term conditions:

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

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- During our inspection, we observed one of the reception team assisting a parent who was attempting to make two separate appointments for two children. The member of staff offered to book a double appointment for the family so there would be a need to visit the surgery once. We also noted that the member of staff took some time to talk to the parent about their

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

children's immunizations and to let them know that one of these would become due in the near future. We spoke with the patient afterwards and they told us they had noticed recent significant improvements in the service.

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, the practice offered extended opening hours one evening per week.
- Telephone and web GP 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.
- The practice had a switchboard by-pass telephone number to support patients who would experience particular difficulties if they were unable to speak to a member of staff quickly and this number was shared with people assessed as being in this situation.

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.

Timely access to the service

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

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

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty eight surveys were sent out and 95 were returned. This represented about 5% of the practice population.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 48% of patients who responded said they could get through easily to the practice by phone; CCG – 65%; national average - 71%.
- 73% 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 - 77%; national average - 84%.
- 66% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 59% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 30% of patients who responded said they don't normally have to wait too long to be seen; CCG - 44%; national average - 58%.

We asked the practice about the lower than average patient satisfaction with telephone access and availability of appointments. The practice explained that they increased the number of staff in the reception team and had recruited a person with previous experience of working in a busy GP surgery. We also saw evidence that the practice had been working with the PPG to promote wider uptake of online access to services. When the practice had undertaken a recent survey with the support of the PPG, it had used the opportunity to explain which services could be accessed online and how this worked. The result of the recent survey indicated that patient satisfaction with telephone access, using the same question asked in the national GP survey, had risen from 48% to 58% (CCG average 67%).

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.

Requires improvement

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. Nine complaints had been received since the previous inspection. We reviewed each of these and found that they were satisfactorily handled in a timely way.
- 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?

Good

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

Our findings

At our previous inspection on 16 May 2017 the practice was rated inadequate for providing well-led services. We found that the practice management team that had been in place at the time of the 2016 inspection had become disjointed and this had impacted on the practice's ability to assess, monitor and improve the quality and safety of the services being provided as well as its capacity to develop and implement a vision for the practice.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 13 December 2017.

We found that the partnership arrangements had changed and that the new management team were able to describe a vision to deliver high quality care and promote good outcomes for patients and were able to demonstrate how this vision would be realised. The practice is now rated as good for being well-led.

Leadership capacity and capability

The GP who was a partner at the practice at the time of our previous inspections in January and February 2016 and May 2017 had ceased any active role at the practice shortly after the 2016 inspection. However, the practice had not made any alternative arrangements to mitigate the absence of clinical leadership. In addition, the practice manager, practice nurse and the most experienced member of the administrative team had also left the practice shortly after the 2016 inspection and the practice had experienced difficulties recruiting to these posts.

The practice told us during the May 2017 inspection that a plan was in place in which the GP partner would resign from the practice and a salaried GP already employed at the practice would join the partnership. At this inspection, we found the practice had followed through with this plan and a new GP partner was now in place. The new GP partner was now the clinical lead and had also taken the lead role in safeguarding. We saw evidence that the changes in the practice arrangement had led to improved stability at the practice and systems to ensure good governance and improved clinical oversight, had been put in place.

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, had established an order of priority and were addressing them. For instance, during the first six months of the new practice management structure, the practice had prioritised safeguarding, improving outcomes for patients by putting an effective recall system in place and gaining a meaningful oversight of governance processes.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The new lead GP had increased the number of sessions they worked from two per week to eight per week and this had improved morale and communication at the practice.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. We were told that the practice had already reached an agreement with another GP who would be joining the practice, initially as a salaried GP but with a long term plan of joining the partnership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners. We saw evidence that the practice had worked closely with the local CCG to develop plans for the future and had successfully applied for additional funding to implement elements of the action plan, for instance by hiring an expert in child immunisations to help develop an effective patient recall system.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that staff had taken an active part in a process re-engineering activity carried out by an external

Are services well-led?

Good

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

consultant and this had led to an effective 'visible' task monitoring process for administration and reception staff, which ensured that staff could readily identify whether any daily tasks had not been completed within agreed timescales. This involved a colour coded display of all daily or weekly tasks which were shown in red as long as they were outstanding and green when completed. For instance, checking cytology forms was a set task for every Monday and the display board showed that this had been completed as planned.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

Good

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- 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. We saw that the practice had established regular practice meetings and had agreed a standard agenda format which included opportunities for staff to raise concerns, offer suggestions about how to improve services and learn from mistakes or near misses.
- There was an active patient participation group and although this was a small group of people, we saw evidence that they worked closely with the practice and were contributing to bringing about improvements.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. We saw that the practice had worked with two separate external consultants to find solutions for areas where the practice had identified a need for additional expertise. For instance, the practice had worked with a management consultancy to review the document management system to identify stress points and as a result of this exercise, had been able to find a new way of using the patient record system to increase the processing efficiency by as much as 50%. This had had a significant effect in reducing the amount of time GPs were required to spend undertaking administrative tasks without any impact on clinical oversight.
- Staff knew about improvement methods, were involved in developing these and were empowered by management to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.