

# Dr Ayoola Makanjuola

## 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?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Ayoola Makanjuola	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14
Action we have told the provider to take	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ayoola Makanjuola (Bicknoller Surgery) on 17 October 2016. Overall the practice is rated as requires improvement. We previously inspected the practice in October 2014 where the practice was rated inadequate for safe and well led, requires improvement for effective and good for caring and responsive. The practice was rated inadequate overall and placed into special measures. We inspected again in December 2015. The practice was rated inadequate for effective, requires improvement for safe and well led, good for caring and responsive. Overall the practice was rated as requires improvement. The practice remained in special measures.

At our 17 October 2016 inspection our key findings across all the areas we inspected were as follows

- The lead GP was currently under GMC conditions and employed locums to undertake the majority of the clinical work. However, we found no evidence that a

practice sustainability plan had been considered or developed to ensure that the risk of running a practice with locum GPs in the long term had been addressed.

- The practice was performing below the local and national averages for many of the performance indicators, including diabetes, cancer and hypertension. The practice had produced an action plan in order to be able to address this.
- The practice did not have a plan in place in relation to the low scores received through the national patient survey.
- There was no active patient participation group (PPG) to provide feedback to the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills,

# Summary of findings

knowledge and experience to deliver effective care and treatment. This included the employment of a new practice nurse who was trained to undertake long term conditions management.

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and managed.
- The practice had implemented a patient recall system.
- Patients said they were treated by the regular GP with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However some felt rushed by the locum GPs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP. The practice ran an open access clinic throughout the day and patients that we spoke with were happy to wait for an appointment as they knew they would be seen.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure a practice sustainability plan is produced.

The areas where the provider should make improvement are:

- Investigate ways to improve patient satisfaction scores.
- Continue working to facilitate meetings of the PPG.
- To continue to review staffing levels to ensure adequate nursing cover.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had undertaken an infection prevention and control audit and produced an action plan to address outstanding issues.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- In some areas data showed patient outcomes were low compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had developed a recall system for those with long term conditions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For

# Summary of findings

example, 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%. The practice had not put action plans in place to address.

- Patients said they were treated with compassion, dignity and respect by the regular GP. However, some patients stated in the comment cards that they did not always feel cared for, supported and listened to by the locum GPs.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led, as there were improvements to be made.

**Requires improvement**



- The lead GP was currently under GMC conditions and employed locums to undertake the majority of the clinical work. However, we found no evidence that a practice sustainability plan had been considered or developed to ensure that the risk of running a practice with locum GPs in the long term had been addressed.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included some arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients through the friends and family test, which it acted on. However, the patient participation group was not currently active.

# 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

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 had a named GP and a telephone number to bypass the main switchboard for appointments.
- The practice provided a regular ward round to two care homes.

**Requires improvement**



### People with long term conditions

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the CCG and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**



# Summary of findings

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- Online appointment booking was offered by the practice.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Requires improvement**





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as, requires improvement for effective, caring and well led and good for providing a safe and responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty four survey forms were distributed and 95 were returned. This represented 4% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards. Most were positive about the standard of care received. However six cards commented they did not receive as high a standard of care from the locum GPs as they had to repeat their medical history at each consultation and they felt rushed.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They were happy with the walk in appointment style at the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure a practice sustainability plan is produced.

### Action the service **SHOULD** take to improve

- Investigate ways to improve patient satisfaction scores.

- Continue working to facilitate meetings of the PPG.
- To continue to review staffing levels to ensure adequate nursing cover.

# Dr Ayoola Makanjuola

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Ayoola Makanjuola

The Dr Makanjuola practice is a surgery located in the London borough of Barnet. The practice is part of the Barnet Clinical Commissioning Group (CCG) which is made up of 69 practices. It currently holds a PMS contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract) and provides NHS services to 2000 patients.

The practice serves a diverse population group and many patients do not speak English as their first language. The practice does not have a large older population (14% of the patient list) and 41% of patients are aged between 18 and 65.

The practice is open between 8.00am and 6.30pm Monday to Friday. The practice runs an open access clinic each day between 9am and 11am and between 5.00pm and 6.30pm. The practice is closed on a Thursday afternoon and patients are directed to the out of hour's service provider. Pre-bookable appointments are available between 4.30pm and 5.00pm each afternoon except Thursday. Appointments for the practice nurse are available on a Monday, Tuesday and Friday. The practice runs an extended hour's clinic on Mondays between 6.30pm and 7.30pm. The GP provides telephone consultations and

home visits each day for those unable to attend the practice. The practice has opted out of out of hour's provision and refers patients to the local out of hour's provider.

The practice staff comprised of one male GP (9 sessions per week), four regular locum GPs offering a total of 9 sessions per week, a part time female practice nurse (undertaking 28 hours per week), practice manager and reception staff. There was previously no arrangement in place to provide a female GP for any patient that requested one; however the practice now employs a female locum GP. The practice employs a full time chaperone who helps in reception when needed.

The practice is situated within a purpose built health centre and shares facilities with three further health providers. Consulting rooms are on the ground floor with wide doors to allow wheelchair access.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury. However the practice does not currently undertake any surgical procedures.

The practice provides a range of services including child immunisation, smoking cessation advice and clinics for those with long term conditions.

We inspected Dr Ayoola Makanjuola's practice as part of our new comprehensive inspection programme on 23 October 2014. At that time the practice was rated as inadequate for safe and well led, requires improvement for effective, good for caring and responsive. The practice was rated overall as inadequate and placed into special measures in April 2015 for a period of for six months.

# Detailed findings

At the 2014 inspection the practice was found non-compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and compliance actions were issued in relation to the following regulations:

- Regulation 9 – Care and welfare of people who use services.
- Regulation 10 – Assessing and monitoring the quality of service provision
- Regulation 12 – Cleanliness and infection control.
- Regulation 13 – Management of medicines.
- Regulation 21 – Requirements relating to workers.

We undertook a further inspection on 9 December 2015. We found that the practice had made some progress and rated the practice as inadequate for effective, requires improvement for safe and well led, good for caring and responsive. The practice was rated overall as requires improvement. However there were still breaches of Regulations in relation to:

- Regulation 17 – Good governance
- Regulation 18 – Staffing

It was decided that the practice would remain in special measures.

At our inspection in October 2016 we found that improvements had been made and rated the practice as requires improvement for providing an effective, caring and well led service. The practice was rated as good for provided a safe and responsive service, and rated as requires improvement overall. We found that recall systems and nurse cover had improved but the practice needed to improve their health related performance indicators and address the feedback from the national patient survey. Also, the practice needed to develop a long term sustainability plan to address the issue of care being delivered largely by locum staff.

The General Medical Council's register shows that Dr Makanjuola has conditions on his registration as a GP. Those conditions include that Dr Makanjuola should be supervised in his post by a clinical supervisor and that he should not carry out any clinical work if there is no other qualified GP on the premises except in the case of an emergency.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 October 2016. During our visit we:

- Spoke with a range of staff (GP, locum GPs, practice manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

# Detailed findings

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. There had been four significant events since our last inspection. The analysis of this shows comprehensively how the service was to be maintained during this period.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred when patient information (a hospital discharge summary) was scanned to the wrong patient record on the computer system. The second patient had recently died and the practice were preparing a death certificate for the coroner. The matter was discovered before incorrect information was put on the certificate. The matter was reviewed and systems changed to ensure that those staff who scanned documents into patient records checked both the patient name and date of birth before attaching the record in the clinical system.

### Overview of safety systems and processes

At the inspection on 17 October 2016 we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non clinical staff were trained to level 1.
- A notice in the waiting room and on the door of the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

At the inspection on 9 December 2015 we found that the practice had undertaken an infection control audit but no action plan had been produced for the practice to work through.

- At the inspection on 17 October 2016 we found that an infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example it was identified that there were fabric chairs in some of the consulting rooms that were not wipe able. These were replaced by the practice. The practice was continuing to maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

## Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed the personnel files of the two new employees that had started since the last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health, infection prevention and control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Non clinical staff worked on a part time basis and were available to cover each other in times of planned or unplanned absence.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

The practice was placed into special measures following the inspection on October 2014 and remained in special measures following the inspection on 9 December 2015. The practice was rated as inadequate in the effective domain following the last inspection due to poor QOF performance, a lack of an adequate patient recall system and the practice nurse having limited capacity to undertake routine health checks. It was also found that multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

At this inspection we found that some improvements had been made for example through the development of a patient recall system and the employment of a suitably trained nurse. However, improvement was still required in relation to continuing to improve patient outcomes in specific areas including diabetes management, cancer and hypertension.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

At our inspection on 9 December 2015 we found that the practice was performing below the national average for the Quality Outcomes Framework (QOF) and that the practice had an ineffective recall system.

The QOF results for 2014/2015 were used at the inspection in December 2015 which showed that the practice had achieved a total figure of 79%. The practice had an exception reporting figure of 2%. This was compared to the Clinical Commissioning Group (CCG) average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Generally, performance for diabetes related indicators was comparable to the national average for most areas, however there were some exceptions.
  - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 88% compared to the CCG average of 76% and the national average of 78%.
  - The percentage of patients with a record of a foot examination and risk classification was 90% compared to the CCG average of 87% and the national average of 88%.
  - The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 61% compared to the CCG average of 79% and the national average of 81%.
  - The percentage of patients in whom the last IFCC-HbA1c was 64 mmol/mol or less was 54% compared to the CCG average of 76% and the national average of 78%.
- Performance for mental health related indicators was comparable to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 88% compared to the CCG average of 91% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 71% compared to the CCG average of 85% and the national average of 84%.
- Performance for cancer related indicators was below the CCG and national averages. For example;
  - The percentage of patients with cancer diagnosed within the last 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis was 75% compared to the CCG average of 87% and the national average of 88%.
- Performance for hypertension related indicators was comparable to the CCG and national averages. For example;



# Are services effective?

## (for example, treatment is effective)

- The percentage of patients in whom the last blood pressure reading was 150/90 mmHg or less was 84% compared to the CCG average of 82% and the national average of 84%.

At our inspection on 17 October 2016 we found that the practice was performing in line with the CCG and national averages for many of the indicators. A comparison was made between the 2014/2015 results used in the December 2015 inspection and the recently published 2015/2016 results (taken from the NHS Digital website). The 2015/2016 results showed that the practice achieved 87% of their target. The practice had an exception reporting figure of 3%. This was compared to the Clinical Commissioning Group (CCG) average of 8%. Where possible the practice provided an up to date figure of their progress to date for the current year (2016/2017). This was not validated data and only used to chart their current progress.

- Generally, performance for diabetes related indicators was comparable to the national average for most areas, however there were some exceptions.
  - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 77% compared to the CCG average of 76% and the national average of 78%. The practice had currently achieved an unpublished figure of 68% to date with a practice target of 78% for 2016/2017.
  - The percentage of patients with a record of a foot examination and risk classification was 81% compared to the CCG average of 89% and the national average of 89%. The practice had currently achieved 78% to date with a practice target of 90%. The practice was on track to achieve their target.
  - The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 60% compared to the CCG average of 78% and the national average of 80%. The practice had currently achieved 59% to date with a practice target of 79%. The practice was on track to achieve their target.
  - The percentage of patients in whom the last IFCC-HbA1c was 64 mmol/mol or less was 60%

compared to the CCG average of 77% and the national average of 80%. The practice had currently achieved 58% to date with a practice target of 83%. The practice was on track to achieve their target.

- Performance for mental health related indicators was comparable to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 98% compared to the CCG average of 91% and the national average of 92%. The practice had currently achieved 73% to date with a practice target of 90%. The practice was on track to achieve their target.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 91% compared to the CCG average of 85% and the national average of 84%.
- Performance for cancer related indicators was below the CCG and national averages. For example;
  - The percentage of patients with cancer diagnosed within the last 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis was 86% compared to the CCG average of 96% and the national average of 90%. An improvement had been made on the previous year.
- Performance for hypertension related indicators was comparable to the CCG and national averages. For example;
  - The percentage of patients in whom the last blood pressure reading was 150/90 mmHg or less was 79% compared to the CCG average of 81% and the national average of 83%.

The practice was aware that they were performing lower than average in many of the QOF areas. This was an area that the practice needed to improve upon. The practice had implemented an action plan to improve results.

Since the last inspection, the practice had implemented a new recall system for patients with long term conditions or in need of routine vaccinations. We were provided with evidence of the policy and protocol and examples of how it had been

# Are services effective?

## (for example, treatment is effective)

imbedded into the practice. This included monthly audits of registers in order to invite patients for appointments. Those with multiple conditions were called to an appointment to review all conditions at the same time. The practice had also increased the capacity of nursing and GP cover to ensure that routine tests are carried out.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed since the last inspection in December 2015, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit was undertaken of COPD patients that had received spirometry in 2015. The results showed that of the 59 patients on the COPD register, 14 had received the test. The practice reviewed its protocol and developed its annual recall system as well as telephoning patients to invite them to attend for the test. The audit was repeated in 2016 and it was found that 28 of the 59 on the register had received the test. The practice were continuing to develop their recall system and were aware that improvements needed to be made to increase the figure. They were planning to repeat the audit in 2017.

### Effective staffing

At the inspection on 9 December 2015 we found that the practice nurse was unable to carry out many of the basic patient checks due a lack of training in long term conditions management and the number of hours worked.

At the inspection on 17 October 2016 we found that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- A new practice nurse had been appointed since the last inspection who was fully involved in long term conditions management. The nurse had received training and was due to undertake further training to

enhance the role. For example the nurse had just completed training on female genital mutilation (FGM) as this was identified as an area of concern for the practice. The nurse hours had been increased from 18 hours per week to 22 hours per week to ensure the effective development of the role and that the routine health checks could be carried out. Staff had identified that it would be helpful for the nurse to have another member of staff to share the routine workload such as blood tests.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff that had been at the practice longer than 12 months had received up to date appraisals. The remaining staff were due their appraisals towards the end of their first year of employment.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

At our inspection on 9 December 2015 we found that multidisciplinary team working was taking place on an informal basis and that minutes of meetings were not always being kept and the minutes kept had limited information in them.

# Are services effective?

## (for example, treatment is effective)

At the inspection on 17 October 2016 we found that the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We were provided with evidence that confirmed that regular multidisciplinary meetings were taking place.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 43% to 96% (CCG average range of 73% to 93%) and five year olds from 55% to 100% (CCG average range of 87% to 95%). The practice was aware of the lower figures and had organised a recall system for those patients that were missing immunisations.

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

# Are services caring?

## Our findings

The practice was placed in special measures following the inspection on October 2014 and remained in special measures following the inspection on 9 December 2015. The practice was rated as good for caring following the inspection on 9 December 2015.

At this inspection we felt that improvement was still required in relation to the low scores found in the national patient survey in relation to this key question which the practice were yet to address.

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However some patients raised concerns over having to see a locum GP and not their regular GP. The practice stated that they had communicated to patients the reason why locum GPs were being used at the present time.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the national average of 87%.

The practice was aware of the low results in the survey and were in the process of putting an action plan together to address the issues raised and to improve the scores; however they had prioritised other areas for improvement at this time.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the regular GP and staff and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised. The GP had employed locums to ensure a continuity of service, however patients stated in a number of the comment cards that they felt rushed when seeing one of the locum GPs because they had to give a full history each time they visited the practice and they preferred it when they saw the regular GP because he knew them.

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

## Are services caring?

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

The practice was aware of the low results and had produced an action plan to improve the figures which included the employment of locum GPs.

The practice provided facilities to help patients be involved in decisions about their care:

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

- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 74 patients as carers (over 3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The practice was placed into special measures following the inspection on October 2014 and remained in special measures following the inspection on 9 December 2015. The practice was rated good in this domain following the inspection on 9 December 2015 and remains rated as good following this inspection

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice operated a walk in clinic each day. Patients could attend the practice and be seen by a GP at the next available appointment if prepared to wait.
- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and any other patients who would benefit from these. For example patients on the long term conditions register or with multiple illness which prevented them from attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Each patient over 75 received a named GP and access to a direct telephone line which bypassed the main appointments switchboard.
- The practice offered annual check-ups for older people, including patients up to the age of 74 with no chronic disease as an effective preventative tool.
- The practice provided follow up appointments for patients that had been discharged from hospital.
- The practice worked with community midwives and health visitors and attended multidisciplinary meetings.
- The practice worked with two care homes in the advanced care planning for patients with dementia and attended case reviews to discuss individual cases.
- The practice worked with the local mental health team, attended multidisciplinary meetings and signposted patients to organisations for further support.
- The practice offered online booking of appointments.

- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. The practice ran an open access clinic each day between 9.00am and 11.00am in the morning and between 5.00pm and 6.30pm each afternoon except Thursday when the practice was closed for appointments. Patients had telephone access on a Thursday afternoon. Pre-bookable appointments were available between 4.30pm and 5.00pm. Extended hours surgeries were offered on a Monday between 6.30pm and 7.30pm. This service was also on an open access basis. Pre-bookable appointments could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example posters in the reception area and complaints leaflet.

We looked at the two complaints received since the last inspection and found complaints had been dealt with in a timely and transparent way in accordance with the practice

policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint that a locum GP had failed to diagnose effectively, a full response was provided to the patient's parent following a full investigation. The complaint was discussed within the practice meeting and learning was shared.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

At our inspection on 9 December 2015 we found that there was an inadequate system for recalling patients for long term conditions. The system was only used if practice staff had the time to call patients and occurred on an opportunistic basis.

At our inspection on 17 October 2016 we found that the practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- There was evidence of quality improvement including clinical audit.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had developed the recall system for patients with long term conditions which were working effectively.
- The practice had taken some action in relation to some of the low scores in the National Patient Survey however further work was required.

- The practice was able to demonstrate some improvement in patient outcomes through improved QOF scores though this was still an area that required improvement.

### Leadership and culture

On the day of inspection we noted that the lead GP was under conditions from the General Medical Council (GMC) and was required to work under clinical supervision. The practice had employed locums to cover clinical sessions. The Lead GP since the last inspection had undertaken administrative duties at the practice. . However, we found no evidence that a practice sustainability plan had been considered or developed to ensure that the risk of running a practice on locum GPs in the long term had been adequately addressed.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team had undertaken an away day since the last inspection to discuss the future of the practice and the changes that were taking place.
- . All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.



# Are services well-led?

Requires improvement 

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

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

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

- The practice were unable to gather feedback from patients through the patient participation group (PPG) at the current time as the group was not active. The practice showed the measures that they were putting in place to re-activate the group, which included re-contacting all previous members to arrange an appropriate time for a meeting which was proving to be

difficult. However the practice used the comments left within the friends and family feedback forms to gather patient opinion. From the results the practice were considering a change to the appointments system to more of a triaged booked appointment system and limiting the number of walk in appointments. The practice provided evidence of this plan which was still in the developmental stage. The practice had gathered feedback from staff through practice meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure that an effective sustainability plan for the practice had been considered or developed.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>