

Todmorden Group Practice

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Todmorden Group Practice	5
Detailed findings	7
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. The previous inspection, carried out on 1 March 2016 rated the practice as good overall, and requires improvement for providing well-led services.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – 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.

We carried out an announced comprehensive inspection at Todmorden Group Practice on 6 December 2017. We carried out this inspection as part of our inspection programme, and to review improvements or changes made to the leadership of the practice since our last inspection.

At this inspection we found:

- The practice had systems in place to report incidents and near misses. Incidents were logged and discussed on a case by case basis. However learning from incidents was not always communicated effectively.
- Staff induction and training systems were in place. However we found that where staff had been externally supplied, assurances in relation to competency and medical indemnity cover were not established prior to employment.
- Staff were not clear about who had responsibility in lead areas for clinical governance issues. We were not assured that the leadership areas identified as requiring improvement in the inspection conducted on 1 March 2016 had been fully addressed.

Summary of findings

- The practice had a number of policies and protocols in place in relation to staff activity. However the practice was unable to demonstrate oversight and review of these, as most were not dated and had no identified review date. Following receipt of the draft report the practice advised us that this had been rectified.
- Some staff told us they did not always feel supported by the senior leadership team.
- The practice participated in Calderdale Clinical Commissioning Group Commissioning Engagement Scheme in relation to assessing and monitoring the quality of services provided. However, we did not see evidence of completed, two cycle audits to address key areas of performance and improvement.
- There were externally developed policies, systems and processes to manage health and safety within the practice.
- The practice had infection prevention and control measures in place. However we identified shortfalls in relation to some checking and logging processes.
- Regular clinical and staff meetings were held, however we saw limited evidence that key governance areas such as significant events, complaints, patient and medicine safety alerts and other clinical updates were routinely discussed and reviewed.
- The practice had systems for dealing with complaints in line with national timescale requirements. Not all written communications with patients contained Parliamentary and Health Service Ombudsman details.

- The practice was piloting a same day access scheme to improve access to appointments.
- The practice had good facilities and a number of additional services were provided on site.
- We observed patients being treated with compassion and respect. The practice participated in the local 'Altogether Better' service, which made use of health champions to engage patients in a number of social inclusion activities to reduce isolation and enhance well-being.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review prescription security processes within the practice in line with the current guidance.
- Review and improve their communications with complainants to assure themselves that they are always advised of the options available to them if they are not happy with the outcome of their complaint.

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 

Todmorden Group Practice

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 second CQC inspector.

Background to Todmorden Group Practice

Todmorden Group Practice is situated in Lower George Street, Todmorden, OL14 5RN.

There are currently 13,454 patients registered on the practice list. The practice provides General Medical Services (GMS) under a locally agreed contract with NHS England.

The practice is housed in modern, purpose built premises which are shared with another practice and a walk in centre. The practice building hosts several additional services such as medical consultants in cardiology, rheumatology, psychiatry, gynaecology and paediatrics; as well as X-Ray and ultrasound services, podiatry, diabetic retinal eye screening and a young persons' clinic for sexual health services.

The Public Health General Practice Profile shows the majority of the practice population to be of white British origin, with around 4% of mixed or Asian ethnicities. The level of deprivation within the practice population is rated as five, on a scale of one to ten. Level one represents the highest level of deprivation and level ten the lowest.

The age/sex profile of the practice is largely in line with national averages. The average life expectancy for patients at the practice is 78 years for men and 82 years for women, compared to the national averages of 79 years and 83 years respectively.

The practice offers a range of enhanced services:

- Meningitis vaccination and immunisation
- Childhood vaccination and immunisation
- Extended hours access
- Facilitation of timely diagnosis and support for dementia
- Influenza and pneumococcal immunisation
- Support for patients with learning disabilities
- Minor Surgery
- Rotavirus and shingles immunisation

The practice is a training practice, which means it provides training and support for qualified doctors wishing to specialise in general practice. At the time of our visit one male GP registrar was working at the practice.

There are four GP partners, two male and two female. There is also one female salaried GP. The practice also makes use of a regular male locum GP. The clinical team also includes three female advanced nurse practitioners, three female practice nurses and two female health care assistants (HCAs). In addition a female clinical pharmacist has recently been appointed.

Supporting the clinical team is a practice manager, deputy practice manager and a range of secretarial, administrative and reception staff.

Detailed findings

Out of hours care is provided by Local Care Direct and can be accessed by calling the surgery telephone number or by calling the NHS 111 service.

When we returned for this inspection we checked, and saw that the previously awarded ratings were displayed, as required, in the practice premises and on the practice website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services because:

- Learning from significant events was not sufficiently thorough.
- Assessment of clinical competency was not consistent.
- Infection prevention and control measures were not sufficiently embedded.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies developed and disseminated by local safeguarding teams were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an ongoing basis. Disclosure and Barring (DBS) checks were undertaken for all staff.
- There was a system to manage infection prevention and control. However, we found that cleaning logs of equipment, such as ear syringing equipment were not held. Following receipt of the draft report the practice advised us that steps had been taken to remedy this.
- The practice, in conjunction with an external facilities management company, ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were some systems for safely managing

healthcare waste. However we noted an out of date sharps bin during our inspection, which had been opened for longer than the three month limit as recommended by the Health and Safety Executive (HSE).

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 induction system for staff. However we were not assured that clinical staff competencies were sufficiently established in all cases. We saw that a newly appointed clinician had given an incorrect child vaccination. We were unable to be assured that the necessary competency and training assessment had been completed before beginning to undertake this task. In addition, confirmation that appropriate medical indemnity arrangements were in place for externally supplied staff was not available.
- Overall, staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However during the inspection we identified some out of date equipment on the emergency trolley. In addition, we were unable to be assured that all staff had been briefed on how to identify and manage patients with severe infections i.e. sepsis. Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians told us they made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Are services safe?

Appropriate and safe use of medicines

The practice had some systems for safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment were not always thorough enough to keep patients safe. During the inspection we identified an out of date oxygen cylinder, as well as out of date saline and giving set on the emergency trolley. Alternative, in date oxygen and equipment was available in the practice, and these were added to the trolley following our feedback. The practice had some systems for keeping prescription stationery securely. However the logging and monitoring of serial numbers for prescription pads in doctors bags was not sufficiently thorough.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and there was evidence of actions taken to reduce it.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. The practice had recently employed a clinical pharmacist who had responsibility for reviewing patients on ten or more medicines. Other medicines reviews were carried out during clinical consultations.

Track record on safety

The practice worked with external agencies to establish a track record on safety.

- The practice had access to a suite of comprehensive risk assessments conducted by external agencies in relation to safety issues.

- The practice, in partnership with external agencies, 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

The practice did not always make improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- Systems were in place for reviewing and investigating when things went wrong. Processes for sharing lessons learned were not sufficiently embedded. For example, an incident had occurred where an out of date vaccine had been given. The recorded action was to introduce and implement improved date checking processes within the practice. However during the inspection we found that an out of date oxygen cylinder, giving set and saline were on the emergency trolley. Alternative, in date oxygen and equipment was available in the practice, and these were added to the trolley following our feedback
- We saw there was a system for recording and acting on safety alerts. We saw that there was a system for recording and acting on safety alerts. We also saw that these had been discussed on an 'ad hoc' basis at team and clinical meetings. However we were not assured that all alerts had been systematically discussed, as alerts were not standing items on meeting agendas.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as good for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients received a full assessment of their needs. This included their clinical needs and their mental and physical wellbeing.
- Prescribing rates for hypnotics were in line with national averages. Hypnotics are a range of medicines which work on the central nervous system to relieve anxiety, aid sleep or have a calming effect.
- Prescribing rates for antibacterial items were in line with national averages.
- Prescribing rates for antibiotic items which were Cephalosporins or Quinolones were in line with national averages. These are 'broad spectrum' antibiotics which should only be used when other antibiotics have failed to prove effective in treating infection.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.

The practice was rated as requires improvement for providing safe and well led care. The issues identified as requiring improvement overall affected all patients, therefore all of the population groups were also rated as requires improvement overall.

Older people:

- Practice nurses visited residential or nursing homes on a monthly basis to carry out annual reviews for patients registered with the practice.
- Patients aged over 75 who requested a health check were able to access one. Referrals to other services, such as voluntary services were made as appropriate.
- Face to face reviews were carried out by the clinical pharmacist for all patients over 75 years who took 10 or more medicines.

- A frailty register was in place to identify patients at highest risk of falls or other health problems.

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 people with long term conditions had received specific training.
- The practice was performing in line with CCG and national averages in relation to diabetes, asthma, chronic obstructive pulmonary disease (COPD) and atrial fibrillation. They were slightly below CCG and national averages in relation to hypertension; where 80% of patients with atrial fibrillation had been appropriately assessed and were being treated with anticoagulant therapy, compared to the CCG and national averages of 85% and 88% respectively.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target of 90% or above.
- The practice carried out medical checks on babies aged six to eight weeks. Mothers were also reviewed at this appointment.
- The practice held regular meetings with health visitors, where the needs of children and families with additional needs were discussed, and their medical records updated.
- The practice had support from a clinical pharmacist to help identify and review the treatment of newly pregnant women on long-term medication.

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

- The practice's uptake for cervical screening was 90%, which was higher than the 80% coverage target for the national screening programme. CCG average uptake was 75% and national average uptake was 81%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- People aged over 40 years were offered a cardiovascular health check, delivered by health care assistants and practice nurses on a five year rolling programme.

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 with learning disability. These patients were offered an annual review. Extended appointments were available for these patients.
- Housebound patients were added to a register. Care was co-ordinated with the multidisciplinary team to provide services at home when required.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, which was lower than the CCG average of 82% and the national average of 84%.
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, which was in line with the CCG average of 91% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92%, compared to the CCG and national averages of 92% and 91% respectively; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 98% compared to the CCG and national average of 95%.

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results (2016/17) were 99% 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 13% compared with the CCG average of 8% and the national average of 9%. (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.)

There were areas where the practice had an exception reporting rate which was higher than CCG and national averages, for example:

- The practice had an exception reporting rate of 19% for patients with COPD who had had a review completed by a healthcare professional in the preceding 12 months. This was higher than the CCG exception reporting rate of 10% and the national exception reporting rate of 11%. We explored the reasons for this during the inspection. We were told recent changes to practice nursing cover may have contributed to this figure. The practice told us that the nursing team was now stable, and anticipated that exception reporting would stabilise in the forthcoming year.
- The practice had an exception reporting rate of 25% for patients, diagnosed with dementia, whose care plan had been reviewed in a face to face meeting in the preceding 12 months, which was higher than the CCG and national exception reporting rates of 7%. The practice told us they liaised closely with specialist mental health services. A mental health consultant delivered an outreach clinic on site in the practice building. Where patients were under the care of these services, patients, in some cases were appropriately exception reported.
- The practice used information about care and treatment to make improvements. The practice participated in Calderdale CCG Engagement Scheme. The practice had reviewed referrals into five clinical areas, including tonsillectomy and varicose vein referrals; to review the appropriateness of such referrals, and to streamline care pathways. As a result referrals to secondary care were reduced in some cases.
- The practice was involved in some quality improvement activity. In addition as part of the local Engagement Scheme, the practice had reviewed the outcome of polypharmacy reviews, updated their urinary tract clinical template and reviewed the prescribing of statins for learning disabled patients. Statins are a group of medicines used to lower cholesterol and reduce the risk of cardiovascular disease. Where appropriate, clinicians

Are services effective?

(for example, treatment is effective)

took part in local and national improvement initiatives. The practice was part of the local GP federation, the Pennine GP Alliance, aimed at improving collaboration between practices.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However we identified some shortfalls in reviewing and assessing competencies for some staff, for example staff provided by external agencies. Staff whose role included 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. We identified some shortfalls in relation to assessing of competency for newly appointed clinical staff, for example, those providing childhood immunisations. We heard evidence that a newly appointed member of staff had given childhood immunisations, with insufficient evidence that appropriate training or assessment of competency had taken place prior to beginning to deliver this service.
- The practice was piloting a same day access scheme. Paramedics were provided by an external agency to help deliver this service. We identified a lack of oversight of staff competency or assurances that the appropriate medical indemnity was in place for these staff members. Following the inspection we received confirmation that the medical indemnity arrangements did not in fact cover them for the role they were carrying out in the practice, and therefore their services were immediately discontinued, until appropriate replacements could be identified.
- The practice provided staff with ongoing support. This included appraisals and mentoring, clinical supervision and support for revalidation. The practice had only informal systems for ensuring the competence of staff employed in advanced roles.
- We saw there were systems in place for managing staff when their performance was poor or variable. We received feedback from staff which indicated that not all staff felt supported in such cases.

Coordinating care and treatment

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

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. A self-service blood pressure monitoring device was situated in the waiting area of the practice.
- The practice health champions supported and delivered a range of activities designed to reduced social isolation and improve well-being, such as 'move to heal', weekly walking group and weekly 'knit or natter' groups.
- 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.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.

Are services effective?

(for example, treatment is effective)

- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services overall.

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 four patient Care Quality Commission comment cards. Of these, three were positive about all staff and the service provided. One contained less positive comments; citing reception staff behaviour. The most recent NHS Friends and Family Test result showed that 276 patients (88%) out of 313 respondents, said they were likely or highly likely to recommend the practice to friends and family.

Results from the July 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were 260 surveys sent out and 102 were returned. This represented 1% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and below average for nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 92% of patients who responded said the GP gave them enough time; CCG average - 88%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG and national average - 86%.

- 89% of patients who responded said the nurse was good at listening to them; CCG and national average - 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG average - 91%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 96%; national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG and national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG and national average - 87%.

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:

- Telephone interpretation services were available for patients who did not have English as a first language. Staff told us face to face interpreters could also be arranged in advance when necessary. Although the number of non-English speaking patients was low, some staff were able to speak other languages spoken by their practice population.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, a portable hearing loop was available, and information could be provided in large font when necessary.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 635 patients as carers (5% of the practice list). Carers were provided with a carers' pack which gave information about local voluntary support services. A coffee morning was held weekly where practice champions were on hand to offer support or signposting information.

Are services caring?

- Staff told us that if families had experienced bereavement, they were dealt with on a case by case basis. Contact was made, and support offered, if it was felt to be appropriate.

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 generally in line with local and national averages:

- 94% 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 87% and the national average of 86%.
- 93% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG and national average - 82%.

- 80% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 88%; national average - 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG and national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 improved services in response to those needs. Patients had access to online appointment booking and prescription ordering services.
- Extended hours were on Thursday morning between 6.45am and 8.00am; and Thursday evening between 6.30pm and 8.00pm.
- The facilities and premises were of a high standard. Patients were able to access a number of other services provided by voluntary services and secondary care within the practice building, such as citizen's advice, credit union, audiology, ultrasound and x-ray services.
- The practice made reasonable adjustments when people found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

The practice was rated as requires improvement for providing safe and well led care. The issues identified as requiring improvement overall affected all patients, therefore all of the population groups were also rated as requires improvement overall.

Older people:

- The practice had recently begun meeting with all nursing and residential homes on a two to three monthly basis within the practice, to improve communication and resolve common issues.
- The practice worked closely with the multidisciplinary team, including palliative care nurses, district nurses and community matrons to co-ordinate and plan care for this group of patients.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or at an adult social care service.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and practice nurses also accommodated home visits for those who were housebound.

People with long-term conditions:

- Diabetic retinal eye screening, delivered by secondary care services, was available on site at the practice.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice was moving towards a system of reviewing multiple conditions 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:

- A female health clinic was held weekly for family planning and sexual health advice.
- Specialist children's services were available on site delivered by secondary care, for example consultant paediatric clinic, speech and language therapy and children's physiotherapy clinic.
- We saw evidence that vulnerable children and families were discussed at regular meetings with the health visitor, and that patient records were updated following such discussions.
- Records were flagged to identify children and families where additional needs had been identified, for example children with disability.
- All parents or guardians calling with concerns about a child were able to access the same day access clinic which ran Monday to Friday between 8am and 11am.

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

- The practice offered online access to book appointments and request repeat prescriptions
- Extended hours appointments were available on Thursdays between 6.45am and 8.00am in the morning; and between 6.30pm and 8.00pm in the evening.
- Patients were able to register for online services to book appointments and request repeat prescriptions.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal hours.

People whose circumstances make them vulnerable:

- The practice had identified 635 patients (5% of the practice population) as unpaid carers. These patients were signposted to additional support services, and were able to access an annual review.
- The practice participated in the 'Altogether Better' project, which had facilitated the recruitment of volunteer health champions to deliver a range of activities to combat social isolation.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- The practice held a dementia register, and utilised tools to help identify early signs of dementia.
- The practice liaised closely with the community mental health team, who provided weekly mental health support clinics on site within the practice building.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted a weekly mental health consultant, and specialist medication outreach clinic.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was clear. GP and Advanced Nurse Practitioner (ANP) appointments were available on the day, or up to six weeks in advance. Practice nurse appointments were all bookable in advance. In addition, a daily clinic, staffed by ANPs and practice nurses were held to deal with urgent and acute needs.

- A walk in centre service was available on weekends, which was situated within the practice building, and was accessible by the practice's patients.

Results from the July 2017 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.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 50% of patients who responded said they could get through easily to the practice by phone; CCG and national average - 71%.
- 83% 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 average - 85%; national average - 84%.
- 81% of patients who responded said their last appointment was convenient; CCG average - 83%; national average - 81%.
- 73% of patients who responded described their experience of making an appointment as good; CCG average - 75%; national average - 73%.
- 41% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 61%; national average - 58%.

At the time of the inspection the practice told us they had recently changed their telephone system in an attempt to improve patient satisfaction with telephone access. In addition the practice had carried out their own internal patient satisfaction survey, exploring patients' experience of the service at the practice, including waiting times to be seen. Results from this indicated positive responses. In addition the practice was gathering patient feedback in relation to the same day access clinic. We saw evidence that there was a high level of satisfaction from both staff and patients for this service.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.

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

- The complaints policy and procedures were in line with recognised guidance. There were 32 complaints received in the preceding year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. We noted that on occasions where the complainant communicated by email, the email response from the practice did not contain details of the Parliamentary and Health Services Ombudsman. The practice told us they would include this in future communications.
- The practice responded to individual concerns and complaints and also to trends. It acted as a result to

improve the quality of care. For example a number of complaints had been received in relation to the telephone system. As a result the telephone system had been changed which allowed for a shorter queue, and signalled an engaged tone if a large number of patients were calling at the same time. Complaints referring to abrupt responses from staff had resulted in the staff concerned being advised to reflect on the situation, and consider alternative responses should similar situations arise in future.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing well-led services because:

- The governance systems in the practice were not sufficiently embedded to give assurance of safe systems and processes. Staff induction, indemnity and competency assessments were not thorough enough and learning from significant events was not sufficiently embedded. Systems and processes linked to equipment and medicines checking, cleaning and logging processes, as well as communication and information sharing across the practice could also be improved.
- We saw only limited evidence that progress had been made in relation to addressing the leadership areas identified as requiring improvement in the inspection carried out on 1 March 2016. Some staff told us they did not always feel supported by the senior leadership team.

At the previous inspection, carried out on 1 March 2016, we identified that the leadership structure in the practice was in a period of transition, and some staff told us they did not always feel supported by GP partners and management. At this inspection, we identified a lack of clear clinical governance and leadership.

Leadership capacity and capability

The leadership, governance and culture did not always support the delivery of high-quality, person-centred care. We identified some shortfalls in relation to leadership capacity.

- The practice told us clinicians had clear lead areas. However during our discussions with staff it appeared there was some lack of clarity. For example it was unclear who was taking the lead on clinical governance issues.
- The leadership team were aware of issues and priorities relating to the quality and future of services. There was a business development plan in place. However, minutes from meetings we saw did not demonstrate regular oversight of the practice strategy, risks and performance.
- Leaders told us they operated an open door policy. However, some staff told us they did not always feel supported by senior staff.

- There were some succession planning processes in place. An advertisement for a GP was being formalised at the time of our inspection.

Vision and strategy

The practice provided a statement of purpose ahead of the inspection. It described the practice's aims and objectives.

- The practice's aims and objectives were to provide a successful and efficient patient focused service, with improved patient experience.
- Staff we spoke with told us their role was to provide the best possible care to patients.
- The practice planned its services to meet the needs of the practice population. For example they were piloting a same day access scheme to help meet the needs of patients for same day appointments.

Culture

- Staff we spoke with and received feedback from, provided mixed responses in relation to feeling supported and valued in the practice. All staff however told us they worked hard to provide a good service to patients.
- We saw evidence of honesty and openness when dealing with complaints and incidents. Learning from incidents and complaints was not always sufficiently communicated and embedded. We saw that when an incident involving an out of date vaccine being given occurred, actions were identified to improve checking processes in the practice. However during the inspection we found some out of date equipment in use on the emergency trolley, as well as an out of date sharps bin. Alternative, in date oxygen and equipment was available in the practice, and these were added to the trolley following our feedback.
- Staff were aware of processes in place to raise concerns. Some staff told us however they did not always feel supported when complaints were made about them.
- There were processes for providing all staff with training and development appropriate to their role. However we were unable to be assured that clinical staff were always appropriately mentored and supported. We learned that a newly appointed clinician had given an incorrect vaccine to a child. We were not assured that the necessary competencies had been assessed before this role was undertaken. Checks on competency and medical indemnity cover for paramedics provided by an

Are services well-led?

Requires improvement 

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

external company to support the delivery of the same day access scheme were not thorough enough. We saw that the practice did not check the qualifications of the paramedics prior to their employment. In addition, during the inspection we learned that the necessary medical indemnity was not in place for these staff. Upon becoming aware of this following our inspection, the practice told us they had discontinued their employment with immediate effect.

- All staff had received an appraisal in the preceding year. Staff were supported to meet the requirements of professional revalidation where necessary. Informal supervision and support for advanced nurse practitioners and practice nurses was in place. We saw no evidence of formal oversight of clinical practice or prescribing audits for non-medical prescribers.
- We were told staff well-being was supported through training opportunities. In addition, the practice paid for employees to benefit from an 'employee assistant' programme which provided advice and support for staff experiencing problems such as debt, relationship or other family issues.
- Feedback we received from staff indicated that there were some divisions amongst teams. The practice told us they planned to introduce a system of 'upskilling' of administrative staff to give all staff an insight into other areas of secretarial and administrative work.

Governance arrangements

Clear responsibilities, roles and systems of accountability were not in place to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out. It was not clear who had responsibility for clinical governance within the practice. Practice meeting minutes did not evidence regular review and discussion relating to the practice's strategic direction, clinical updates, patient safety alerts and other risks; significant events or complaints. Instead these were addressed on an 'ad hoc' case by case basis.
- There was no clear evidence of oversight of practice policies and protocols. Practice policies were not always dated. Others were past their review date.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks.
- The practice had informal processes to manage current and future performance. We did not see any evidence that the performance of employed clinical staff was assessed through audits of their consultations, prescribing or referral decisions.
- We saw that processes for the assurance of staff competency and medical indemnity cover were not thorough enough in all cases.
- There was some evidence of quality improvement activity. Clinical audit activity related to CCG directed priorities in relation to referral rates and prescribing initiatives.
- 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. For example the practice was piloting a same day access scheme in order to better meet patient demand for appointments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor the practice's performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings. However we saw that meeting structures were managed in an 'ad hoc' way without evidence of regular standing agenda items addressing key quality issues. Feedback we received from some staff indicated that communication to all staff was not always effective.
- Information was used to monitor performance and the delivery of quality care. Plans were put in place to address any weakness. Although completed, two cycle audits were not available at the time of inspection, the practice had carried out a number of audits in relation to patients' access to appointments.
- The practice was able to access reports which enabled them to monitor aspects of patient care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

Requires improvement 

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

- There were 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 and external partners to support sustainable services.

- Patients' views and concerns were listened to, and acted upon where possible to shape services and culture. The practice told us they were planning to formally gather feedback from staff in order to measure their response to practice priorities and developments. The practice had engaged with the 'Altogether Better' initiative in order to make use of patient volunteers (health champions) to help meet identified need to combat social isolation within the patient group.
- The practice was involved in the development of a 'super practice', in collaboration with ten other practices in the area, to enable streamlining and sharing of resources.

- The patient participation group had recently seen the resignation of a number of key long standing members. The practice was looking at developing the role of health champions to augment and compliment the patient participation group membership.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were some systems and processes for learning and continuous improvement.

- The practice was a training practice and supported the training of qualified doctors wishing to specialise in general practice.
- The practice had embarked on a 'same day' access pilot scheme to meet the needs of patients for same day access to appointments. We saw positive feedback from patients and staff in relation to this service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17: Good Governance</p> <p>How the regulation was not being met:</p> <p>The registered persons had systems and processes in place that operated ineffectively, in that they failed to enable the registered person to assess, monitor and improve the quality of services being provided. In particular:</p> <ul style="list-style-type: none">• There was a lack of oversight and review of internal policies and protocols. A significant number were not dated or had passed the date by which they were due for review.• The arrangements for governance and performance management were not fully clear or always operating effectively. Performance and risks were not discussed, analysed and reviewed in a systematic manner. Learning from the analysis and review of performance and risks was not clearly communicated with staff. For example, we found that learning from significant events was not always embedded.• Not all staff delivering services from the practice were adequately inducted, supported and monitored in their role. Appropriate medical indemnity cover was not in place in all cases. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>