Church Road Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first inspected Church Road surgery on 6 May 2016 as part of our comprehensive inspection programme. The overall rating for the practice was requires improvement, with well led rated as inadequate. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Church Road surgery on our website at www.cqc.org.uk. During the inspection in May 2016 we found the practice required improvements in a number of areas. The areas which required improvement related to appropriate processes which were not in place to mitigate risks in relation to the safety and quality of the services. Feedback had not been sought from service users to demonstrate improvement to services. Following the inspection the practice wrote to us to say what they would do to meet the regulations.

We undertook this planned comprehensive inspection on 30 March 2017 to check that the practice had followed their action plan and to confirm that they had made the required improvements. Overall we found some improvements had been made to the concerns raised at the previous inspection. However, concerns relating to effective processes to manage risk and monitor patient outcomes had not been established. As a result of the inspection findings the practice is rated as requires improvement.

Our key findings were as follows:

- The practice had no system in place to receive alerts from the Medical and Healthcare products Regulatory Agency (MHRA) alerts.
- On the day of inspection, the practice did not have an effective system in place for the recall of patients on high risk medicines.
- There was no system in place to ensure clinical staff were up to date with NICE guidelines.
- The practice did not have an effective system in place to monitor expiry dates of medicines carried by GPs.
- Emergency medicines were easily accessible to staff in a secure area of the practice, but we found that some staff were not aware of their location.

Summary of findings

- Staff we spoke with did not know the process for reporting significant events. We found that no events had been recorded in the significant events log since May 2016.
- Quality performance data showed patient outcomes was lower than local and national averages in 2015/16. Unverified data provided by the practice for 2016/17 showed some improvement, but the recall system to review patients with long term conditions was not effective in monitoring patients.
- At the previous inspection in May 2016, 1% of the practice list were registered as carers. The practice attributed the low numbers to coding errors.
- Complaints were actioned by the practice; however we were unable to evidence any learning or improvements made following patient feedback.
- At the previous inspection the provider did not have risk assessments or disclosure and barring checks (DBS) for reception staff who acted as chaperones. We found this had been acted on and the appropriate DBS checks were now in place.
- Staff immunisation status identified as not being in place at the inspection in May 2016 had been recorded and we saw evidence to confirm that the practice had ensured all staff were up to date with the recommended immunisations for working in general practice.
- At the inspection in May 2016 we found staff had not had appraisals and communication with all staff was identified as an area for improvement. At this inspection we found staff had received appraisals and departmental meetings were now taking place on a regular basis.
- Patient Specific Directions (PSD) were found not to be in place at the inspection in May 2016. These had been implemented for the administration of vaccines by the health care assistant.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Have an embedded system in place to act on safety alerts and national guidance.
- Monitor quality and outcome framework (QOF) indicators and national targets to ensure patient reviews are up to date and completed.
- Ensure processes are in place for handling complaints and patient feedback is acted on. Implement a system to share learning of actions taken and lessons learnt with the staff.

In addition the provider should:

- Continue to review appointment access to increase availability of appointments.

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?

Requires improvement

- On the day of inspection, the practice had no system in place to receive alerts from the Medical and Healthcare products Regulatory Agency (MHRA) alerts.
- On the day of inspection, the practice did not have an effective system in place for the recall and effective monitoring of patients on high risk medicines.
- The practice did not have an effective system in place to monitor expiry dates of medicines carried by GPs. We found out of date medicines in the GP Partners bags, some dating back to 2014.
- There was confusion amongst the staff regarding where the emergency medicines were kept, which could pose a risk if needed in an emergency situation.
- 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, but some staff were unaware of the reporting form.
- At the previous inspection in May 2016 we found the practice had not formally assessed the risk in the absence of Disclosure and Barring Service (DBS) checks for members of the reception team who would occasionally act as chaperones. This had been acted on and we saw evidence to confirm that all staff had received a DBS check.
- Patient Specific Directions (PSD) were found not to be in place at the inspection in May 2016. These have now been implemented for the administration of vaccines by the health care assistant.
- The practice had introduced a system to monitor that staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines.

Are services effective?

Requires improvement

- The practice did not have a system in place to ensure NICE guidelines were being cascaded to all the clinical team.
- Results from the Quality and Outcomes Framework for (QOF) 2015/16 were lower than the local and national average. Unverified data provided by the practice for QOF 2016/

Summary of findings

17 showed some improvements, but the recall system for patients with long term conditions was not effective and had not been reviewed to ensure all patients were being seen regularly.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low in some areas such as mental health related indicators compared to the national average. The practice attributed the low QOF scores to lower exception reporting.
- Some audits had been carried out however we saw no evidence that clinical audits were driving improvement in performance and patient outcomes.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

- Data from the national GP patient survey showed results were comparable with others for several aspects of care. For example: 76% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%
- Information for patients about the services available was easy to understand and accessible and in a variety of languages.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.
- At the previous inspection in May 2016 the practice attributed the possible low number of carers to coding issues.

Are services responsive to people's needs?

Requires improvement

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the provider ran an anti-coagulation clinic for patients who were on warfarin. (Warfarin is used to treat or prevent blood clots in veins or arteries, which can reduce the risk of stroke, heart attack, or other serious conditions).
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised via the complaints process. However there was no evidence to show that verbal complaints were recorded and learning from complaints was shared with staff or that patients' feedback was acted on.

Summary of findings

- Urgent appointments were usually available the same day and due to previous low results in the GP patient survey concerning access, the practice had introduced early morning appointments from 7.30am to 8am Monday to Friday. The latest results published in July 2016 continued to show low scores for access.
- The practice added alerts to patients' records to identify patients who required extra support. For example patients with hearing difficulties.

Are services well-led?

Requires improvement

- Clinical leadership had not been effective in the monitoring of patient outcomes and as a result the practice QOF performance for 2014/15 was below local and national averages and 2015/16 data showed a further decline in performance.
- The practice had a number of policies and procedures to govern activity, but governance arrangements were not effective enough to mitigate risk. For example, out of date medicines in the doctor's bags and the lack of knowledge of staff of where emergency medicines were kept.
- Complaints were actioned by the practice; however they were unable to evidence any learning or improvements made following patient feedback.

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

The practice is rated as requires improvement for safe, effective, responsive and well led services; this affects all six population groups.

- 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. This included vaccinations for those patients who were unable to attend the practice.
- The practice carried out twice weekly ward rounds at the local nursing home.
- The practice worked closely with multi-disciplinary teams so patients conditions could be safely managed in the community.
- Data provided by the practice showed 51% of patients aged 75 years and over had received a health check.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe, effective, responsive and well led services; this affects all six population groups.

- Nursing staff had lead roles in chronic disease management. The latest QOF results (2015/16) showed performance for chronic pulmonary obstructive disease (COPD) indicator was 40%, which was lower than the CCG and national average of 96%. The practice attributed the low QOF scores to low exception reporting.
- We found the recall system for patients with long term conditions was not effective and we found examples of patients who had not received a regular review.
- Longer appointments and home visits were available when needed and patients who were housebound received reviews and vaccinations at home. For example, phlebotomy (the taking of blood) was carried out by the Health Care Assistant for warfarin monitoring.
- 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. For example the practice worked with a community diabetes specialist nurse to support patients with complex diabetic needs.

Summary of findings

- We saw minutes of meetings to support that joint working took place and that patients with long term conditions and complex needs were discussed as part of the practices multi-disciplinary team meetings (MDT) meetings.
- Data provided by the practice showed 792 patients were on the diabetic register and 72% had received a flu vaccination. This was lower than the national average of 95%.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe, effective, responsive and well led services; this affects all six population groups.

- The practice's uptake for the cervical screening programme was 74% which was lower than the national average of 82%.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.
- Urgent appointments were available for children and were also available outside of school hours.
- The premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors and the midwife held an ante natal clinic twice a week at the practice.
- There were systems in place to identify and follow up children living in disadvantaged circumstances, including policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for safe, effective, responsive and well led services; this affects all six population groups.

- 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. This included early morning appointments from 7.30am to 8am Monday to Friday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

Summary of findings

- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Results from the national GP survey in July 2016 showed 53% of patients were satisfied with the surgery's opening hours which was lower than the local average of 75% and the national average of 76%.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safe, effective, responsive and well led services; this affects all six population groups.

- The practice regularly worked with other health care professionals in the case management of vulnerable patients and the practice informed vulnerable patients about how to access various support groups and voluntary organisations and signposted patients to relevant services available.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Data provided by the practice showed 43 patients were on the learning disability register and 81% of these patients had care plans in place.
- 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.
- At the previous inspection, the practice held a register of carers and had 170 carers registered, which represented 1% of the practice list. We spoke with the GPs and they attributed the low numbers to coding errors on the clinical system.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safe, effective, responsive and well led services; this affects all six population groups.

- The practice had 96 patients on the dementia register and 78% had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and offered same day appointments.
- The practice held a register of patients experiencing poor mental health but a low number had received a regular review. Data provided by the practice showed 94 patients on the mental health register and the latest QOF results (2015/16) showed 26% had had care plans agreed in the past 12 months, which was lower than the national average of 89%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice had achieved low results in comparison to local and national averages. A total of 261 survey forms were distributed and 124 were returned. This represented 1% of the practice list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 67%, national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time CCG average of 83%, national average of 85%.
- 78% of patients described the overall experience of this GP practice as good, CCG average of 84%, national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area, CCG average of 77%, national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients told us that the staff were professional and caring.

The results of the Friends and Family test were 80% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Have an embedded system in place to act on safety alerts and national guidance.
- Monitor quality and outcome framework (QOF) indicators and national targets to ensure patient reviews are up to date and completed.
- Ensure processes are in place for handling complaints and patient feedback is acted on. Implement a system to share learning of actions taken and lessons learnt with the staff.

Action the service SHOULD take to improve

- Continue to review appointment access to increase availability of appointments.

Church Road Surgery

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.

Background to Church Road Surgery

Church Road Surgery is based in Sheldon area of the West Midlands. There are two surgery locations that form the practice; these consist of the main practice at Church Road and a branch practice Tile Cross Surgery. There are approximately 11,480 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. Church Road surgery is a purpose built building that was constructed in 1996. The branch practice, Tile Cross surgery is situated in a renovated house; we did not visit this site during the inspection.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients. The area served has higher deprivation compared to England as a whole and ranked at three out of ten, with ten being the least deprived.

The practice has undergone significant changes in staffing with the resignation of four partners and a practice nurse in January 2016 and the retirement of another practice nurse. Since the changes to the clinical team, the GP partners have recruited three salaried GPs and two practice nurses. There are now currently two GP partners (one male, one female) and three female salaried GPs. The practice also uses regular long term locums. The nursing team consists of four nurses and two health care assistants. The non-clinical team consists of a practice manager, assistant practice manager, administrative and reception staff. The clinical staff worked across both sites.

The practice is open to patients between 7.30am and 6.30pm Monday to Friday. Extended hours appointments are available 7.30am to 8am every weekday. Emergency appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by Badger Out of Hours Service and NHS 111service and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

The practice was previously inspected on 5 May 2016 and was rated overall as requires improvement, with requires improvement rating for Safe, Effective and Responsive domains, Inadequate in the Well-Led domain and Good in the Caring domain. .

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Church Road surgery on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and responsive services and inadequate for well led services.

We undertook a further announced comprehensive inspection of Church Road surgery on 30 March 2017. This inspection was carried out to ensure improvements had been made and 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 provider under the Health and Social Care Act 2008 and associated regulations.

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 30 March 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, health care assistant, practice manager and reception staff.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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:

- 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements for managing risk were not effective.

The areas identified at the May 2016 inspection had been acted on, but when we undertook a follow up inspection on 30 March 2017 we found further areas of risk that were not being managed appropriately. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events, however no significant events had been recorded in the significant events log since May 2016. We reviewed four significant events that had occurred between January 2016 and May 2016, where actions had been taken and discussed with staff to reduce the risk of further occurrence, but we found no significant events or incidents had been recorded since May 2016.

On the day of inspection, the practice had no system in place to receive safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.

Overview of safety systems and process

- 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. Staff had completed training relevant to their role in this area. GPs were trained to child safeguarding level 3. There was a system in place to identify children and young people who had had a high number of A&E attendances.
- There was a notice in the waiting room to advise patients that chaperones were available if required. At the last inspection in May 2016 we found that there were no risk assessments in place in the absence of disclosure and barring service (DBS) checks for staff that carried out the role of chaperone. (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 this inspection we found that all staff had had the necessary checks completed and the practice policy was in line with national guidance on chaperoning.
- 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 annual infection control audits were undertaken. The last audit had been completed in February 2017 and the practice had achieved 98%.
- At the inspection in May 2016 we found the practice did not keep records to support that staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines. A system had been implemented and the practice demonstrated that records were in place to show staff were up to date with immunisations.
- The arrangements for managing vaccines in the practice were effective (including recording and storing). The practice followed Public Health England guidelines for the recording of vaccination fridge temperatures.
- Some processes were in place for handling repeat prescriptions; however we found there was no effective system in place to monitor patients on high risk medicines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients. We saw the latest copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines. At the previous inspection in May 2016 we found there was no legal authorisation in place for the health care assistant to administer vaccinations. This had been acted on and patient specific directions (PSD) were being used by the practice. A Patient Specific

Direction (PSD) is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Prescription stationery was securely stored and there were systems in place to monitor their use.

Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and evidence of a completed health and safety risk assessment. We found that fire alarms were tested every six months and staff had received fire training in April 2016. Annual fire drills were carried out and staff we spoke with were aware of the evacuation procedures in the event of an emergency.
- All electrical equipment was checked to ensure that it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had some risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Due to staff shortages in the clinical team, the practice had recruited three salaried GPs and two practice nurses in the recent months.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. However, these arrangements were not widely known within the practice.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However we found that some staff were unaware of the procedures to follow and how to use the panic alarm system. Since the inspection we have received assurances from the practice that all staff had been updated of the procedures.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice, but we found that some staff were not aware of their location.
- All the medicines we checked were in date and stored securely; however we did find out of date medicines in the doctors' bag, some dating back to 2014.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of monitoring patient outcomes and staff appraisals needed improving.

Some of these arrangements had improved when we undertook a follow up inspection on 30 March 2017; however we did find the practice had achieved lower outcomes for the Quality and Outcomes Framework (QOF) for 2015/16, but unverified data provided by the practice for 2016/17 showed an improvement. We also found national guidelines were not being disseminated to staff to ensure patients' needs were assessed effectively. The provider is still rated as requires improvement for providing effective services.

Effective needs assessment

The practice was unable to demonstrate that patients' needs were assessed or 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. Clinical staff advised us that NICE guidelines were received by the practice, but not disseminated amongst the clinical staff. The practice could not demonstrate that they operated a process to ensure that these guidelines were being monitored through risk assessments, audits and random sample checks of patient records. The local CCG medicines management team supported the practice to monitor prescribing. However, when asked practice staff we spoke with were unable to demonstrate that they had acted on guidelines received.

Management, monitoring and improving outcomes for people

The practice used some of the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) showed the practice had achieved 79% of the total number of points available in comparison to the national average of 95%. Exception reporting was 3% which was lower in comparison to the national average exception reporting of 10%. (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).

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 92% which was similar to the national average of 90%. This was an improvement on the 2014/15 results, where the practice had achieved 89%.
- Performance for mental health related indicators was 49% which was lower than the national average of 93%. This was also lower than the 2014/15 results, where the practice had achieved 77%.
- Performance for chronic pulmonary obstructive disease (COPD) was 40% which was lower than the national average of 96%. This was also lower than the 2014/15 results, where the practice had achieved 70%.

The practice told us they had completed a range of clinical audits in the last 12 months, national benchmarking, accreditation, peer review and research. We reviewed two audits, but found there was no system in place to show action taken and future plans. For example, a clinical audit was completed for patients with impaired renal function who were taking specific anti-diabetic medicines. The first cycle completed in July 2015 identified 13 patients. The second audit completed in February 2016 showed no patients were taking the identified anti-diabetic medicine, but no records were available of the process followed or systems that had been implemented to ensure patients were being managed effectively. The practice told us they had not documented the outcomes of the audit, but assured us patients were being reviewed on a regular basis.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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

Requires improvement

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- At the previous inspection in May 2016 we found the learning needs of staff were not continually identified, as appraisals and staff meetings were not held regularly. At this inspection we found that staff had received an appraisal and a schedule of regular meetings had been set up to ensure all staff were kept up to date. Staff had access to training 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 received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

- This included care and some risk assessments, 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.
- The practice held palliative care meetings every six weeks with other healthcare professionals to discuss the care and support needs of patients receiving end of life care as well as their families and we saw minutes in place to support this.
- Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service to ensure continuity of their care.

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.
- Patients' consent to care and treatment was sought in line with legislation and guidance.

The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 74%, which was lower than 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 ensured a female sample taker was available.

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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results from Public Health for 2015/16 showed results were comparable to the CCG and national averages. For example,

Requires improvement

Are services effective?

(for example, treatment is effective)

- 71% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.
- 57% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged above 90% which was in line with the national standard of 90%. Immunisation rates for five year olds ranged from 83% to 93% which were comparable to the national average of 88% to 94%.

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 years. Data provided by the practice showed, at the time of our inspection, they had 830 patients registered who were eligible for a health check between the ages of 40 and 75 years of age and 80% had attended a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information on health assessments, including vaccinations such as shingles were on display to encourage patients to have regular reviews and appropriate protection against infections.

Good

Are services caring?

Our findings

At our previous inspection on 5 May 2016, we rated the practice as good for providing caring services.

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 seven patient Care Quality Commission comment cards we received were positive about the service experienced by the GPs and nursing team. Patients said they felt the practice offered a good service and staff were caring and treated them with dignity and respect.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group CCG average of 88% and the national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 96% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 86% and the national average of 85%.
- 82% of patients said the GP gave them enough time, compared to the CCG average of 88% and the national average of 87%.

The practice satisfaction scores for consultations with nurses were above local and national averages. For example:

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 91%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

The practice satisfaction scores for receptionists showed:

- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86%, national average of 87%.

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 staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey to questions about patients' involvement in planning and making decisions about their care and treatment were mixed. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

Results for nurses showed:

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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.

Staff told us that if families had suffered bereavement, a patient consultation would be offered if required, to give families advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing responsive services as no equality assessment had been completed in the absence of a hearing loop and the results from the national patient GP survey were low in some areas. Survey results had not been reviewed and there was no action plan in place to demonstrate how improvements to the service could be made.

These arrangements had not improved when we undertook a follow up inspection on 30 March 2017, however an action plan to improve patient survey results had been discussed and implemented and the practice told us they hoped the next survey results showed an improvement. The practice is still rated as requires improvement for providing responsive services.

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. For example, the practice offered appointments with a community diabetes specialist nurse to support patients with complex diabetes needs.

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

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online. The practice also used an electronic prescription service.
- Extended hours appointments were offered every morning from 7.30am to 8am for working patients who could not attend during normal opening hours.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation and longer appointments were available for patients with a learning disability and patients experiencing poor mental health.
- The practice offered a range of clinical services which included care for long term conditions and anti-coagulation clinics, a range of health promotion and the midwife offered antenatal appointments twice a week.
- There were disabled facilities and translation services available.
- Clinical staff conducted ward rounds at the local nursing home and home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS and those vaccines only available privately were referred to other clinics.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Appointments were from 8am to 11.30am Monday to Friday. Afternoon appointments were available from 3pm to 6.30pm Monday to Friday. Extended hours appointments were offered from 7.30am to 8am every weekday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available each day for people that needed them.

Results from the national GP patient survey of July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages. The practice had implemented an action plan to improve access, which included early opening every weekday.

- 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 50% describe their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

At the previous inspection in May 2016 we found the practice had not reviewed their results from the national GP patient survey of January 2016.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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 a system in place for handling complaints and concerns; however, the system was not being operated effectively. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and leaflets were available in the waiting area which informed patients how to make a complaint.

We looked at four complaints received from June 2016 to October 2016, where the actions were documented, but there was no evidence to show that learning from complaints was shared with staff or patients' feedback was acted on. The practice did not record verbal complaints.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 5 May 2016, we rated the practice as inadequate for providing well-led services as the practice had a vision and strategy to deliver quality care and promote good outcomes for patients, but this had not supported the performance in relation to QOF indicators and screening uptakes.

We found the practice had begun to act on their vision and strategy and arrangements had started to improve when we undertook a follow up inspection of the service on 30 March 2017. The practice is rated as requires improvement for being well-led.

Vision and strategy

The practice had lacked leadership to implement their vision and strategy. We found to the practice had no effective governance arrangements to support delivery of safe care and treatment. This included a lack of processes in place to receive alerts from the Medicines Health Regulatory Authority (MHRA) and the cascading of National Clinical and Excellence (NICE) guidelines to relevant staff. Evidence received from the practice showed they had implemented a system to receive and review alerts and for the distribution of guidelines.

Staff we spoke with felt supported by the GPs and practice manager and told us they felt the practice was more stable now with the addition of new clinical staff and we saw evidence that the new team had had an impact in some clinical areas, but this was an ongoing process and it was too early to demonstrate the overall effectiveness of the new team. During the inspection practice staff demonstrated values which were caring and patient centred.

Governance arrangements

The practice had a number of policies and procedures to govern activity, but governance arrangements were not effective enough to mitigate risk. For example:

- On the day of inspection we found there was an ineffective system in place to monitor patients on high risk medicines. The practice have sent evidence to confirm that they are in the process of reviewing patients on high risk medicines.
- The practice was unable to demonstrate effective processes were in place for the recording of significant events.
- Health and safety risk assessments and fire risk assessments were not available on the day of inspection, but we have since received evidence to confirm that these had been completed.

We found areas where the governance framework was effective. For example:

- 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.
- Staff appraisals were in place, and staff received regular reviews.
- A regular meeting schedule had been implemented, this included staff meetings were held every three months.

Leadership and culture

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and written apology
- The practice did not keep written records of verbal interactions, but we did see evidence of written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us there was an opportunity to raise any issues with the GPs and manager and felt confident and supported in doing so.
- Staff told us that team meetings were now being held and staff were encouraged to identify opportunities to improve the service delivered at the practice.

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

At the previous inspection in May 2016 we found the practice had recently held their first patient participation group (PPG) meeting in April 2016 which included members from both surgeries. At this inspection the PPG was established and holding regular meetings with eight members in the group. The practice had engaged with the

Are services well-led?

Requires improvement

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

PPG to gain feedback and ideas on how to improve appointment access and had implemented the suggestion of early opening for patients who were working and could not access the surgery during normal opening hours.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice told us it encouraged feedback from patients and the public. Complaints were actioned by the practice; however we were unable to evidence any learning or improvements made following patient feedback.

The practice told us they had gathered feedback from staff through appraisals and we saw evidence to confirm that staff had received a review and appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Providers must assess the risks to people's health and safety during any care or treatment. Medicines must be supplied in sufficient quantities, managed safely and administered appropriately to make sure people are safe. **How this regulation was not being met:** The provider did not have an embedded system in place to act on safety alerts and national guidance. Regulation 12 (2)

Regulated activity	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice. **How this regulation was not being met:** Monitoring of the Quality and Outcomes framework was not effective in the monitoring of patient outcomes. The provider was unable to demonstrate how they had acted on patient feedback from complaints and had no evidence of verbal complaints being recorded or action taken and learning being shared with staff.

This section is primarily information for the provider

Requirement notices

Regulation 17 (2)