Half Penny Steps Health Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Half Penny Steps Health Centre on 29 July 2015. The overall rating for the practice was good. The full comprehensive report can be found by selecting the 'all reports' link for Half Penny Steps health Centre on our website at www.cqc.org.uk

We carried out an unannounced inspection at Half Penny Steps Health Centre on 22 May and 13 June 2017 in response to concerns received by the Care Quality Commission (CQC) that the practice was not providing safe care and treatment to its patients. The concerns specifically related to the practice having no lead GP and using locum GPs to run the service, without proper induction into practice procedures which included two week referrals and following up on hospital reports. There were also concerns in relation to there being no on site management support for staff and their lack of understanding of safeguarding vulnerable patients resulting in these patients being at risk. As a result a decision was made to take enforcement action against the provider where warning notices were issued for regulations 17; Good Governance and 18, Staffing.

We returned to the practice to assess if the provider had addressed our concerns in the warning notices and undertook an unannounced full comprehensive inspection, on 21 July 2017 to look in further detail into the areas of concern we had noted. As a result of our finding at this inspection we took further action and served the provider with a 'letter of intent' to take immediate enforcement action under section 31 of the Health and Social Care Act 2008 in relation to regulation 12: Safe Care and Treatment and regulation 17: Good Governance.

This report covers our findings from the inspection on 21 July 2017. The overall rating is inadequate.

Our key findings across all the areas we inspected were as follows:

Summary of findings

- Patients requiring treatment for long term conditions (such as asthma) and high risk medicines were prescribed repeat medicine without adequate review.
- Effective systems were not in place to ensure handover of patient information is through an experienced clinician at all times.
- Effective clinical leadership, support and oversight to staff was not in place three days a week.
- The practice had systems in place for reporting and recording significant events and there was evidence of learning and communication with staff about significant events.
- There were formal systems and process in place to identify and assess risks to the health and safety of service users and staff.
- Staff had received appropriate mandatory training such as basic life support or safeguarding.
- Patient outcomes were hard to identify as no clinical audits had been carried out to improve the quality of care and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There were no processes in place for patients or staff to give feedback about the service.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular – review and put in place measures to improve areas where patient outcomes are below average, in particular in relation to the proportion of patients excepted from the Quality and Outcomes Framework.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In addition the provider should:

- Provide appropriate support and information to patients who are carers so their needs can be identified and met.
- Review systems to ensure patients with long term conditions are offered annual reviews.
- Review and update the business continuity plan
- Provide accessible information about the complaints procedure for patients

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were clear about reporting incidents, near misses and concerns. Lessons learned were communicated and so safety was improved. However, the locum clinicians told us they were not aware of any formal processes for reporting incidents.
- All staff had received safeguarding and basic life support training. DBS checks had been carried out on staff who acted as chaperones.
- There was no evidence of electrical appliance safety tests taking place and calibration of equipment testing was out of date.
- There were no formal processes in place for dissemination or discussion of national patient safety alerts
- Patients in receipt of high risk medication such as Warfarin and Methotrexate were not appropriately managed
- Processes in place for handling repeat prescriptions did not ensure effective monitoring of requests.
- Patient Group Directions had not been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- There was no evidence that audit was driving improvement in patient outcomes.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, QOF exception reporting was 20%. (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). The practice couldn't explain the high rates.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff.

Summary of findings

- There were no processes in place for clinical peer review or support when the lead GP was not in the premises – 3 days a week.
- Staff were aware of current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of registered patients' needs. However, we found that the practice did not have appropriate systems in place to share relevant information in relation to non-registered patients that attended the walk-in clinic.

Are services caring?

Requires improvement

The practice is rated requires improvement for providing caring services.

- There was no evidence to show how the practice supported patients they had identified as carers and they did not provide any information to direct them to other services.
- There was insufficient information available to help patients understand the services available to them.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice had not reviewed the needs of its local population
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could not get information about how to complain in a format they could understand and there was no evidence that learning from complaints had been shared with staff.
- The practice manager was responsible for handling complaints and staff fully understood how to progress concerns and complaints from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was a new leadership structure and staff did not felt supported by management.
- The practice had a number of policies and procedures to govern activity which were in the process of being reviewed
- The practice did not hold regular governance meetings but practice meetings were held monthly.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- The specific training needs of staff were not addressed and there was a lack of support and mentorship for those appointed to specific roles.

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

Inadequate

The provider was rated as inadequate for safe, effective and well led. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The GPs carried out home visits when needed.
- Patients over 75 years had a named GP to co-ordinate their care.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective and well led. The issues identified as inadequate overall affected all patients including this population group.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was 90%, which was 7% above the CCG and 0.2% comparable to national averages. However, there was extremely high exception reporting at 38% for patients with diabetes, on the register, in whom the last IFCC-HbA1c result was recorded in the preceding 12 months

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well led. The issues identified as inadequate overall affected all patients including this population group.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- The practice's uptake for the cervical screening programme was 76%, which was above the CCG average of 75% and below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates were comparable to CCG averages for all standard childhood immunisations

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective and well led. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered working age patients access to extended appointments.
- They offered on-line services for repeat prescriptions and registration.
- The practice offered the NHS health checks for patients aged 40–74

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective and well led. The issues identified as inadequate overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children as they had not received any training and were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns or how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective and well led. The issues identified as inadequate overall affected all patients including this population group.

Summary of findings

- Patients experiencing poor mental health were invited to attend annual physical health checks however only 24 out of 41 had been reviewed in the last 12 months.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There were 16 patients on the dementia register and 10 had had their care reviewed in a face to face meeting in the last 12 months.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing below both local and national averages. There were 59 responses and a response rate of 16% which was approximately 1% of the patient list.

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 71%.
- 72% found the receptionists at this surgery helpful compared to CCG average of 88% and a national average 87%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 84% and a national average 85%.
- 56% said the last appointment they got was convenient compared to a CCG average 81% and a national average 81%.
- 58% described their experience of making an appointment as good compared to a CCG average 72% and a national average 73%.
- 48% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 64%).

The six patients we spoke with felt the practice offered a good service since the new GP was appointed than in the past and staff were considerate and treated them with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular – review and put in place measures to improve areas where patient outcomes are below average, in particular in relation to the proportion of patients excepted from the Quality and Outcomes Framework.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service SHOULD take to improve

- Provide appropriate support and information to patients who are carers so their needs can be identified and met.
- Review systems to ensure patients with long term conditions are offered annual reviews.
- Review and update the business continuity plan
- Provide accessible information about the complaints procedure for patients

Half Penny Steps Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP special advisor

Background to Half Penny Steps Health Centre

Half Penny Steps Health Centre provides primary care services to around 4,940 patients living in West London. The practice holds an Alternative Personal Medical Services (APMS) contract with North West London Clinical Commissioning Group to deliver accessible primary care services to the local community, including people who are not formally registered with the practice. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice is part of a group of surgeries operated by the provider, Malling Health. The practice is managed day to day by a deputy practice-based manager and a lead GP and employs locum GPs to cover when the lead GP is not available. The practice also employs advanced nurse

practitioners (who lead on the walk-in primary care service), two locum practice nurses who work part-time, a health care assistant as well as a team of receptionists and administrators.

The practice is open seven days a week, 365 days of the year including Christmas day and other public holidays. Patients registered at this practice can make bookable appointments with GPs, the nurses and the health care assistant Monday to Friday 8am to 6pm. The nurse-led walk-in primary care service sees both registered and non-registered patients Monday to Friday 12pm to 8pm and Saturdays and Sundays 10am to 4pm. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or the nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information about how to access urgent care when the practice is closed on its website, answerphone and on the practice door, primarily informing patients to telephone the 111 service.

The local population is very diverse in terms of levels of deprivation and household income with average life expectancy being a little better than the national average. The practice population is relatively young.

Why we carried out this inspection

We undertook an unannounced focussed inspection on 22 May and 13 June 2017 in response to concerns received by

the Care Quality Commission that the practice was not always providing safe care and treatment to its patients. During these inspection we found some areas of concern, which required further investigation. Therefore, the decision was made to undertake a full comprehensive inspection, and we returned to the practice for an unannounced visit on 21 July 2017.

This practice was previously inspected in July 2015 where they were rated good overall.

How we carried out this inspection

Before visiting, we reviewed information of concern received by the Care Quality Commission and evidence gathered during our visits on 22 May and 13 June 2017.

During our visit we:

- Spoke with a range of staff including the practice manager, locum GP, locum nurse practitioners and administrative 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.
- 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.

Inadequate

Are services safe?

Our findings

We carried out an unannounced inspection at Half Penny Steps Health Centre on 22 May and 13 June 2017 in response to concerns received by the Care Quality Commission (CQC) that the practice was not providing safe care and treatment to its patients. As a result we decided to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an unannounced visit on 21 July 2017.

The practice had been inspected in July 2015 and at that time was rated 'good', however since then there had been three changes in practice manager and on the day of this inspection the current practice manager had been in post for one month. Further, the salaried GP who was employed in May 2017 was not available on the day of our inspection hence the clinical staff spoken with were locums.

Safe track record and learning

- At this inspection we found the practice had introduced a system for reporting and recording significant events since our last visit in June 2017. The practice manager told us all staff had been trained on the new system. Staff we spoke with were aware of their responsibilities to raise concerns and could explain the process of formally reporting incidents and near misses. We saw there had been a recent incident and this was appropriately recorded and there was evidence of wider discussion with the practice team regarding learning points. However, the locum clinicians told us they were not aware of any formal processes for reporting incidents.
- At our inspection in June 2017 the lead GP told us they were not aware of any formal processes in place for dissemination or discussion of national patient safety alerts. At this inspection we found this was still the case. However, since the inspection the provider has sent evidence to demonstrate that a process for dissemination was in place at the time of our inspection.

Overview of safety systems and process

The practice had some processes and practices in place to keep people safe and safeguarded from abuse but improvements were still required.

- Following our inspection in June all staff had received training on safeguarding children and adults and were aware of their responsibilities to share information with the relevant agencies. The locum GP and nurse told us they were trained to level 3 but the practice could not provide any evidence to confirm this. We saw local contact details were displayed on the walls in the treatment rooms. However, the policy and procedure had still not been updated with the details of the practice lead.
- Following our last inspection in June, staff who acted as chaperones had received training for the role and had been Disclosure and Barring Service (DBS) checked. 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. There were notices in the waiting room advising patients that chaperones were available if required.
- The practice maintained appropriate standards of cleanliness and hygiene we observed the premises to be generally clean and tidy. We were told that the lead GP was the infection control lead but they had not received any training for the role. The practice manager provided us with an audit that had been completed in March 2017, however we noted that the actions that had been identified had not been completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were in need of review (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, we noted that the practice was an outlier for prescribing Asthma medication they were above both local and national averages. At the inspection we noted the processes in place for handling repeat prescriptions did not ensure effective monitoring of requests. For example we saw that there were two prescriptions for the same patient for the same medication that had been signed by two different clinicians. Further, we noted that some patients in receipt of high risk medication such as Warfarin and Methotrexate were not appropriately managed. For example some patients on repeat prescriptions for these medications had not

picked up the prescription for some time and there was no records to say why or what action the practice had taken. Also there was evidence to show that they had not received the appropriate reviews and tests in line with NICE guidelines.

- At our inspection in June we found blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use. At this inspection this was still the case.
- At our inspection in June we found there was no evidence to show that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. At this inspection this was still the case. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed six personnel files and found that most recruitment checks had been undertaken prior to employment. For example, proof of identification, registration with the appropriate professional body for staff and that appropriate checks had been carried out through the Disclosure and Barring Service for clinicians.

Monitoring risks to patients

Some risks to patients were assessed, however improvements were required.

- The regional manager showed us a health and safety procedure which included a 'compliance system' had been implemented following our last inspection in June. They said they were the health and safety lead and had carried out an environmental risk assessment following our inspection in June.
- The practice had an up to date fire risk assessment but had not carried out any fire drills. The designated fire marshals had recently left, but we saw that two members of staff had been booked to attend a Fire Marshall course.
- At our inspection in June we found the calibration of clinical equipment to ensure it was working properly had not been carried out since January 2016 and there was no evidence to confirm when the last electrical equipment testing (PAT) had been carried out. At this inspection this was still the case.
- Following our inspection in June the practice manager told us they had reviewed the amount of GPs needed to meet the needs of people using the service and had employed locum GPs to cover a further 7 sessions per week. They had also employed two more administration staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Following our last inspection all staff had received basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- At our inspection in June we found the practice had a business continuity plan in place for major incidents such as power failure or building damage. However, it did not contain an up to date staff list with emergency contact numbers. At this inspection this was still the case.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

We carried out an unannounced inspection at Half Penny Steps Health Centre on 22 May and 13 June 2017 in response to concerns received by the Care Quality Commission (CQC) that the practice was not providing safe care and treatment to its patients. As a result we decided to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an unannounced visit on 21 July 2017.

The practice had been inspected in July 2015 and at that time was rated 'good', however, the long term salaried GP left in February 2017 and a replacement was appointed in May 2017, but was not available on the day of our inspection hence the clinical staff spoken with were locums.

Effective needs assessment

At our inspection in June 2017 we found the GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and told us they accessed them from the National Institute for Health and Care Excellence (NICE). However, the practice did not have any procedures in place to monitor that these guidelines were followed. At this inspection this was still the case.

Management, monitoring and improving outcomes for people

The lead GP was not available at this inspection and the locum clinician that we spoke with told us they were not involved in the collection of data in relation to 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 from 2016 were 97% of the total number of points available, with very high exception reporting at 20%. . (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). At our inspection in June 2017 the practice were unable to give a reason as to why their exception reporting was so high. At this inspection they also could not give any explanation.

Data from QOF showed:

- Performance for diabetes related indicators was 90%, which was above the CCG of 84% and comparable to the national average of 90%. However, there was extremely high exception reporting at 38% for patients with diabetes, on the register, in whom the last IFCC-HbA1c result was recorded in the preceding 12 months.
- Performance for mental health related indicators was 86%, which below the CCG average of 88% and the national average of 89%. However, there was 18% exception reporting for patients with mental health concerns who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months.

There was no evidence of quality improvement including clinical audit. The practice had been staffed by a series of locum GPs for the past three months and the salaried GP was not present at this inspection.

Effective staffing

At our inspection in June 2017 we found the practice was unable to evidence staff had the skills and knowledge to deliver effective care and treatment. At this inspection we found there had been some improvement

- The practice had a combination of newly appointed staff and used locums in both clinical and administrative roles. At our inspection in June staff we spoke with said they had not received an induction or where they had, it was limited. At this inspection the practice manager showed us a new comprehensive induction template that the practice was now using. We spoke with new staff that had been appointed since June who told us they had received an appropriate induction. However, we noted there was still no locum induction pack and the locums we spoke with had not received one and were not aware of key processes such as the two week referral process.
- At our inspection in June the practice could not demonstrate how they ensured role-specific training and updating for relevant staff. There were no training records to evidence that staff administering vaccines and taking samples for the cervical screening

programme had received specific training which had included an assessment of competence. At this inspection this was still the case. Further, we noted that given the high usage of locum staff, there were no processes in place for clinical peer review or support when the Lead GP was not in the premises.

- At our inspection in June the practice did not have a process for identifying the learning needs of staff. Staff told us they did not have supervisions, appraisals or practice meetings. At this inspection we saw that all staff had completed some mandatory training, such as safeguarding, health & safety and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment to patients registered at the practice was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of their 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. We saw that the GP had facilitated a meeting with other health care professionals in the month they started, where care plans were reviewed and updated for patients with complex needs.

However, we found that the practice did not have appropriate systems in place to share relevant information in relation to non-registered patients that attended the walk-in clinic. We were told that the clinicians did not access these patient's medical records, but gave a printed report to the patients at the end of the consultation for them to give to their own GP. There was no mechanism in place to check that this had occurred.

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Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 76%, which was slightly above the CCG average of 75% and below the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 88% and five year olds from 70% to 79%.

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

Requires improvement

Are services caring?

Our findings

We carried out an unannounced inspection at Half Penny Steps Health Centre on 22 May and 13 June 2017 in response to concerns received by the Care Quality Commission (CQC) that the practice was not providing safe care and treatment to its patients. As a result we decided to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an unannounced visit on 21 July 2017.

The practice had been inspected in July 2015 and at that time was rated 'good'.

Kindness, dignity, respect and compassion

At this inspection 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 and conversations taking place 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.

We spoke with six patients on the day, who told us they were satisfied with the care provided by the new GP and said their dignity and privacy was respected.

Results from the national GP patient survey had deteriorated since previous inspection. The practice was below both CCG and national averages its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% 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 86%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 75% 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%

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice did not have a hearing loop installed.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 72 patients as

Requires improvement

Are services caring?

carers (approximately 1.4% of the practice list), however there was no evidence to show how they were supported by the practice and they did not provide any information to direct them to other services.

The practice did not have any information leaflets or notices in the patient waiting area which told patients how to access support groups and organisations.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We carried out an unannounced inspection at Half Penny Steps Health Centre on 22 May and 13 June 2017 in response to concerns received by the Care Quality Commission (CQC) that the practice was not providing safe care and treatment to its patients. As a result we decided to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an unannounced visit on 21 July 2017.

The practice had been inspected in July 2015 and at that time was rated 'good'.

Responding to and meeting people's needs

The practice did not have any evidence to demonstrate that they reviewed the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they did not attended the monthly network meeting with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised.

- Patients over 75 years had a named GP to co-ordinate their care. Longer appointments were available for these patients when required. The lead GP carried out home visits when needed. We saw evidence to demonstrate that all attendances at A/E and admissions were reviewed by the GP to see if they could have been avoided and if any lessons could be learnt to improve community care provision by integrated care management teams.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Some patients in these groups had a care plan and would be allocated longer appointment times when needed. The lead GP attended multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs. The practice triaged all requests for appointments on the day for all children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at a mutually convenient times, for example after school, when appropriate.
- The practice offered working age patients access to extended appointments five evening a week and at weekends through the walk-in clinic. They offered on-line services for repeat prescriptions.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients who may present as chaotic. Patients with learning disabilities were invited annually for a review, however they had 18 patients on the register and only 5 had been reviewed in the last twelve months.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks. There were 41 on care plans and only 24 had been reviewed in the last 12 months. Patients were also referred to other services such as social services mental health teams.
- The salaried GP was the lead for dementia and the practice carried out advanced care planning for these patients. There were 16 patients on the register and 10 had been reviewed in the last 12 months.
- The premises were accessible to patients with disabilities. The waiting area was large enough to accommodate patients with wheelchairs. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice is open seven days a week, 365 days of the year including Christmas day and other public holidays. Patient registered at this practice can make bookable appointment with GPs, the nurses and the health care assistant Monday to Friday 8am to 6pm. The nurse-led walk-in primary care service sees both registered and non-registered patients Monday to Friday 12pm to 8pm and Saturdays and Sundays 10am to 4pm.

The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

conditions. This also included appointments with a named GP or the nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients we spoke with on the day told us access to a GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Listening and learning from concerns and complaints

The practice had an appropriate systems in place for handling complaints and concerns. However patients we spoke to told us they were not aware of what the process for complaining was and if they had a complaint they would speak with the practice manager or the GP.

- There was a complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager told us the system for how complaints were managed in the practice had been reviewed and that they were now the practice lead. They showed us four complaints that had been received within the last four weeks and all had been appropriately responded to.
- We did not see any information displayed on notice boards about the complaints process and there were no summary leaflets available for patients.

Are services well-led?

Inadequate

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

Our findings

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The practice had been inspected in July 2015 and at that time was rated 'good', however since then there had been three changes in practice manager and on the day of this inspection the current one had been in post for one month. Further, the salaried GP who was employed in May 2017 was not available on the day of our inspection hence the clinical staff spoken with were locums.

Vision and strategy

The practice did not have an up to date vision and strategy available as their contract with NHSE was due to end on 1 October 2017 and tendering arrangements were under way.

Governance arrangements

The practice had limited governance arrangements. Although, since the inspection the provider has sent evidence to demonstrate they had an intergrated governance structure that all staff should have been aware of. However it had not been effectively implemented at this practice.

- At our inspection in June we found the practice did not have appropriate arrangements in place to ensure there were adequate on site managerial support. Following that inspection they had appointed a new practice manager who had been in post one month. However, at this inspection we found that there was no adequate onsite support for the locum clinicians.
- Following our inspection in June a new incident recording system had been implemented however staff we spoke with were not aware of the procedures.
- The new practice manager was in the process of reviewing all policies and procedures and had a plan in place for staff to be updated and trained during the practice meetings.
- Risk processes had been reviewed since our last inspection and there were formal systems and process in place to identify and assess risks to the health and safety of service users and staff, but these were not fully embedded.
- At our inspection in June we found there were no systems in place to ensure MHRA alerts were circulated to relevant staff and the clinical staff we spoke with told us there were no formal processes in place for dissemination or discussion. At this inspection it was still the case.
- Clinicians we spoke with told us they were not aware of and had not contributed to the Quality and Outcomes Framework (QOF) to measure their performance.
- There was no programme of quality improvement and no clinical audits had been completed.

Leadership and culture

The practice had appointed a new practice manager who was on site every day however, there were no systems in place at all to review or supervise the clinical staff seeing patients.

The practice did not have any evidence to show they were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. Some clinicians we spoke with were not aware of the duty of candour.

- There was an appropriate complaints system in place now and staff were aware of the complaints policy and procedure. There was a process for logging written complaints but not for verbal ones.
- There had been two practice meetings since our last visit in June and July 2017 and staff said they had received the dates for the next few months. Any minutes to show what was discussed?
- Staff told us that they did not feel the practice was improving but they felt well supported by the new practice manager and they were approachable. They said they were now involved in discussions about how to run and develop the practice.

Are services well-led?

Inadequate

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

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

The practice did not have any processes in place to encourage feedback from patients, the public and staff.

- They did not have a patient participation group (PPG), had not carried out any surveys and until recently did not have a system to monitor complaints received.
- The practice manager told us they intended to gather feedback from staff at practice meetings and through appraisals. All staff we spoke with told us they had been asked for their feedback and had discussed their concerns at the practice meetings.

Continuous Improvement

There was no evidence of continuous improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met.** **The provider had not adequately assessed the risks to the health and safety of patients and done all that was reasonably practicable to mitigate any such risks:** • The practice did not have appropriate systems in place for repeat prescribing and the management of patients on high risk drugs • The practice did not have a system in place for the secure storage of prescription pads and the monitoring of their use. • The practice had not adopted Patient Group Directions to allow nurses to administer medicines in line with legislation.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The provider did not have effective systems and processes in place to ensure that there was adequate governance oversight of the running of the practice. • The provider had not carried out any quality improvement activity including clinical audits, to ensure improvements in outcomes for patients.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

- The practice was failing to ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- There were no processes in place for clinical peer review or support when the lead GP was not in the premises – 3 days a week.