

LPS - The Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at LPS – The Surgery on 9 May 2016. Overall the practice is rated as requires improvement. This inspection was in response to our previous comprehensive inspection at the practice on 9 February 2015 where a breach of the Health and Social Care Act 2008 was identified with the practice rated as inadequate overall and placed into special measures. Following that inspection we issued a requirement notice to inform the practice where improvements were needed. The practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

The identified breach found at the previous comprehensive inspection on 9 February 2015 related to insufficient governance arrangements being in place at the practice to regularly assess and monitor the quality of the services being provided.

At our inspection on 9 May 2016 we found that the practice had improved and was now meeting the

requirements of the breach identified at the previous inspection. However, the practice had not sufficiently improved for the effective domain with a breach found under Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment. This meant that the practice was still rated as inadequate for the effective domain and requires improvement overall.

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

- Significant events had been logged using a reporting form and we saw evidence to indicate that significant events were discussed at meetings.
- Risks to patients were assessed and well managed.
- National patient survey results were mixed. For example, patient satisfaction rates related to access and interactions with reception staff were rated above CCG and national averages whilst GP consultations were rated lower. However, results were slightly better in a more recent survey conducted by the practice using an external company.

Summary of findings

- The practice was found to be an outlier for QOF (or other national) clinical targets in diabetes, mental health, hypertension and cervical screening. We saw evidence that practice were working to address this and that some improvements had been made on previous QOF achievement. However, the practice remained below CCG and national averages.
- Information about services and how to complain was available with a complaints poster displayed in the waiting area and complaints information also found in the practice leaflet and website. We saw that verbal complaints were also being logged to pick up all trends and themes.
- We saw that there were some information leaflets available in the Romanian and Urdu languages as there were a large number of these patients on the practice list. The practice also held 'Romanian Clinics' with interpreters three times a week.
- Patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had carried out clinical audits to improve patient outcomes.
- There was a clear leadership structure and staff felt supported by management. The practice had sought feedback from staff and patients although the practice had difficulty with engaging with their transient patient list population.

The areas where the provider must make improvements are:

- Make further improvements in the management and monitoring of outcomes for patients.

In addition the provider should:

- Consider the ways in which patients with hearing difficulties may be appropriately supported at the practice.
- Continue with efforts to engage with and seek feedback from patients and record action taken as a result of their feedback.
- Progress steps taken to develop multidisciplinary working for patients on the palliative care register.
- Further develop and strengthen the business development plan to ensure continuity of the service over the next three to five years.

I confirm that this practice has improved sufficiently to be rated Requires Improvement overall. However, the practice has been rated as inadequate for the effective domain and as a result remains in special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate 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 varying the terms of their registration within six months if they do not improve.

The service 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 service 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?

Good



- There was a system in place for reporting and recording significant events and we saw evidence to indicate that significant events were discussed at meetings.
- We saw evidence to show that where there were unintended or unexpected safety incidents, people received a verbal or written apology as appropriate.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead and deputy member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed and well managed.

Are services effective?

Inadequate



- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Data showed patient outcomes were low compared to the locality and nationally. For example, the practice was an outlier for QOF (or other national) clinical targets in mental health, diabetes, cervical screening and hypertension although some improvement had been made on previous results.
- The practice believed that there were valid reasons (related to the transient patient list size) which may have been impacting on their QOF . However, the practice was unable to demonstrate that they had proactively sought to identify patients who may be needed to be removed from the practice patient list.
- There was some evidence that audits were driving improvement in performance to improve patient outcomes.
- Some multidisciplinary working was taking place such as for safeguarding although this was not happening for patients on the palliative care register.
- There was evidence of appraisals and development reviews for all staff.

Are services caring?

Requires improvement



- The national GP patient survey published on 7 January 2016 showed that the practice performance was mixed. Patients

Summary of findings

rated the practice above average for its satisfaction scores in relation to access and reception staff. However, results for consultations with the GP were lower than the local and national averages.

- The response rate to the national GP patient surveys sent out was only 9% (which represented and had been conducted during a time of significant change for the practice).
- The practice had also appointed an external company to carry out a patient survey in November 2015 which demonstrated some improvement in satisfaction rates.
- We found that information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect. Feedback from patients during the inspection about their care and treatment was positive.

Are services responsive to people's needs?

Good



- There was evidence that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure some improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and discussed at practice meetings.

Are services well-led?

Requires improvement



- The practice had a strategy to progress the delivery of quality care in order to improve outcomes for patients. There was a documented leadership structure and staff felt supported by management. The practice had recruited a regular locum GP and locum practice nurse since the last inspection.
- The practice now had a number of policies and procedures to govern activity and held regular practice meetings.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The provider encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.
- The practice still did not have a patient participation group, although we saw that proactive steps and a number of different approaches had been undertaken by the practice to encourage participation which were on-going.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as inadequate for effective and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and same day appointments for those with enhanced needs.
- There were longer appointments available for those that required them.
- Patients were able to book appointments and order repeat prescriptions online.
- Patients aged over 70 years were able to order repeat prescriptions via the telephone.
- There were disabled facilities, ramped access and all patient consultations were held on the ground floor.

Requires improvement



People with long term conditions

The provider was rated as inadequate for effective and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported QOF data showed that the practice had a mixed performance in relation to long term conditions, however this was partly due to the transient nature of a large proportion of the patient population and had improved from the previous year.
- Performance for diabetes related indicators was below the national average (practice average of 53% compared to a national average of 90%).
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 82% which was 8% above the national average of 75%.
- Longer appointments and home visits were available when needed.
- Structured annual reviews were undertaken to check that patients' health and care needs were being met.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as inadequate for effective and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Same day appointments were available for children and those with serious medical conditions.
- Child immunisation rates were below CCG averages and some of the problems that the practice had were in relation to the large proportion of their patient population who were transient and difficult to engage.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice maintained an up-to-date website.
- The practice offered a range of health promotion services and treatments.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for effective and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered extended hours on a Wednesday from 6pm to 7.15pm for working patients who could not attend during normal opening hours.
- Patients were able to book appointments and order repeat prescriptions online.
- The practice used the NHS e-Referral Service (previously Choose and Book) for making the majority of patient referrals. The NHS e-Referral Service enabled patients to choose which hospital they would prefer to be seen at and when.
- Health promotion advice was available at the practice.
- There was a low uptake for both health checks and health screening although this had improved from the previous year.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for effective and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- ‘Romanian Clinics’ with interpreters were held three times a week to support Romanian patients during consultations and to ensure that patient appointments were not delayed as a result of interpreter bookings.
- Longer appointments were available for patients requiring an interpreter or for those with a learning disability.
- Practice policies were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient’s welfare.
- There was a lead and deputy staff members for safeguarding and staff had received relevant training.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for effective and requires improvement for caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were longer appointments available for patients with dementia, a learning disability and patients experiencing poor mental health.
- Performance for mental health related indicators was below the national average (practice average of 68% compared to a national average of 93%).
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the GP had completed online mental capacity training.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was mixed compared with local and national averages. Three hundred and ninety six survey forms were distributed and 36 were returned. This represented a 9% survey response rate and 1% of the practice's patient list.

The practice was especially above CCG and national averages in relation to interactions with the reception staff. It was also above CCG and national averages regarding access:

- 96% of patients found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average 85%.
- 100% of patients found the reception staff at the surgery helpful compared to a CCG average of 84% and a national average of 87%.
- 83% of patients usually got to see or speak with their preferred GP compared to a CCG average of 56% and a national average of 59%.
- 95% of patients said that the last nurse they saw or spoke with was good at involving them in decisions about their care compared to a CCG average of 84% and a national average of 85%.

The practice was below the CCG and national averages in relation to GP consultations and some aspects of nurse consultations:

- 74% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 70% said that the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86% and national average of 87%.

- 65% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 82% said they had confidence and trust in the last GP they saw or spoke with compared to the CCG average of 95% and national average of 95%.
- 78% said that the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 91% and national average of 92%.
- 79% said that the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 74% and a national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards 38 which were all wholly positive about the standard of care received whilst four were mixed. Overall, patients highlighted that they felt listened to and staff were helpful and attentive. Three patients also commented that they had noticed a recent improvement at the practice.

We spoke with five patients during the inspection. All the patients we spoke with told us said they were generally happy with the care they received and thought staff were approachable, committed and caring. They also told us that they felt the practice had improved in recent months in the way it responded to patients.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Make further improvements in the management and monitoring of outcomes for patients.

Action the service **SHOULD** take to improve

- Consider the ways in which patients with hearing difficulties may be appropriately supported at the practice.
- Continue with efforts to engage with and seek feedback from patients and record action taken as a result of their feedback.
- Progress steps taken to develop multidisciplinary working for patients on the palliative care register.
- Further develop and strengthen the business development plan to ensure continuity of the service over the next three to five years.

LPS – The 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, a practice manager specialist adviser and an Expert by Experience.

Background to LPS - The Surgery

- LPS – the Surgery, also known as Cotterills Lane Surgery is located in Alum Rock, Birmingham and has approximately 2800 patients registered with the practice.
- The practice has three GP partners, a one male and two female GPs and a part-time female locum GP. Two of the GP partners are full time and a third GP works to support the practice when required. There is also a female locum practice nurse, a practice manager, a reception manager, two receptionists and an administrative assistant at the practice.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when the practice closes at 1pm. Appointments take place from 9am to 11.45am every morning and 2pm to 5.30pm daily (except on Thursday). The practice also offers extended hours on a Wednesday from 6pm to 7.15pm.
- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by either Birmingham and District General

Practitioner Emergency Rooms (Badger) medical service or Prime Care Services depending on the time a patient calls. Patients are directed to this service on the practice answer phone message.

- The practice has a higher proportion of patients who are children, young people and adults up to the age of 35 than the national average. They have a much lower than average number of patients who are over 65, particularly in the over 80 age range.
- The practice is in an area with high levels of social and economic deprivation.
- The practice has a very transient patient population with large numbers of refugees and Romanian patients who remain the area for a short while before moving away.

This inspection was in follow up to our previous comprehensive inspection at the practice on 9 February 2015, after which the practice was rated as inadequate overall and placed into special measures. A breach of the Health and Social Care Act 2008 was identified. The breach related to the regulation good governance for insufficient governance arrangements in place at the practice to regularly assess and monitor the quality of the services being provided. A requirement notice was issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice has been inspected previously using CQC's new methodology on 9 February 2015 and where a breach had been identified and the practice had been placed into special measures. The breach related to the need for the establishment of formal governance arrangements to regularly assess and monitor the quality of the services being provided.

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 9 May 2016. During our visit we:

- Spoke with a range of staff (two GPs, the practice manager, the practice nurse and a receptionist).
- Spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

A comprehensive inspection was undertaken on 9 February 2015 and the safe domain was rated requires improvement. We found processes in place were not being implemented well enough to mitigate identified risks and ensure patients were kept safe. For example, this included: training for staff undertaking chaperone duties, infection control, recruitment checks, information sharing processes and robust systems for recording, monitoring and reviewing information about safety.

At this inspection, we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulations described above.

Safe track record and learning

The system for reporting and recording significant events had been reviewed and further developed.

- Staff told us they would inform the practice manager and the GP of any incidents. They described how they would document this and gave an example of lessons learnt following an incident in the practice.
- Significant events had been logged using a reporting form and we saw evidence to indicate that significant events were discussed at meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support and a written apology. They were also told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence to indicate that the practice had discussed and raised awareness regarding the Zika virus.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which represented a significant improvement from our last inspection in February 2015. This included:

- Policies to safeguard children and vulnerable adults from abuse had been reviewed and updated. They

reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with were aware of this. One of the GP partners was the lead member of staff for safeguarding with the practice manager as the deputy. We saw evidence that the GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurse were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead, with the practice manager as the deputy who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) in November 2015 and the practice had achieved an overall score of 96%. We saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and the practice had carried out regular medicines audits. Prescription stationery was securely stored and there were systems in place to monitor their use.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

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 four personnel files (which included the locum GP, locum practice nurse and two reception/administrative staff) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references where possible, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw that a health and safety policy available which identified the practice manager as the practice health and safety representative. The practice had up to date fire risk assessments and carried out regular fire drills with the last one taking place in March 2016. We found that all electrical equipment we reviewed had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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. Staff informed us that they were flexible and covered for each other, working additional hours if required. We were told regular locums were used if needed to provide any required clinical cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- 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 and all staff we spoke with knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for a large range of major incidents such as power failure or building damage. The plan was sufficiently detailed and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

A comprehensive inspection was undertaken on 9 February 2015 and the effective domain was rated inadequate. For example, some of the issues found included:

- The knowledge of staff and reference to the National Institute for Health and Care Excellence (NICE) guidelines was inconsistent. There was no shared record to enable best practice guidance to be stored and accessed by all staff, including locum GPs.
- Patients' needs were not always assessed and their care was not planned and delivered in line with current guidance.
- The practice did not have effective systems in place to ensure information collected for the Quality Outcomes Framework (QOF) was used to monitor patient outcomes and drive improvement. QOF data showed that the practice was an outlier for some clinical targets.
- There was no evidence of clinical audits being used to drive improvement in performance and patient outcomes.
- The practice did not hold regular governance meetings and issues were discussed at irregular, informal meetings.

At this inspection, we found the provider had followed the action plan they had written to try and meet some of the shortfalls in relation to the requirements of Regulations described above. However, the practice continued to be an outlier for QOF (or other national) clinical targets in diabetes, mental health, hypertension and cervical screening. The practice remained significantly lower in the areas when compared with both the CCG and national averages.

Effective needs assessment

The practice staff had access to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw an example of where new and amended guidelines were discussed at practice meetings.

- The practice monitored that these guidelines were followed through random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used 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 (2014/2015) were 75% of the total number of points available. This was below the CCG & national QOF averages of 94%.

The practice had a 19% exception reporting which was above the CCG and national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was an outlier for QOF (or other national) clinical targets in diabetes, mental health, hypertension and cervical screening. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was below the national average. The practice achievement was 53%, this was 37% lower than the national average of 90%. The practice also had a higher exception reporting percentage in seven of the indicators than the CCG and national averages whilst three were lower.
- Performance for mental health related indicators was below the national average. The practice achievement was 68%, this was 25% lower than the national and CCG averages of 93%.
- There was a large variation in the percentage of patients with hypertension having regular blood pressure tests which was below the national average. The practice average of 68% compared to a national average of 84%. Exception reporting for the practice was 15% was higher than the CCG and national averages of 4%.
- Performance for chronic obstructive pulmonary disease related indicators was above the national average. The practice achievement was 100% which was 4% above the national average of 96%. However, the exception reporting for all indicators was higher than the national average by an average of 43%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 82%, this was 8% above the national average of 75%. There were no exceptions reported by the practice whilst the national average exception reporting was 7.5%.

The practice's QOF achievements had been historically low in comparison to other practices in the area. The practice informed us that this was now improving year-on-year and the 2014/2015 results were an improvement on 2013/2014 data. The practice also provided data from the current QOF year, which had not yet been validated. This demonstrated that QOF results were further improving. In addition, the practice told us the following reasons had made it difficult to improve QOF:

- The practice list size incorporated a highly transient population who are known to be disengaged with services in general and left the practice without informing. For example, this included temporary refugees, a Romanian population which formed 18% of the patient list size.
- The practice told us and we saw evidence of repeated attempts to engage with their patients for example to recall patients.
- The practice told us of the existence of 'ghost' patients on their list size. These were patients who had moved out of the area (such as Romanian travellers, refugees who had moved to a permanent location). The practice believed that these patients were impacting on QOF (or other national) clinical targets. However, the practice was not able to demonstrate that they had sought to proactively identify patients who may be needed to be removed from the practice patient list.
- A new long term locum practice nurse was now in place (previously there was no practice nurse at the practice) to further improve cervical screening and immunisation rates.
- A new long term locum GP had been in place since October 2015 to support the improvement of QOF rates.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits undertaken in the last 12 months, six of these were completed audits where the improvements made were implemented and monitored (most of which had been initiated due to medication significant events or alerts).

- Findings were used by the practice to improve services and outcomes. For example, recent action taken as a result included reviewing patients following a new medicine alert to ensure patients on a particular medicine were provided with an alternative. This was re-audited to ensure no new patients had been placed on the previous medication.

Effective staffing

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

- The practice had an induction checklist and a mandatory training programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had recently completed updated diabetes and immunisation training.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff administering vaccines and taking samples for the cervical screening programme had received specific training. For example the practice nurse who administered vaccines could demonstrate how they stayed up to date with recent changes to the immunisation programmes, such as by accessing on line resources and updated training.
- Access to training and appraisals for all staff had improved. Staff had now all received an appraisal within the last 12 months and those employed less than 12 months had received interim development reviews.
- Other staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. We saw evidence that staff had access to and made use of e-learning training modules, in-house training as well as external training.

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 use of care plans, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- 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 services 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 informed us that quarterly safeguarding meetings involving health visitors and midwives were taking place. We noted there were three patients on the palliative care register and currently multi-disciplinary team meetings were not taking place for these patients.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw that the GPs had completed online mental capacity training. Other staff had also received training on how to care for people with mental health needs.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and those requiring advice on their diet, smoking cessation, substance misuse and alcohol dependency.
- Two substance misuse support workers attended the practice three times a week to support patients both from the practice and within the wider area to support them to reduce their dependency.

- Smoking cessation advice was available from a local support group and the practice liaised and made referrals to the local alcohol dependency team.
- Patients were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 58% which was below the CCG average of 79% and the national average of 82%. Exception reporting for the practice was 32% which was 24% above the CCG average and 25% above the national average. The practice told us about the process for inviting and encouraging patients for cervical screening. This included initial telephone reminders for patients and for those who did not attend, sending at least three reminder letters. The practice also used information in different languages (such as information about the cervical screening translated into the Romanian language) to encourage uptake. The practice told us that interpreters had also been used opportunistically when patients came to their consultations to read out information to relevant patients as they had found that some patients had difficulty reading both English and Romanian. The practice showed us evidence that some improvement had been made with 30 cervical smears being completed in 2014/2015 and 63 being completed in 2015/2016.

Childhood immunisation rates for the vaccinations given were below CCG averages. For example, childhood immunisation rates for under two year olds ranged from 51% to 83% and five year olds from 63% to 76% for the practice which were below the CCG rates of 80% to 95% and 86% to 96% respectively. During the inspection we saw that some of the problems that the practice had were in relation to the large proportion of their patient population who were transient and difficult to engage.

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. The practice told us that they had now also started offering health checks to those aged over 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

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 area within reception to discuss their needs.

Thirty eight of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect whilst four patient comments were mixed.

Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required. A patient participation group (PPG) had not yet been established. However, we saw evidence of the proactive steps and on-going efforts taken by the practice to encourage patients to join.

Results from the national GP patient survey published 7 January 2016 showed patients were varied in their responses in relation to being treated with compassion, dignity and respect. For example the practice was above average for its satisfaction scores in relation to reception staff and some aspects of practice nurse consultations:

- 100% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)
- 95% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 84%, national average 85%).

The practice was below the CCG and national average for its satisfaction scores on consultations with GPs and most aspects of practice nurse consultations. For example:

- 70% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 74% 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%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national averages of 95%.
- 78% of patients said the last nurse they saw gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.

The practice informed us that this survey had been conducted during a time of significant change with the GP partners on emergency leave and the employment of locums to cover their absence. A locum practice nurse had also been appointed on a long-term basis during this time period (there was no practice nurse previously). The practice believed this had impacted on the satisfaction scores as patients were undergoing consultations with unfamiliar staff but that as this had now become more established, these would improve. The practice highlighted that the response rate to the national survey was only 9% which represented only 1% of the patient list size. The practice had more recently (in November 2015) conducted their own patient survey via an external company which had resulted in some improvement of satisfaction rates. For example,

- 79% of patients said the GP gave them enough time compared to the national survey rate of 70%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national survey rate of 65%.

Care planning and involvement in decisions about care and treatment

Are services caring?

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 on the comment cards we received was also positive and aligned with these views.

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 with the practice nurse. However, results for consultations with the GP were lower than the local and national averages. For example:

- 69% of patients said that 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%.
- 75% 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%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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 had recognised that it had large Romanian patient list size. The practice also had established

‘Romanian Clinics’ with interpreters three times a week to support Romanian patients during consultations and to ensure that patient appointments were not delayed as a result of interpreter bookings.

- Romanian interpreters were also used to read out translated information from leaflets to relevant patients as the practice acknowledged that some patients had difficulty reading both English and Romanian.

Patient and carer support to cope emotionally with care and treatment

We saw that there were leaflets in the patient waiting areas that provided patients information on how to access a number of support groups and organisations. For example, we saw leaflets on the services available for carers, safeguarding as well as contact numbers for domestic violence support services. Information about support groups was also available on the practice website.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them as well as information posters and further information on the practice website.

The practice told us that there was no formal system currently in place to support families that had suffered bereavement although the GP sometimes contacted patients at their discretion. However, we saw evidence that this was being discussed with a view to develop a formal and consistent approach and noted that there was information on bereavement support services in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 some of the improvements to services identified. For example, it had found that its patient population was much younger than the national average with a large number of Romanian patients. In response the practice had further improved access for their patients:

- The practice offered 'Romanian Clinics' with interpreters three times a week to support Romanian patients during consultations and to ensure that patient appointments were not delayed as a result of interpreter bookings.
- The practice offered extended hours on a Wednesday from 6pm to 7.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with dementia, a learning disability and patients experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to book appointments and order repeat prescriptions online.
- Patients over 70 were able to order repeat prescriptions via the telephone.
- Same day appointments were available for children, older patients, patients experiencing poor mental health at the time of attending the practice and those with serious medical conditions.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.
- All patient consultations were held on the ground floor of the practice.
- A hearing loop was not available at the practice or baby changing facilities.
- The reception desk had not been lowered for wheelchair users. The practice told us they would come out from behind reception to talk with patients in a wheelchair.

- The practice used the NHS e-Referral Service (previously Choose and Book) for making the majority of patient referrals. The NHS e-Referral Service enabled patients to choose which hospital they would prefer to be seen at and when.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday except for Thursday afternoons when the practice closed at 1pm. Appointments were from 9am to 11.45am every morning and 2pm to 5.30pm daily (except on Thursdays). The practice offered extended hours on a Wednesday from 6pm to 7.15pm. In addition to pre-bookable appointments that could be booked to any time in advance, urgent appointments were also available for people that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).

We spoke with five patients on the day of the inspection who told us that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example through posters displayed in the waiting area that advised patients to speak with reception staff if they wished to make a complaint and information in the practice leaflet and practice website.

We looked at eight complaints received in the last 12 months and found that these had been dealt with in a

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

timely way with openness and transparency. We saw evidence that written apology had been offered in each case. We found that verbal complaints were also being

logged by reception staff to ensure all trends were picked up. A complaints trend analysis had been completed by the practice. Lessons were learnt from individual concerns and complaints which were discussed at practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

A comprehensive inspection was undertaken on 9 February 2015 and we found the systems in place for assessing and monitoring service provision were not always robust to ensure all risks were appropriately managed. In addition, the practice had not implemented patient feedback to address identified areas of concern. A patient participation group (PPG) was also not in place at the previous inspection.

At this inspection, we found the provider had followed the action plan they had written to meet most of the shortfalls in relation to the requirements of Regulations described above.

Vision and strategy

The provider had made use of additional support to improve the practice following being placed into special measures. As a result of this support, the practice had some vision to deliver quality care and promote good outcomes for patients.

- The practice had appointed two locums on a long-term basis (a practice nurse and a GP).
- The practice had developed a mission statement to deliver excellent primary care services for patients.
- This was underpinned by a 'vision statement' to enhance and utilise the practice to deliver a high standard of healthcare.
- We saw that practice had a business development plan in place which had considered future planning. However, this was limited in scope and did not consider alternatives if it was not possible to recruit the required staff.

Governance arrangements

Since the inspection in 2015 the practice had developed, and were embedding an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice.

- A programme of clinical and internal audits was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was found to be an outlier for QOF (or other national) clinical targets in diabetes, mental health, hypertension and cervical screening. We saw evidence that practice were working to address this and that some improvements had been made on previous QOF achievement. However, the practice remained below CCG and national averages.

Leadership and culture

Staff told us that the long term locum GP, the GP partners and practice manager were all approachable and took the time to listen to all members of staff. We spoke with the locum GP who was aware of 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). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- We saw evidence to demonstrate that practice gave affected people reasonable support, truthful information and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence to demonstrate that these were monthly.
- Staff told us there had been a positive change in the culture within the practice since our previous inspection and they had the opportunity to raise any issues at team meetings and felt more confident and supported in doing so.
- Staff said they felt respected and valued, particularly by the management. All staff were involved in discussions about how to run and develop the practice.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had proactively tried to gain patient feedback and engage patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received. The national patient survey had been reviewed by the practice although the practice highlighted that the response rate to the national survey was only 9%. The practice had also conducted their practice patient survey via an external company which had resulted in some improvement of patient satisfaction rates. Complaints had also been analysed and discussed with systems and processes being changed where relevant.
- A patient participation group (PPG) had not yet been established. However, we saw evidence of the proactive steps and on-going efforts the practice was taking to encourage patients to join. As the practice had found that there was no uptake from patients for face to face

meetings, a virtual PPG had been set-up and we saw evidence to demonstrate that the practice had previously managed to recruit five patients. The practice had also set-up coffee mornings to encourage more patients to join the PPG by highlighting the benefits of participation with interpreters present. One of the GP partners had also promoted the PPG opportunistically during GP consultations. However, when invited to the initial virtual PPG session, none of the five patients had responded to the request. The practice told us that efforts were on-going and new ways of trying to encourage patients to participate were being sought.

- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice continued to be an outlier for QOF (or other national) clinical targets in diabetes, mental health, hypertension and cervical screening. The practice remained significantly lower in the areas when compared with both the CCG and national averages.</p> <p>The practice did not have robust monitoring mechanisms or assurance processes in place to ensure that the practice patient list was being properly updated to remove patients who had left the practice area.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>