

P.A.Patel 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	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

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Overall summary

Letter from the Chief Inspector of General Practice

On 10 November 2015, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, caring and well-led services, requires improvement for providing effective services and good for providing responsive services. As a result of the inadequate rating overall the practice was placed into special measures for six months.

We carried out an announced comprehensive inspection at P.A.Patel Surgery on 25 July 2016 to check whether sufficient improvements had been made to take the practice out of special measures. Overall the practice rating remains inadequate.

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

- We could not be assured that patients were always assessed and reviewed appropriately due to a lack of detail in patient records. A new system had been implemented for identifying and recording significant

events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the documentation was not always in sufficient detail.

- Data showed patient outcomes were low compared to local and national averages.
- All staff acting as chaperones had received a disclosure and barring service check.
- Although some audits had recently been carried out, there was insufficient evidence to show that they were driving improvements to patient outcomes.
- Data showed patient satisfaction regarding access to services was above local and national averages.
- The practice manager had taken a leadership role and started to implement a more robust governance framework; however it was unclear if there was sufficient clinical leadership to drive improvement in patient outcomes.
- There was no effective system in place to ensure patient safety and medicine alerts were received or actioned.
- Staff understood their responsibilities to safeguard patients from abuse; however not all staff had up to date safeguarding training.

Summary of findings

- Risks to patients were assessed and most were well managed, with the exception of risks identified relating to health and safety and infection control.
- Emergency equipment and medicines were available; however some of the emergency medicines were found to be out of date.
- The practice had implemented monthly palliative care meetings to discuss patients receiving end of life care. The practice did not attend multidisciplinary meetings to discuss other patients with complex needs.
- The majority of patients said they were treated with compassion, dignity and respect.
- A complaints toolkit was available to demonstrate how the practice would deal with complaints; however the practice had not received any complaints in the last 12 months. Verbal or informal complaints were not recorded.
- There was a simple staff structure and staff knew their responsibilities; however when some staff were absent, there was no system in place to ensure their duties were covered.

The areas where the provider must make improvements are:

- Record significant events thoroughly to demonstrate that patients affected receive reasonable support and a verbal and written apology.
- Implement an effective system to ensure patient safety and medicines alerts are actioned.
- Ensure that there is effective quality improvement activity in place at the practice to improve patient outcomes.
- Ensure all staff receive up to date and appropriate safeguarding training.
- Ensure a robust system of checks is in place to ensure emergency medicines are in date.

- Ensure all risks identified relating to health and safety and infection control are actioned and managed.
- Ensure clinicians conduct and record patient reviews and assessments in sufficient detail to demonstrate appropriate care and investigations.
- Ensure staff duties are covered when staff are absent.
- Ensure there is sufficient clinical leadership to drive improvement in patient outcomes.
- Ensure verbal and informal complaints are recorded, responded and discussed.

In addition the provider should:

- Work with other health and social care organisations to meet the requirements of patients with complex needs.
- Continue to identify carers and offer these patients additional support.

This service was placed in special measures in January 2016. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe, effective and well-led services. Therefore we are taking 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 service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- There was a new system in place for reporting and recording significant events. Since our last inspection the practice had identified and recorded 17 significant events. Some of these records did not detail actions taken or communications with patients or external organisations.
- Staff had an understanding of their responsibilities to keep patients safe and safeguarded from abuse. Some staff did not have adequate safeguarding training.
- Chaperones were available; staff acting as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS).
- Since our last inspection, staff had undertaken infection control training. An audit had been carried out; however it was unclear if actions had been taken.
- There was no robust system to ensure safety alerts were received and actioned.
- Risks to patients were mostly assessed and well managed; however a health and safety risk assessment had highlighted several risks which had not been actioned at the time of our inspection.
- The practice had recently purchased a defibrillator and had emergency oxygen available. There were emergency medicines available; however we found some of these were out of date.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below local and national averages.
- We could not be assured that all patients were assessed or reviewed adequately due to a lack of detail recorded in patient records.
- The practice engaged with local medicines management team to assess prescribing rates; the practice was the highest antibiotic prescriber in the CCG at the time of our inspection.
- The practice had started a programme of clinical audits; however these audits had not been completed at the time of our inspection.
- There was evidence of appraisals for all staff.

Inadequate



Summary of findings

- Since our last inspection the practice had started to hold monthly palliative care meetings with the local palliative care team to discuss the needs of patients receiving end of life care. The practice did not hold multidisciplinary meetings to discuss the needs of other patients with complex needs.

Are services caring?

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

- Data from the national GP patient survey showed patient satisfaction was mixed for several aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. CQC comment cards were mostly positive about patient experiences.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Since our last inspection the practice had attempted to identify carers. 0.8% of the practice list were recognised as carers; however these patients were not offered any additional support.

Requires improvement



Are services responsive to people's needs?

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

- Since our last inspection the practice staff had increased their engagement with the NHS England Area Team and Clinical Commissioning Group to secure 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.
- Data showed patient satisfaction with access to services was above average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a complaints toolkit to available. Information about how to complain was available and easy to understand. We were told that no complaints had been received in the last 12 months; however verbal or informal complaints were not recorded.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as inadequate for providing well-led services.

- The practice had a vision to deliver quality family care. Since our last inspection a business plan had been drawn up to provide a strategy for succession planning.
- Since our last inspection the practice manager had taken a leadership role in the practice; however it was unclear if there was sufficient clinical leadership to drive improvement in patient outcomes.
- The practice has a small number of staff who were all aware of their roles and responsibilities; however when staff were absent there was no system in place to ensure their duties were always covered.
- Since our last inspection the practice had improved the governance framework but acknowledged there was still work to be done to ensure all risks were well managed.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. However incidents were not always recorded in sufficient detail to demonstrate how the provider had responded.
- The practice sought feedback from staff and patients. The patient participation group had recently been started.

Inadequate



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 practice is rated as inadequate for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages. For example, only 30% of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015), this was below the CCG average of 88% and the national average of 90%.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions.

- The practice nurse and the GP shared a role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance for long term conditions such as diabetes was below local and national averages. For example, 58% of patients with diabetes, on the register, had their last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015), this was lower than the CCG average of 72% and the national average of 78%.
- We were not assured that patients were consistently receiving long term condition or medicine reviews. We also could not be assured that all patients presenting with acute complaints were being adequately assessed.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. However not all these patients had a structured annual review to check their health and medicines needs were being met.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people.

Inadequate



Summary of findings

- Immunisation rates for the standard childhood immunisations were mixed. For example; 100% of two year olds received the Infant Men C vaccine compared to the local average of 98%. 89% of two year olds received the MMR vaccine compared to the local average of 95%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Some staff had not received an appropriate level of safeguarding training.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people.
- 85% of women aged 25-64 had a record of a cervical screening test being performed in the preceding 5 years (01/04/2014 to 31/03/2015), this was comparable to the CCG average of 88% and a national average of 82%.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

- The practice aimed to offer accessible and flexible services to meet the needs of the working age population including those recently retired and students.
- The practice did not have a website and had limited online services for their patients.
- There was a range of health promotion advice available in the practice.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

- 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 worked with other health care professionals in the case management of vulnerable patients when needed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding

Inadequate



Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Some staff needed to attend safeguarding training courses.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

- Only 38% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015, this was below the CCG average of 77% and the national average of 88%.
- The practice had not worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 222 survey forms were distributed and 109 were returned. This represented a 49% completion rate.

- 95% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, of which most were positive about the standard of care received by clinical and non-clinical staff.

We spoke with three patients during the inspection. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Record significant events thoroughly to demonstrate that patients affected receive reasonable support and a verbal and written apology.
- Implement an effective system to ensure patient safety and medicines alerts are actioned.
- Ensure that there is effective quality improvement activity in place at the practice to improve patient outcomes.
- Ensure all staff receive up to date and appropriate safeguarding training.
- Ensure a robust system of checks is in place to ensure emergency medicines are in date.
- Ensure all risks identified relating to health and safety and infection control are actioned and managed.

- Ensure clinicians conduct and record patient reviews and assessments in sufficient detail to demonstrate appropriate care and investigations.
- Ensure staff duties are covered when staff are absent.
- Ensure there is sufficient clinical leadership to drive improvement in patient outcomes.
- Ensure verbal and informal complaints are recorded, responded and discussed.

Action the service **SHOULD** take to improve

- Work with other health and social care organisations to meet the requirements of patients with complex needs.
- Continue to identify carers and offer these patients additional support.

P.A.Patel Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to P.A.Patel Surgery

P.A.Patel was inspected by CQC in November 2015. The practice was rated as inadequate overall and placed into special measures. Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report so we carried out an announced comprehensive inspection at P.A.Patel Surgery on 25 July 2016 to check whether sufficient improvements had been made to take the practice out of special measures.

P.A.Patel practice is located in a converted house in a residential area of Benfleet, Essex. The practice has a list size of approximately 2400 patients; the practice list was closed at the time of our inspection in line with conditions imposed by CQC following our last inspection.

The practice has a smaller than average population aged 0 to 39 years old and a larger than average population aged 50 years and over.

The staff comprises of a male GP, a practice manager, a practice nurse and a team of receptionists. The practice also uses two regular locum GPs including a female GP to give patients a choice when booking appointments.

The practice is open between 8.30am and 1pm and 2pm and 6.30pm daily, on Tuesdays the practice remains open until 7.30pm. Appointments are available between 9am

and 11.20am daily and between 4pm and 6.15pm (7.30pm on Tuesdays) every day apart from Thursdays when there is no afternoon clinic although home visits are available if required.

The practice is a member of the local GP Alliance which offers patients weekend appointments at an alternative location.

When the practice is closed, patients are directed to call 111 to access out of hours services. These services are provided by Integrated Care 24.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 July 2016. During our visit we:

- Spoke with the GP, practice manager, practice nurse and receptionists. We also spoke with patients who used the service.
- Observed how patients were being cared for.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- 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

At our previous inspection on 10 November 2015 we identified the following areas of concern relating to the provision of safe services:

- Staff were not clear about reporting incidents, near misses and concerns. The practice did not recognise significant events therefore investigations were not carried out, lessons which may have been learnt were not communicated and so safety was not improved.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. This included recruitment, infection control, and medicines management.
- There was insufficient attention to vulnerable adults. Registers of such patients, e.g. those with learning difficulties were incomplete, health checks were not being completed and training had not been undertaken by staff.

The practice was previously rated as inadequate for the provision of caring services.

Safe track record and learning

Since our last inspection the practice had implemented a more effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available to staff. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. However, it was not always clear what actions had been taken in response to the event and communication with patients or external organisations was not always recorded.
- At the time of our inspection, the practice had not carried out a thorough analysis of the significant events. At our last inspection we saw one significant event recorded in the previous three years. Since then the practice had recorded 17 significant events and planned to analyse these at the end of the year.

There was no robust system in place to acknowledge, audit and action MHRA or patient safety alerts. We saw that alerts were printed by the practice manager and kept in a file for staff to read; however there was no evidence to show that any action had been taken to identify patients affected or of any changed to patients treatment in response to safety alerts. A simple search identified 59 patients being treated with medicines contraindicated by a safety alert issued in 2012.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- The practice had policies in place for safeguarding children and vulnerable adults from abuse. There was a folder kept in reception which was accessible by all staff, this contained the policies as well as details of who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, however this member of staff did not have up to date safeguarding training. Staff demonstrated they understood their responsibility to protect patients from abuse. The GP and one of the regular locums was trained to child safeguarding level 3, the remaining locum GP had undertaken online safeguarding training. The practice nurse did not have any safeguarding children training but was booked on a course for October 2016. All non-clinical staff had undertaken online level one safeguarding children training.
- 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 visibly clean and tidy. The practice nurse was the infection control clinical lead and had recently attended a one day infection control training course. There was an infection control protocol in place and non-clinical

Are services safe?

staff had completed online infection control training. An infection control audit had been undertaken since our last inspection although not all areas for improvement had been actioned.

- 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. We looked at six patient records, five patients had the required blood tests in place, one patient was two months out of date; we discussed this and the practice assured us they would treat it as a significant event. Blank prescriptions were securely stored. The practice had started to carry out medicine audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing; however the practice was the highest prescribing practice for antibiotics in the CCG.
- On our last inspection we identified risks to patient safety as the cold chain was not being ensured for the safe storage of vaccines. Since this visit staff had undertaken training and data loggers had been purchased to monitor fridge temperatures, we saw records of these fridge temperatures and they were within acceptable ranges.
- We reviewed eight personnel files and found appropriate recruitment checks had been undertaken prior to employment. Since our last inspection, these files had been organised and proof of identification, qualifications, references, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been sought.

Monitoring risks to patients

Risks to patients were assessed and most were managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a basic health and safety policy available with a poster in the reception office which identified local health and safety representatives. A health and safety risk assessment had been carried out by an external company which had highlighted several areas requiring action; some, but not all of these actions had been

taken. The practice had an up to date fire risk assessment although they had not carried out a fire drill for over 12 months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Since our last visit the practice had a full legionella risk assessment and remedial work carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had a small team of staff and planned and monitored the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, however the system for acting on staffing levels when staff were absent required strengthening; for example when the nurse was absent we found checks on emergency medicines were not being carried out.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents; however there were some improvements required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training, one regular locum needed to undertake this training.
- The practice had recently purchased a defibrillator and all staff were booked on a training course on how to use it. Emergency oxygen with adult and children's masks was also available as were a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Some of the medicines we checked were out of date, we found the checks on emergency medicines, oxygen and defibrillator had not been conducted since the practice nurse had been absent.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for external contacts, the GP and practice manager but no other staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 November 2015 we identified the following areas of concern relating to the provision of effective services:

- Data showed patient outcomes were low for the locality for example in diabetes and mental health.
- The use of national guidelines to deliver care was inconsistent, and medication reviews were not undertaken in line with guidance.
- There was very little evidence that audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

The practice was previously rated as requires improvement for the provision of caring services.

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, we could not be assured that new guidance and advice issued in safety alerts was being implemented.

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 for 2014/2015 were 63% of the total number of points available; this was below the CCG average of 90% and the national average of 95%. The practice had recorded an exception rate of 6% which was comparable to the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Since our inspection the QOF results for 2015/2016 have been published and the practice achieved very similar results; they achieved 62% of the total number of points

available compared to the CCG average of 92% and the national average of 95%. The practice recorded an exception rate of 4% compared to the CCG average of 7% and the national average of 10%.

This practice was an outlier for several QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was below the local and national averages. For example, 58% of patients with diabetes, on the register, had their last blood pressure reading (measured in the preceding 12 months) as 140/80 mmHg or less (01/04/2014 to 31/03/2015), this was below the CCG average of 72% and the national average of 78%.
- Performance for mental health related indicators was below the local and national averages. For example, 38% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the CCG average of 77% and the national average of 88%.
- 69% of patients with hypertension had their last blood pressure reading measured in the preceding 12 months as 150/90mmHg or less (01/04/2014 to 31/03/2015), this was below the CCG average of 79% and the national average of 84%.

The practice was aware of this data and had employed an external company to complete a 'QOF Health check' for the practice. This had highlighted that not all staff understood the computer system and how to code patients. The practice had plans to train all staff in this area.

We reviewed ten anonymised patient records and could not be assured that patients were consistently receiving long term condition or medicine reviews. We also could not be assured that all patients presenting with acute complaints were being adequately assessed.

Two of the Care Quality Commission comment cards reported misdiagnosis by GPs, one of which related to a cancer diagnosis. We spoke with one of the patients concerned and accessed the patient record which did not assure us that the patient had been adequately assessed.

Are services effective?

(for example, treatment is effective)

We saw data which confirmed antibiotic prescribing by the practice had steadily increased between August 2015 and February 2016. We spoke with the local medicines management team who confirmed the practice had the highest prescribing rate for antibiotics in the CCG.

There was limited evidence of quality improvement such as clinical audit.

- There had been five clinical audits started in the last two years; most of these had been started recently and none were completed audits where the improvements made were implemented and monitored.
- The practice had begun to participate in local prescribing audits and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as training needs, fire safety, health and safety and confidentiality. There was evidence of the most recently recruited member of staff having received this induction.
- The practice supported the practice nurse in ensuring their role-specific training was up to date. We were told by the practice nurse that she felt supported in her training needs and had three courses to attend this year which included updates on administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months with the exception of the practice manager who intended on having an external appraisal carried out through the practice manager buddy system in the CCG.
- Staff received training that included: safeguarding, basic life support, infection control, Mental Capacity Act and information governance. Staff had access to and made use of e-learning training modules, in-house training and monthly 'Time to Learn' training sessions delivered by the CCG.

Coordinating patient care and information sharing

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

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

The practice had started to hold monthly palliative care meetings with the local palliative care team to discuss patients receiving end of life care, we saw minutes of these meetings. The practice did not hold multidisciplinary meetings with other health care professionals to discuss patients with complex needs such as those with poor mental health.

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. The clinical staff had a clear understanding of Gillick competency, a test used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- 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 had started to identify patients who may be in need of extra support. For example:

- The practice had started to discuss patients receiving end of life care at palliative care meetings.
- The practice nurse offered smoking cessation advice; however this was not actively promoted.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of

Are services effective?

(for example, treatment is effective)

87% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. 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.

The practice screening rates for bowel and breast cancer screening were comparable to local and national averages. For example:

- 72% of females, aged 50-70, were screened for breast cancer in last 36 months (3 year coverage, %); this was the same as the CCG and national average of average of 72%
- 61% of patients, aged 60-69, were screened for bowel cancer in last 30 months (2.5 year coverage, %), this was comparable to the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for some vaccinations given were slightly below CCG averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 94% compared to the CCG percentage of 97%.
- The percentage of childhood Men C Booster vaccinations given to under two year olds was 94% compared to the CCG percentage of 97%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40-74 which were carried out by the practice nurse. 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

At our previous inspection on 10 November 2015 we identified the following areas of concern relating to the provision of caring services:

- Data showed that patients rated the practice much lower than others for several aspects of care.
- The practice was not actively supporting patients with caring responsibilities; they had only identified 1 patient as a carer.

The practice was previously rated as inadequate for the provision of caring services.

Kindness, dignity, respect and compassion

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

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

Most of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect and provided support if required.

We spoke with one member of the newly established patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, as was their family's.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice performance was mixed for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 91% 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%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. Patient feedback from the comment cards we received was mostly positive and aligned with these views.

Results from the national GP patient survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed in comparison to local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Are services caring?

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. Contact details were available for this service on the practice's computer system.
- Information was available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information notices were available in the patient waiting area which told patients how to access some support groups and organisations although this information was limited. The practice did not have a website at the time of our inspection although this was being discussed for the future.

The practice's computer system was able to alert GPs if a patient was also a carer. At our last inspection, the practice had only identified one patient as a carer. The practice acknowledged they were identifying these patients on an ad-hoc basis and at the time of our inspection had only identified 20 patients as carers which represented 0.8% of the practice list. The practice also acknowledged they did not offer these patients any additional services but would signpost them to external support if asked.

Staff told us that if families had suffered bereavement, the GP contacted them by phone to offer support and advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 10 November 2015 we had not identified any serious areas of concern relating to the provision of responsive services and the provider was rated as good.

Responding to and meeting people's needs

The practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) within the last six months in response to our last inspection to secure improvements to services. The practice had discussed the potential need to extend the practice if the list size was reopened and significantly increased. The practice manager had begun to engage with other practice managers in the area to find examples of best practice.

- The practice offered an evening clinic on Tuesdays when appointments were available until 7.30pm.
- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative location.
- There were longer appointments available for patients with a learning disability if requested.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available.
- The practice had a treatment room on the first floor which was not accessible by disabled patients; staff would relocate to the ground floor if necessary.
- At the time of our inspection there was no facility to book appointments online.

Access to the service

The practice was open between 8.30am and 1pm and 2pm and 6.30pm daily. On Tuesdays the practice remained open until 7.30pm. Appointments were available between 9am and 11.20am daily and between 4pm and 6.15pm (7.30pm on Tuesdays) every day apart from Thursdays when there was no afternoon clinic although home visits were

available if required. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

The practice was also a member of the local GP Alliance which offered patients weekend appointments at an alternative location.

Although the GP was male, a regular female locum GP offered appointments to patients who preferred to see a female GP.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

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

The practice offered home visits to patients who needed them. The practice were not aware of the patient safety alert that was issued in March 2016 regarding the prioritisation of home visits. The practice did not have a triage system in place for home visits but these were carried out at the GP's discretion.

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

Listening and learning from concerns and complaints

The practice had a basic system in place for handling complaints and concerns; however this did not provide assurance that complaints were being acknowledged appropriately.

- The practice had a complaints toolkit to demonstrate how the practice would deal with complaints. Information was available to patients regarding how to complain in a patient leaflet and in the waiting area.

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

- We were told no complaints had been received in the last 12 months. We discussed this with the practice manager and found that complaints were only recorded if they were received in writing. Verbal or informal complaints were not recorded.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 10 November 2015 we identified the following areas of concern relating to the provision of well-led services:

- Some staff had lead roles but were not adequately trained, e.g. infection control.
- The practice had a number of policies and procedures to govern activity, but many of these did not have review dates in place and staff were unable to confirm if they had read and implemented them, the practice did not have a record of staff acknowledging policies or procedures.
- Not all policies and procedures were being adhered to, for example the storage of vaccines.
- The practice did not have an active patient participation group (PPG) but were trying to establish one.
- All staff had received annual appraisals but there were no staff meetings or events to allow structured feedback or to involve staff in improving the practice.
- The clinical governance lead was unable to ensure there was effective clinical care or a programme of continuous clinical and internal audit to ensure the practice monitored quality and to make improvements.
- There were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice was previously rated as inadequate for the provision of well-led services.

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients. The practice was a family business and aimed to offer patients a 'family GP' service.

Since our last inspection, the practice had written a business plan to outline the aims for the future which included improvements in clinical data, the growth of the patient participation group and the launch of a practice website. It also highlighted the need for the recruitment of GPs as the existing GP was planning his retirement in the future.

The CCG and NHS England Area Team had visited the practice since our last inspection and supported the practice, in particular the practice manager to improve systems and processes as well as the governance framework.

Governance arrangements

Since being placed in special measures the practice had made some improvements as a result of the findings from our inspection on 10 November 2015. These included ensuring that all staff acting as chaperones had received disclosure and barring service checks, safer storage and monitoring of fridges storing vaccines, an improved system for managing and investigating significant events and improvements in patient satisfaction.

The practice had begun to implement an improved governance framework to support the delivery of good quality care as a result of our last inspection. We found that some of the systems and processes were still to be implemented but that not all of the improvements required had been made to a satisfactory standard. We also found other new areas of concern where the risk to patients had not been identified or mitigated.

In particular we found that the recording of significant events lacked sufficient detail to identify all of the issues and the investigation, that the system for responding to patients safety and medicines alerts was not effective, some staff had not received safeguarding training, issues raised in a health and safety and infection control risk assessment had not been actioned in a timely manner, some medicines in use were out of date and patient outcomes remained low with a lack of clinical audit or other quality improvement process in place to drive improvement.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities; however when some staff were absent, their duties were not always covered. For example, the practice nurse was responsible for checks on emergency equipment and medicines, when this member of staff was absent these checks were not completed and as a result we found some emergency medicines that were out of date.

Are services well-led?

Inadequate 

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

The practice had employed external agencies to analyse the practice performance. The practice had acknowledged an issue with staff understanding of how to code patient outcomes on the practice computer system and had a training session planned to address this.

Whilst most risks were assessed and managed, a health and safety risk assessment had been completed and highlighted several areas for improvement that had not been actioned. In addition the practice was not effectively responding to patient safety and medicines alerts.

A programme of clinical audit had been commenced, although these audits were incomplete at the time of our inspection.

Leadership and culture

The practice manager had taken responsibility for driving improvement since our last inspection. The practice manager met regularly with the GP to discuss plans and intended to become a partner in the future. The GP acknowledged the need to have succession planning in place to protect the future of the practice. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff.

The provider told us 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). However, communication with patients regarding significant events was not always recorded.

The practice encouraged a culture of openness and honesty and aimed to give anyone affected by an incident reasonable support, truthful information and an apology.

It was apparent that leadership was being offered by the practice manager and staff felt supported by the practice

manager and the GP; however it was unclear if there was sufficient clinical leadership to drive improvement in patient outcomes in the future. There were a number of issues outstanding from the inspection on 10 November 2015 that had not been actioned to a satisfactory standard and other issues were apparent at the latest inspection and this demonstrated that the clinical and other leadership at the practice required further improvements.

Staff told us the practice had recently begun to hold documented meetings between staff. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and on an ad-hoc basis and felt confident and supported in doing so.

Staff said they felt respected, valued and supported. All staff were involved in discussions about how to develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had started to form a patient participation group (PPG). We met with the newly appointment chairperson who had met with the practice manager and the GP to discuss the implementation and expansion of the group.
- The practice had gathered feedback from staff through on-going discussion, recent staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues. Staff told us they felt involved and engaged to improve how the practice was run.

Enforcement actions

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not protected against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare.</p> <p>The registered person had not ensured that medicines and safety alerts were reviewed and actioned. The registered person had not ensured the proper and safe management of medicines as some emergency medicines were out of date. The registered person has not ensured that action was taken in response to risks identified in audits or risk assessments. This was in breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. There were not sufficient systems and processes such as regular audits of the service provided to access, monitor and improve the quality and safety of the service. There was insufficient clinical leadership to access, monitor and improve the quality and safety of the service.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>