

Horsefair Surgery

Quality Report

Horsefair Surgery,
Banbury,
Oxfordshire,
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	5
Background to Horsefair Surgery	5
Detailed findings	6
Action we have told the provider to take	18

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement overall.

At our previous comprehensive inspection in May 2017 the practice had an overall rating of Inadequate. We also undertook a responsive follow up inspection in August 2017 following which we issued warning notices.

Following the December 2017 inspection, the key questions are rated as:

- Are services safe? – Good
- Are services effective? – Requires improvement
- Are services caring? – Good
- Are services responsive? – Requires improvement
- Are services well-led? - Requires improvement

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

- Older People – Requires improvement
- People with long-term conditions – Requires improvement
- Families, children and young people – Requires improvement

- Working age people (including those recently retired and students) – Requires improvement
- People whose circumstances may make them vulnerable – Requires improvement
- People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Horsefair Surgery in Banbury, Oxfordshire on 5 December 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Horsefair Surgery was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- Improvement plans were being implemented and were showing advances in the areas of concern identified at the previous inspections.
- The practice had defined systems, processes and practices to minimise risks to patient safety. The improvements to patient care were in progress but not yet completed.
- There was a system in place to monitor whether staff had received training appropriate to their roles. Any further training needs had been identified and planned.

Summary of findings

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical outcomes in national data submissions showed improved performance in some areas, particularly long term medicine reviews. However, the process for reviewing patients with long term conditions was not adequate as some patients had not received a review in over three years.
- We received mixed feedback from patients. There was positive feedback regarding staff and care but also negative feedback regarding access to the phone lines and appointments, which had affected some patients care.
- External stakeholders reported improvements to the service since August 2017.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.

- The practice had clinical and managerial leadership and supporting governance arrangements.

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

- Ensure risks to patients are identified, assessed and mitigated to protect patients' health and welfare.

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

- Consider Hepatitis B vaccinations for reception staff in line with the practice policy on infection control.

This service was placed in special measures in June 2017. I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by the service.

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

Summary of findings

The six population groups and what we found

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

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

Horsefair Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included GP and nurse specialist advisers and a second CQC inspector.

Background to Horsefair Surgery

The practice provides services from Horsefair Surgery, Banbury, Oxfordshire, OX16 9AD. We visited Horsefair Surgery as part of this inspection.

Horsefair Surgery has a modern purpose built location with good accessibility to all its consultation rooms. The practice serves just under 16,000 patients from the surrounding town and villages. The practice demographics show that the population closely matches the national profile for age spread, with a slightly higher proportion of older patients. According to national data there is minimal deprivation among the local population, although staff are aware of areas in Banbury where economic deprivation was a concern. There are patients from minority ethnic backgrounds, but this is a small proportion of the practice population.

Since our previous comprehensive inspection two new partners had registered with CQC and the previous partners had left the practice. Services were provided under the same legal entity of Horsefair Surgery and their registration had continued with the addition of the new partners.

The practice uses a high level of locum and agency staff including GPs and nurses. There is a mixture of male and female GPs working at the practice. The schedule for staffing includes three to four GPs and three advanced nurse practitioners (ANPs) providing care Monday to Friday. These roles are supported by practice nurses and health care assistants. One emergency care practitioner (ECP) provides home visiting services and led on care for patients at two local care homes. A number of administrative staff and a practice manager support the clinical team.

Horsefair Surgery is open between 8.00am and 6.30pm Monday to Friday. There are no extended hours appointments available. Patients could be referred to a local primary care hub for acute problems. Out of hours GP services were available when the practice was closed by phoning NHS 111 and this was advertised on the practice website.

There is a registered manager in post at the practice. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Are services safe?

Our findings

At our previous inspections in May and August 2017 we found patients were not always receiving reviews of their long term medicines. Policies were not always practice specific. We found staff were concerned about staffing levels and there were examples where patients were placed at risk as a result.

Since August there had been improvements. We rated the practice as good for providing safe services at this follow up inspection.

Safety systems and processes

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

- The practice conducted risk assessments. We saw examples of policies which were specific to the practice and locality. These were easily available to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies outlined clearly who to go to for further guidance or to make a referral including safeguarding teams and other crisis support.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. All staff received up-to-date safeguarding and safety training appropriate to their role in order to identify and respond appropriately to suspected abuse.
- The practice carried out relevant staff checks. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We saw clinical staff had proof of identification, employment histories, references and proof of Hepatitis B immunisation on record. Support staff also had background checks to ensure they were appropriate to provide services to patients. However, reception staff did not have immunisation records for Hepatitis B which was a requirement of the practice's infection control policy.
- Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control including yearly infection prevention control audits. The most recent showed high levels of compliance with infection control standards. We found the premises to be clean and tidy. Staff had an awareness of infection control relevant to their role. For example, reception staff had a process to follow for handling samples.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. This included annual calibration of medical equipment and monthly calibration of spirometry equipment.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning the number and mix of staff via staffing rotas.
- Training records indicated that staff were provided with an understanding of how to manage emergencies on the premises. There were procedures for medical and other emergencies which may occur.
- There were various assessment tools for medical conditions which may require urgent attention. This included a tool to increase the chances of early identification of sepsis in patients. (Sepsis is the body's life-threatening response to infection that can lead to tissue damage, organ failure, and death).
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and stored for patients.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Patient correspondence from external clinicians and services was disseminated to the relevant patients' GPs. We saw that any urgent information was screened and dealt with. There was a backlog of approximately 170 pieces of correspondence dating back to 1 December

Are services safe?

2017. We reviewed examples from the backlog and found only non-urgent correspondence. This indicated that the systems for screening urgent information ensured this was prioritised.

- Referral documentation was dealt with in a timely way.

Safe and appropriate use of medicines

The practice had implemented an action plan to improve the uptake of reviews undertaken for patients on repeat medicines. There were systems for appropriate and safe handling of medicines within the practice.

- The systems for managing medicines, including vaccines, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- 84% of Patients on more than four medicines had medicine reviews within the last year and 63% of patients on any repeat medicines had up to date reviews. According to updated information provided at the inspection for 12 month reviews in August 2017, the current data showed an increase from 65% and 43% respectively.

Where patients were under shared care arrangements for the initiation or ongoing treatment of conditions requiring the prescribing of high risk medicines, we saw evidence that these patients were being monitored effectively. Any patients not included under completed medicine reviews had been accounted for and their prescribing was deemed safe by the practice.

- Medicines were administered by non-prescribing nurses with the appropriate authorisation and monitoring from GPs.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included risks related to fire, and the safety of the water supply.
- Equipment was calibrated and maintained to ensure its safe operation.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we reviewed an event where a patient had been admitted to hospital for a serious infection following a consultation where a duty doctor should have been informed of the patient's wellbeing the day before the incident by another member of staff. The practice undertook an investigation and staff participated openly to determine what went wrong. This led to a change in the procedure when communicating serious concerns to duty doctors. Staff were aware of the incident and what the learning was.
- There was a significant event monitoring log which indicated what action was taken in response to each event. Investigation outcomes were shared with relevant staff.
- We reviewed medicine and other safety alerts and found they were recorded, and shared with relevant staff. Staff told us alerts were discussed at meetings.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection we found concerns regarding the care for patients with long term conditions and those receiving care local care homes. There was a lack of monitoring regarding patient outcomes. Prescriptions and other clinical tasks were not always being completed appropriately.

Although improvements had been made we have rated the practice as Requires improvement for providing effective services overall and across all population groups.

Some patients with long term conditions had not received reviews of their conditions for a significant period of time.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that GPs and nurses assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- When patients received assessments this included clinical needs as well as mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Patients receiving palliative care and those residing at two local care homes had reviews of their needs undertaken by an emergency care practitioner (ECP) who was employed by the practice. The ECP received training from GPs on undertaking the role.
- We reported concerns to the practice regarding the monitoring of patients receiving palliative and end of life care during and after the inspection. Following the inspection evidence was supplied which mitigated our concerns and identified management of palliative care patients was appropriate.
- A new assessment tool for signposting patients was implemented to enable reception staff to allocate patients based on need to either Advanced Nurse

Practitioners (ANPs), practice nurses or GPs. This reduced the risk of patients being cared for by staff without the necessary skills and knowledge to meet their needs.

We reviewed prescribing data from the local clinical commissioning group (CCG). We found the practice performed better when compared to local and national averages. For example:

- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 0.65. This was better when compared to national average (0.98). Hypnotics, more commonly known as sleeping pills, are a class of psychoactive drugs whose primary function is to induce sleep and to be used in the treatment of insomnia, or surgical anaesthesia. Hypnotics should be used in the lowest dose possible, for the shortest duration possible and in strict accordance with their licensed indications.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.98. This was the same when compared to the national average (0.98). The number of antibiotic items (Cephalosporins or Quinolones) prescribed was slightly higher (5.57%) when compared to local (4.34%) and national averages (4.71%). The practice demonstrated awareness to help prevent the development of current and future bacterial resistance.

Older people:

- The practice provided GP services to local care and nursing homes. Their care assessments were led by an ECP. We spoke with staff at a local care home and they informed us since August a plan had been implemented to improve communication channels due to the difficulty for the care home in requesting care tasks such as prescriptions. Care home staff we spoke with informed us the processing of prescriptions had improved and the responsiveness to requests for care and treatment was also improving.
- Patients aged over 75 were invited for a health check. This included a medication review, annual chronic disease check, blood tests and immunisations if required. The practice undertook annual dementia reviews to identify new diagnoses. There were 25 diagnoses so far in 2017. There were 113 patients on the dementia register.

Are services effective?

(for example, treatment is effective)

People with long-term conditions:

- The number of patients registered at Horsefair Surgery with a long-standing health condition was 57%. This was higher when compared to the local CCG average (49%) and the national average (53%). A high prevalence of long-standing health conditions can increase demand on GP services.
- The practice had implemented an action plan to provide reviews and care to patients with long-term conditions in line with national guidance. The projected achievement for the practice overall for 2017/18 QOF year was approximately 75% with 50% of reviews or tasks completed by December 2017. This plan has been implemented since the inspection in May 2017. Due to the loss of diabetes and COPD trained nurses prior to May 2017, additional locum nurses had been brought in to carry out spirometry and diabetes reviews. The practice informed us there were additional appointments made available until March 2018 specifically for long term condition reviews, which exceeded their proposed requirements for patients requiring reviews.
- There was a practice action plan for reviewing all these patients between now and March and a proposal that no exception reporting will take place until March to reduce this from the 20% reported last year. We requested data for the last reviews for patients on diabetes, COPD and asthma registers. This showed 94% of diabetics had a review within three years and 90% within two years. However, 22% of asthmatics had not had a full review of their condition for over three years. This data included those patients exempted from QOF submissions achievement and therefore any patients not receiving a review in those timeframes had not been reviewed or reported within the usual exception reporting process. Of those on the asthmatic register 86% of these patients had a medicine review in place. This indicated that a proportion of patients who had been listed as having a medicine review on the patient record system had not seen a clinician or had a review of their condition in order to have their repeat prescriptions continued. There was a risk that patients with long term conditions were not having healthcare needs, associated with their conditions, assessed as part of the system of improving long term condition care.

- Performance for diabetes related indicators in 2016/17 was 94% of targets which was the same as the CCG average (94%) and better than the national average (91%). Exception reporting was 20% which was 13% higher than the local average. The GP lead informed us that the practice was working on reducing exceptions as they had recognised this high level of exception reporting was a risk to patients.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were higher when compared to the national averages for 2016/17. For children under two years of age, four immunisations have performance measured per GP practice; each has a target of 90%. The practice met or exceeded the 90% target by for all of these indicators.

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

- The practice's uptake for cervical screening was 89%, which was better than the national average (81%). Patients who did not attend for screening were followed up by the practice by a recall system.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There had been 307 assessments in the last year.

People whose circumstances make them vulnerable:

- End of life care was coordinated by recorded care planning.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There was training provided to ANPs in order to undertake learning disability reviews and 45 minute appointment slots were being allocated to enable these. Phone calls to patients and carers were used to book appointments. So far in 2017/18 16 out of 57 reviews had been undertaken.

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

Are services effective?

(for example, treatment is effective)

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2016/17. This was lower when compared to the local average (85%) and the national average (84%). A total of 51% of patients on the dementia register had received a review of their condition within the current QOF year.
- 60% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented within the current QOF year from April 2017. There was a plan to recall the remaining patients. The overall performance in 2016/17 was 77%.

Monitoring care and treatment

The practice had improved the means by which it reviewed the effectiveness and appropriateness of care provided to patients with long term conditions. Where appropriate, clinicians took part in local and national improvement initiatives. For example, there were prescribing initiatives and audits undertaken within the practice to review prescribing. We saw examples of these which were repeated.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the CCG average of 96% and national average of 96%. The overall exception reporting rate was 21% compared with the local CCG average of 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

As part of the long term condition review improvement plan, the practice was working to reduce exception reporting. So far in 2017/18 there was 0.4% exception reporting.

We found there was review of daily clinical tasks such as prescription requests and pathology results to prevent backlogs. Patient feedback on the poor completion of such tasks had decreased in November 2017.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included

immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, not all roles were supervised appropriately.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff told us they were encouraged and given opportunities to develop.
- The ECP received training from GPs on undertaking palliative and end of life care, but there was not current supervision of their role at the time of inspection. There was a lack of supervision acknowledged by the practice following the inspection and support was implemented as a result of the findings we reported.
- The practice provided staff with inductions to ensure they understood the policies and protocols within the service. This included locum packs which enabled temporary GPs to be able to operate the practice's clinical and supporting systems.
- There was a system to monitor the training uptake of staff and ensuring their skills and knowledge were maintained.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different services and organisations, were involved in assessing, planning and delivering care and treatment.
- There were systems to monitor and record external care when patients moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- Periodic palliative care meetings took place to review the needs of patients.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, flu campaigns, healthy eating and stop smoking campaigns.

The practice informed us there were 2,617 patients listed as smokers and 2,283 had been offered advice about the benefits of stopping smoking in recent years.

- Data from Public Health England indicated screening among patients for breast and bowel cancer was better or close to national averages. For example, 78% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was similar when compared to the CCG average (76%) and the national average (73%).

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Training on the Mental Capacity Act 2005 and Gillick competency (a legal framework for consent in under 16s) were provided to staff.
- There were means of recording consent where necessary.

Are services caring?

Our findings

At our previous comprehensive inspection we rated the practice as good for providing caring services.

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and considered these needs in respect of care and treatment planning.
- If patients wanted to discuss sensitive issues or appeared distressed they could be offered a private room to discuss their needs.
- We received 17 patient Care Quality Commission comment cards and spoke with 18 patients. This feedback was mainly positive in regards to staff, although some patients reported difficulty in communicating with reception staff. There was significant negative feedback regarding the ability to book appointments and the ability to contact the practice by phone.

The national GP patient survey was published in July 2017. The survey was taken between January and March 2017 and the results showed there were areas the practice was below local and national averages in respect of consultations with GPs and nurses. There had been 243 surveys sent out and 109 were returned. This represented approximately 0.7% of the practice population.

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average (91%) and the national average (89%).
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and national average of 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG of – 89% and national average of 86%.

- 87% of patients who responded said the nurse was good at listening to them compared with the (CCG) of 92% and national average of 91%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG - 93% and national average of 91%.
- 79% of patients who responded said they found the receptionists at the practice helpful compared with the CCG of 88% and national average of 87%.

The feedback from this survey predated a change to composition of the partnership in July 2017. A new staffing model and appointment allocation system was implemented following the change to the partnership and the patient feedback from the GP national survey did not reflect this period.

Involvement in decisions about care and treatment

Staff facilitated patients' involvement in decisions about their care. The practice manager was aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given) and there were arrangements to meet a range of communication needs within the patient population. For example:

- Translation services were available for patients who did not have English as a first language.
- Due to the closure of a branch site in a local village, the practice set up a means for patients residing there to communicate their concerns about accessing services.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 352 patients as carers, this equated to approximately 2.2% of the practice list. This enabled them to identify any additional needs these patients may have.

Results from the national GP patient survey showed patients satisfaction to questions about their involvement in planning and making decisions about their care and treatment was generally lower when compared to local and national averages:

Are services caring?

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG of 89% and national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG of 86% and national average of 82%.
- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG of 91% and national average of 90%.

- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG of 87% and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection in August 2017, we found that patients had significant difficulty in contacting the practice by phone. They were often unable to book appointments with GPs or nurses due to phone system and the lack of appointment capacity.

Although improvements had been made we have continued to rate the practice as requires improvement for providing responsive services overall and across all population groups.

Patients were often unable to make appointments due to the inability to contact the practice. Patients had significant waits to see a GP or nurse which sometimes posed the risk that their needs would not be met.

Responding to and meeting people's needs

The practice aimed to organise and deliver services to meet patients' needs. However, it did not always take account of patient needs and preferences.

- The practice understood the needs of its population. It had aimed to improve communication with patients via the patient participation group (PPG) and use of communication methods such as text messaging. Due to the concerns of the patients who live in a village formerly served by a branch of Horsefair Surgery practice, a comments box had been left in a location within the village to capture these patients' specific concerns.
- The facilities and premises were accessible for patients with limited mobility and those with specific communication needs, such as those who are hard of hearing.

Older people:

- Patients over 65 were offered flu vaccination.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- End of life care was planned with patients and their families.
- A hearing loop was available for those patients who were hard of hearing.

People with long-term conditions:

- In addition to routine appointments, additional long term condition appointments with practice nurses had been allocated with an aim to provide access for patients requiring long term condition reviews.
- Patients with a long-term condition received requests to attend reviews of their conditions.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Two patients complained to CQC that their repeat medicines prescriptions were changed without consultation or notice. These changes were part of the review of prescribing processes at the practice.
- Routine GP appointments were 15 minutes long with the intention that patients with complex requirements had the time required to review their needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice also ran various weekly clinics to support this group of patients including maternity, contraception and child health surveillance.

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

- Although external appointments were available at a local primary care hub service, extended opening hours were not available at Horsefair Surgery. Some patients explained they needed to take time or full days off work to be able to get an appointment due to the lack of phone access and appointments being limited to normal working hours.
- The website allowed registered patients to book online appointments and request repeat prescriptions.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments and annual health checks for patients with a learning disability and telephone invites for this group of patients.

Are services responsive to people's needs?

(for example, to feedback?)

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

- The practice was working towards becoming dementia friendly.
- The practice was aware of the need to improve the completion of mental health condition reviews. There was a plan to complete these by April 2018.
- 51% of patients on the dementia register had received a review of their condition within the last year.

Timely access to the service

The practice operated a phone assessment or triage system for patients. This required call handlers and reception staff to allocate patients to the appropriate clinician using an assessment tool. The practice employed advanced nurse practitioners (ANPs) to provide much of the care within the practice, including acute and routine patient needs.

Patients were not always able to access care and treatment from the practice when they needed to. They reported needing to call the practice repeatedly due to the capacity of the phone system to handle patient calls. Two additional phone lines had been added in late November 2017 increasing the phone line capacity by 50%. However, the majority of patients we spoke with reported continued difficulty or inability to get through on the phone requiring redialling several times or long waits on hold. Seven comment cards of the 17 completed reported difficulty in booking appointments and in getting through on the phone. Additional call handling staff were being recruited to assist in the capacity on the phone system.

- The practice was unable to monitor the call wait times or 'dropped calls' on their telephony system.
- The next routine bookable appointment as of 5 December 2017 was 28 December (14 working days). Same day routine and urgent GP (28) and ANP (78) appointments were added to the system. There were no extended hours for patient flexibility.
- Patients with the most urgent needs had their care and treatment prioritised.

- Home visits were available to patients and organised mainly with the emergency care practitioner (ECP).

Results from the July 2017 annual national GP patient survey did not reflect patient feedback on the appointment system implemented in July 2017 as the feedback was collected before this time. There were patient concerns raised with CQC, the practice and left on NHS Choices website from August to October 2017. Although patients continued to report concerns at the CQC inspection, the level of concerns raised had reduced via external sources and directly to CQC during November 2017. There were also more positive responses regarding care and treatment at the inspection than in August 2017. There has been a reduction in negative feedback over October and November on NHS Choices. The practice manager informed us that there was a reduction in complaints regarding access in November 2017. The friends and family test indicated no improvements in November 2017 compared to September (no October data) but overall feedback had dropped potentially due to a technical error so the data may not have presented an accurate representation of patient satisfaction.

Listening and learning from concerns and complaints

The practice had a process for dealing with complaints.

- Information about how to make a complaint or raise concerns was available and it was clear.
- We saw a written complaint which had resulted in an investigation into the patient's concerns and a letter responding to them. Where the practice had identified that they had not met the requirements of the service the patient should have been able to access, they apologised. They provided an explanation where the patient had queried their ability to access a specific service.
- However, two patients who raised concerns with CQC said when they had complained to the practice they felt they had not been treated with respect.
- We reviewed the practice complaint log and found that they were satisfactorily handled in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspections in May and August 2017 we had significant concerns about the leadership and governance arrangements at Horsefair Surgery. There were not adequate systems for driving quality improvement. Risks to patients' health and welfare were not always identified, assessed and mitigated.

Although improvements have been made we have rated the practice as Requires improvement for providing a well-led service.

Some areas where risks were identified by the inspection team were identified by the practice. Quality improvement systems and plans were in place but there were further quality improvements to be made.

Leadership capacity and capability

Clinical and managerial leadership within the practice was more defined than in May 2017, but there were still concerns about the identification of areas for quality improvement and acting on risks.

- A new practice manager had joined the practice since July 2017 and they were the new CQC registered manager. They were overseeing improvement plans to the practice such as the training and development monitoring tool.
- A clinical lead had joined the practice in October 2017. They were working on improving the management and coordination of patient care. There was an improvement in the management of daily clinical tasks since the new clinical lead took on the role.
- Two partners were not based at the practice and one was located onsite for part of their working week. They oversaw the contractual reviews, modelling of services and monitored performance. However, the partners did not provide clinical oversight or lead on clinical governance within the practice. The GP lead employed in October 2017 oversaw clinical governance. A new partner was registering with CQC at the time of the inspection who was currently working at the practice one day a week.
- Systems for providing long term condition reviews and long term medicine reviews were planned and

underway, with a view to complete these by March 2018. However, we had identified patients without reviews of their conditions or medicines for significant periods of time.

Vision and strategy

The practice had a vision and strategy to deliver care and plan services. However, the strategy was not always aligned to the needs of the patient population. For example:

- There was vision in place. The practice had a strategy and supporting plans to achieve priorities. Due to the difficulties faced by the new partners in July 2017, much of the strategy since had been aimed at enabling the practice to manage its workload in the short term.
- The strategy for delivering services was not always in line with patients' key priorities. For example, the new appointment system had been implemented into the practice in July 2017 but this was still without any formal testing of patients' experience in booking appointments via capacity assessments or patient survey. However, a patient survey was planned for early 2018 and the patient participation group (PPG) had been asked to provide feedback on phone line changes made to increase capacity.

Culture

The practice had a culture of openness.

- Staff stated they felt respected, supported and valued.
- Openness, honesty and transparency were demonstrated when responding to safety incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were supported when they did.

There were processes for providing all staff with the development they need. This included appraisal and development plans.

- All staff, including support and reception staff were considered valued members of the practice team. They were given protected time for professional development and yearly evaluation of work and development.

Governance arrangements

Are services well-led?

Requires improvement 

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice had established localised policies, procedures and activities to ensure support staff in their roles and improvement programmes related to the key areas of patient care and treatment.

Managing risks, issues and performance

There were effective processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety, other than those identified regarding patient correspondence and high risk medicines.
- We saw examples of clinical audit which had an impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. This included discussions with the PPG.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners towards driving improvements.

- Patient feedback and comments were considered in reviewing the performance of the practice.
- Due to the closure of a branch site in a local village, the practice set up a means for patients who lived there to communicate their concerns about accessing services.
- The patient participation group was active and involved in discussions and proposals about improving performance of services.
- The practice had worked proactively with the clinical commissioning group to promote better processes and practices regarding patient care.
- The practice used the friends and family test to gather patient feedback. Data provided to us by the practice showed 61% of patients were extremely likely or likely to recommend the practice from in September 2017. This showed an increase in positive feedback from August 2017 where 53% of patients were extremely likely or likely to recommend the practice. The data from October was not available due to technical problems and was minimal in November 2017.

Continuous improvement and innovation

There were systems and processes for learning and improvement. However, these were limited to the improvements required regarding patient care and related tasks.

- The clinical lead was working with a local care home to improve communication with the practice. This included a designated email address for the care home to contact the practice. The care home informed us this had led to improved prescription request process and better responses when their residents had a specific need.
- A plan to identify the extent and highest risks associated with patients who had not received a medicine review in over 12 months was in place and showing improvements. This plan had focussed on the highest risk patients and prioritised their reviews.
- There was a plan in place to improve the uptake of condition reviews for patients with long term health conditions.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance and monitoring systems or processes must be established and operated effectively</p> <p>How the regulation was not being met:</p> <p>We found the provider did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities, including the quality of the experience of service users in receiving those services. The provider did not always assess, monitor and mitigate the risks related to the health, safety and welfare of service users and others who may be at risk from the carrying on of the regulated activity.</p> <ul style="list-style-type: none">• Clinical governance did not always ensure patients at most risk were identified to ensure their needs were met.• Risks identified and alerted to the provider were not always fully assessed and managed.• Internal assurance processes were not always undertaken to ensure areas requiring quality improvement were identified and acted on. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>