Tadworth Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Tadworth Medical Centre on 8 March 2016. Overall the practice is rated as inadequate.

The practice was subject to a previous comprehensive inspection in July 2015. At our previous inspection of Tadworth Medical Centre, the practice was rated as inadequate for providing safe services, requires improvement for providing effective, responsive and well-led services and good for providing caring services. Following our comprehensive inspection of the practice in July 2015, the practice sent us an action plan detailing what they would do to meet the regulations. We undertook this comprehensive inspection on 8 March 2016 to check that the provider had followed their action plan and to confirm that they now met the regulations. At this inspection we found that whilst some improvements had been made, many of the findings of our previous inspection had not been addressed.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice worked closely with other organisations and with local community services in planning how care was provided to ensure that they met people's needs.
- Staff had not always received training appropriate to their roles and further training needs had not always been identified and planned.
- The practice had introduced some processes to provide staff with appraisal of their performance. However, those activities were not always recorded or well managed. Performance management processes were not well defined.
- Governance processes were not always well planned and implemented in some areas.
- Infection control audit findings had not been reviewed nor appropriate action taken to address the findings.
- Risks to staff, patients and visitors were not always formally assessed and monitored.

Summary of findings

- There was a lack of arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas.
- There was a lack of oversight, planning and review of actions to ensure continuous improvement within the practice. For example, to address performance for diabetes related indicators which were significantly below the national average.
- Urgent appointments were usually available on the day they were requested. However, patients rated the practice significantly below average for several aspects of their ability to access services.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice implemented suggestions for improvements and made some changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).

The areas where the provider must make improvements are:

- Ensure staff undertake training to meet their needs, including planned induction, training in fire safety, anaphylaxis, chaperoning and infection control.
- Ensure all necessary and relevant checks are undertaken for staff prior to employment.
- Ensure all staff receive regular supervision and documented appraisal which includes objective setting.
- Ensure there are formal arrangements in place for assessing and monitoring risks to staff, patients and visitors, including fire safety arrangements and the management of medical emergencies. Ensure actions are taken to respond to identified health and safety risks.
- Ensure governance arrangements are fully implemented and monitored in order to promote continuous improvement within the practice.
- Ensure review of patient treatment outcomes and appropriate risk assessment and action planning. For example, in the management of patients with diabetes and those with hypertension.
- Ensure all actions identified by infection control auditing processes are implemented.
- Ensure the safe disposal of all sharps items within the practice.
- Ensure further action is taken in response to feedback gathered from patients, in order to improve access to the practice by telephone.

The areas where the provider should make improvements are:

- Implement systems to support managers in performance management processes.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or 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 a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services. The practice had addressed some of the concerns we identified during our previous inspection. However, a number of other areas still required further improvement.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and well managed. Some areas of risk had not been assessed. For example in relation to fire safety and the management of medical emergencies.
- Where risks to patients who used services were assessed, the systems and processes to address those risks were not implemented well enough to ensure patients were kept safe.
- Infection control auditing processes were not sufficiently robust and staff had not received training in infection control.
- Improvements had made been made to ensure the safe management of medicines within the practice since our last inspection.
- Relevant checks were not always undertaken on staff prior to employment.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. The practice had addressed some of the concerns we identified during our previous inspection. However, other areas still required further improvement.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were low in some areas when compared with local and national averages. For example: the percentage of patients with hypertension having regular blood pressure tests was 70.85% which was below the national average of 83.65%; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 48.96% compared with a national average of 88.3%.
- There was some evidence that audit was driving improvement in performance to improve patient outcomes. However, there was a lack of clear processes to ensure that audits were planned in response to identified areas of risk.
- Staff had not always received training appropriate to their roles. For example, the lead nurse for infection control had not received relevant training in infection control. Staff who acted as chaperones within the practice had not received training to support this role.
- The practice had begun to implement a process of appraisal. However, approaches to the process were inconsistent across the staff management team. In many instances the recording of the appraisal interview was limited or absent. There was a lack of formal performance management processes in place.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice positively for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice had addressed some of the concerns we identified during our previous inspection. However, other areas still required further improvement.

- Data from the national GP patient survey showed patients rated the practice significantly below average for several aspects of their ability to access services. For example 28% of patients said

Summary of findings

they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%; 37% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.The practice had not shown improvement since our last inspection in this regard.

- Since our previous inspection the practice had been able to provide improved access to extended surgery hours. The practice now participated in a locality initiative which enabled them to access extended hours appointments each evening and at weekends.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided good levels of support to vulnerable patients living in a wide range of nearby residential facilities.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. Insufficient action had been taken to address the findings of our previous inspection in July 2015.

- The practice had some governance arrangements in place. However, governance processes were not always well planned and implemented in some areas.
- There was a lack of oversight, planning and review of actions to ensure continuous improvement within the practice. There was a lack of formal processes to ensure that clinical audits were planned in response to identified areas of risk.
- There was a lack of arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas. For example with regards to health and safety, the management of medical emergencies and the review and management of some long term conditions.
- There was a clear leadership structure and staff told us they felt supported by management. The practice had some policies and procedures to govern activity and held regular governance meetings.
- The practice did not have a formal induction programme for newly appointed staff. Staff had not always received training appropriate to their roles. Appraisal processes were applied inconsistently and there was a lack of clear performance management processes in place.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- Patients over 65 years of age made up 25% of the practice population. The practice provided care to patients within eight local residential and nursing homes. Those patients represented 2.8% of the patient population. Weekly GP visits were made to residents within those homes.
- The practice worked closely with district nurses and the community matron to share information regarding older housebound patients and ensure their access to appropriate support and care.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients received a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported data showed that outcomes for some long-term conditions, particularly diabetes were lower than national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 52.96% compared with a national average of 78.03%; The percentage of

patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 48.96% compared with a national average of 88.3%; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 61.59% compared with a national average of 80.53%.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- There were systems in place 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives who provided weekly clinics within the practice.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 75.96% compared with a national average of 81.83%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were offered to patients who needed one.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked closely with community drug and alcohol teams to provide care to patients with regards to alcohol and substance abuse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with depression.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Performance for mental health related indicators was comparable with or below the national average. 75% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 87.95% compared with a national average of 89.55%.

Summary of findings

What people who use the service say

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP patient survey results published in January 2016 showed the practice was rated below local and national averages in some areas. There were 102 responses which represented a response rate of 41%.

- 58% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 78%.
- 66% found the receptionists at this surgery helpful compared to a CCG average of 83% and a national average of 87%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 37% described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.
- 72% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 85% and a national average of 85%.
- 58% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 79% and a 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 43 patient CQC comment cards. Most were highly positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. Two patients had provided additional written information detailing the high standards of care they had received from the practice. Four patients commented on the difficulties experienced in accessing the practice by telephone and obtaining an appointment. We also spoke with five patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Areas for improvement

Action the service MUST take to improve

- Ensure staff undertake training to meet their needs, including planned induction, training in fire safety, anaphylaxis, chaperoning and infection control.
- Ensure all necessary and relevant checks are undertaken for staff prior to employment.
- Ensure all staff receive regular supervision and documented appraisal which includes objective setting.
- Ensure there are formal arrangements in place for assessing and monitoring risks to staff, patients and visitors, including fire safety arrangements and the management of medical emergencies. Ensure actions are taken to respond to identified health and safety risks.
- Ensure governance arrangements are fully implemented and monitored in order to promote continuous improvement within the practice.
- Ensure review of patient treatment outcomes and appropriate risk assessment and action planning. For example, in the management of patients with diabetes and those with hypertension.
- Ensure all actions identified by infection control auditing processes are implemented.
- Ensure the safe disposal of all sharps items within the practice.
- Ensure further action is taken in response to feedback gathered from patients, in order to improve access to the practice by telephone.

Summary of findings

Action the service SHOULD take to improve

- Implement systems to support managers in performance management processes.

Tadworth Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Tadworth Medical Centre

Tadworth Medical Centre provides general medical services to approximately 9,244 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average. The practice told us they provided care to patients in an area of high deprivation when compared with the local clinical commissioning group (CCG) average.

Care and treatment is delivered by three GP partners and three associate GPs. Three of the GPs are female and three are male. The practice employs a team of one practice nurse, one nurse practitioner and two healthcare assistants. GPs and nurses are supported by the practice manager, a reception manager and a team of reception and administration staff.

The practice is a GP training practice and supports undergraduates and new registrar doctors in training.

The practice is open from 8.30am to 6.30pm on weekdays.

Services are provided from:

1 Troy Close,

Tadworth,

Surrey,

KT20 5JE.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in July 2015 after which the practice was rated as requires improvement. The purpose of this most recent inspection was to check that improvements had been made.

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 the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and

Detailed findings

the NHS Surrey Downs Clinical Commissioning Group (CCG). We carried out an announced visit on 8 March 2016. During our visit we spoke with a range of staff, including GPs, practice nurses and administration staff.

We observed staff and patient interaction and spoke with five patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed 43 comment cards completed by patients, who shared their views and experiences of the service in the two weeks prior to our visit.

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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

Inadequate

Are services safe?

Our findings

The practice is rated as inadequate for providing safe services. Many of the areas of concern identified within our previous inspection in July 2015 had not been addressed.

Safe track record and learning

There was an effective system in place 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 on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

There was a lack of clearly defined and embedded systems, processes and practices in place in some areas, in order to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. At our previous inspection we found that staff had not received training in the safeguarding of children and vulnerable adults. At this inspection staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (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). At our previous inspection we found that staff had not undertaken training to support their role as a chaperone. At this inspection we found that staff had still not received formal training for the role. Staff told us they had been asked to read the practice's chaperone policy as training for the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse practitioner was the infection control clinical lead. Infection control policies and procedures were in place to support staff.
- At our previous inspection in July 2015 we found that the lead for infection control had not received training to support this role. Other staff, including the practice nurses, had not received up to date training in infection control. Six monthly audits of infection control processes had been carried out but action plans had not been put in place to ensure the findings of the audits were addressed. As a result, recurring findings had not been addressed. For example: staff had not been provided with hand hygiene training and infection control was not discussed as a standard item at practice meetings.
- At this inspection we found that staff had still not received training in infection control. The lead was scheduled to attend some short training in late March 2016, however we noted that this was not of an appropriate level to support their lead role. The lead told us they felt they would benefit from some more comprehensive training. Other staff within the practice had not received infection control training. Infection control was not included as part of the induction process for new staff. The practice had continued to carry out six monthly audits of infection control processes and we noted that an action plan had been recorded following the last audit in September 2015. However, those actions had not yet been completed and this meant that findings identified initially in September 2014 and then again in March 2015 and September 2015 had still to be actioned. For example, infection control was not discussed as a standard item at practice meetings and staff had not received

appropriate training. We noted that the practice did not have an appropriate supply of the correct containers to ensure the safe disposal of sharps waste. Staff had a lack of awareness and understanding in this regard.

- At our last inspection in July 2015, we found that the practice had a lack of systems for ensuring medicines were kept at the required temperatures and to check medicines were within their expiry date and suitable for use. At this inspection we found that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out daily which ensured medicines were stored at appropriate temperatures. Processes were in place to check medicines were within their expiry date and suitable for use. This included regular checks of stock and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. We found that checks relating to proof of identification, references, qualifications and registration with the appropriate professional body had been undertaken. However, the practice had not undertaken appropriate checks through the Disclosure and Barring Service (DBS) for three of those staff. We found that no DBS checks had been made by the practice relating to one recently recruited healthcare assistant. The practice had relied upon copies of DBS checks made by previous employers for the other two staff members.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

During our last inspection, in July 2015, we found that the practice had a lack of systems and processes to manage and monitor risks to patients, staff and visitors to the practice. The practice did not hold records relating to safety and risk monitoring of the premises such as a fire risk assessment or an assessment of the control of substances hazardous to health. At this inspection we found that some risk assessment processes had been put in place but others were still outstanding:

- The practice had implemented regular fire drills since our last inspection but had not carried out a fire risk assessment of the premises. Staff appointed as fire wardens had not received training to support this role. Other staff had not received updated training in fire safety. We saw that the practice had undertaken a general risk assessment of the premises and practice environment in August 2015 and February 2016. However, action plans had not been put in place to ensure the findings of the audits were addressed. For example, a lack of an alarm cord in the toilet for use by patients with a disability had been identified but no action taken to ensure it was addressed. Data safety sheets were now in place to ensure the control of substances hazardous to health. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Inadequate

Are services safe?

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. However, staff, including the lead nurse for travel vaccines, had not received training in anaphylaxis. (Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly.)
- The practice had a supply of oxygen on the premises with adult and children's masks available.
- At our previous inspection in July 2015 we found that the practice did not have a defibrillator and had not carried out a risk assessment to identify the risks associated with managing emergencies which required access to a defibrillator. At this inspection we noted that the practice had still not carried out a risk assessment associated with the lack of a defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88.5% of the total number of points available, with 7.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for some QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 52.96% compared with a national average of 78.03%; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 48.96% compared with a national average of 88.3%; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 61.59% compared with a national average of 80.53%.
- The percentage of patients with hypertension having regular blood pressure tests was 70.85% which was below the national average of 83.65%.
- Performance for mental health related indicators was comparable with or slightly below the national average. 75% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 87.95% compared with a national average of 89.55%.

Practice staff were aware of patient treatment outcomes and told us that these were discussed and reviewed at clinical governance meetings and by individual staff in lead roles. For example, the senior partner and the nurse practitioner were the leads for the management of patients with diabetes. The practice recognised the need to improve their diabetes service for patients but were unable to demonstrate that risk assessment and action planning had been formally undertaken to address the 2014/2015 outcomes. Staff told us that a shortage of nurse appointments meant that there was a continued lack of support for those patients. The practice had recently recruited to nurse and healthcare assistant positions which they told us would result in additional nurse availability within the practice. The practice was supported by a diabetes nurse specialist who visited the practice on a fortnightly basis to assist in the management of more complex patients.

We saw evidence of some clinical audit within the practice which supported quality improvement.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings from clinical audits undertaken were used by the practice to improve services. For example, the practice had recently undertaken a review of patients with asthma in order to identify those using high numbers of respiratory inhalers. The audit enabled the practice to review those patients who had not recently been subject to a review of their asthma and use of inhalers. Improvements to the patient review process and asthma management protocols were made as a result of the audit.

Effective staffing

Staff had some of the skills, knowledge and experience to deliver effective care and treatment. At our previous inspection in July 2015 we reviewed staff training records

and found that some staff were not up to date with training in key areas. At this inspection we found that some training had been completed since our last inspection but that training in other areas remained outstanding:

- The practice did not have a formal induction programme for newly appointed staff. There were no induction checklists in place to ensure staff had received the initial training and support required to fulfil their role. We spoke to staff who had recently been recruited to the practice. They told us they had been well supported and had received extended periods of supervision within their induction period. However, the induction process was not planned or documented and they were unclear as to what training remained outstanding.
- We reviewed training records and found that staff had received training in the safeguarding of children and vulnerable adults and basic life support, since our previous inspection. Staff had received training in the Mental Capacity Act 2005. However, staff had not received the training in fire safety, infection control and chaperoning which was identified within our last inspection. Staff who were required to act as fire marshals had not received appropriate training for the role. Staff had not received training in anaphylaxis.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. We spoke with practice nurses who told us the practice supported education and ongoing professional development. The nursing team were able to attend training in specialist areas such as spirometry, cervical screening and immunisations. Those nurses with extended roles had undertaken training in the management of conditions such as chronic obstructive pulmonary disease, asthma and diabetes.
- At our inspection in July 2015, we found that staff had not recently participated in appraisal. At this inspection we found that the practice had begun to implement a process of appraisal. However, approaches to recording the appraisal and to ensuring the process was completed were inconsistent across the staff management team. In many instances the recording of the appraisal interview was incomplete or absent. We saw that where managers had recorded low performance scores there was no accompanying record of the appraisal interview and no objective setting or personal development plan put in place. This meant that the performance of individual staff members was not managed to support improvement. Staff undertaking appraisals had not always received training or had previous experience to support their role. We found that they had not received appropriate support from leaders to implement effective performance management techniques. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance abuse. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 75.96% compared with a national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher than CCG/national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 86.7% compared with a CCG average of 82%. Rates for the Infant Men C given to five year olds was 86.4% compared with a CCG average of 80.8%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The practice told us that customer service training had recently been provided for reception staff in response to feedback from patients.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Booths were provided in the reception area which meant that patients were afforded more privacy when speaking with a receptionist. Reception staff told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed GP national survey data for January 2016 available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with doctors and nurses. Patients rated the practice lower than average for how helpful they found reception staff. The practice was aware of this feedback and had appointed a reception manager to provide additional support and training to the reception team.

- 87% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

We received 43 patient CQC comment cards. Most were highly positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. Two patients had provided additional written information detailing the high standards of care they had received from the practice. We also spoke with five patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received aligned with these views.

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

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

There were regular meetings to discuss patients at risk of unplanned hospital admissions and care plans for these patients were regularly reviewed. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

Good

Are services caring?

Staff told us that most patients had English as a first language but translation services were available for patients who did not.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had recorded that 137 patients were also carers which represented 1.5% of the total patient population. Written information was available to direct carers to the various avenues of support available to them.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice participated in a locality initiative which offered extended hours appointments each evening and on alternate Saturday and Sunday mornings for patients who were unable to attend during normal opening hours.
- Same day appointments were available for children and those with serious medical conditions.
- Home visits were available for older patients and patients who would benefit from these.
- There were longer appointments available for patients with a learning disability.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided support to patients living in eight residential and nursing homes. Weekly GP visits were made to many of these homes.
- The practice provided care and support to adult male patients with complex mental health problems, living within a local residential facility.
- The practice supported patients with complex needs and those who were at risk of unplanned hospital admission. Personalised care plans were produced and were used to support patients to remain healthy and in their own homes.
- Patients with palliative care needs were well supported using the Gold Standards Framework. The practice had a palliative care register and held regular multidisciplinary meetings to discuss patients and their families' care and support needs.

Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday. Appointments were available until 6pm with the nurse practitioner on three days each week. GP appointments were available up to 5.20pm each day. Pre-bookable appointments could be booked in advance via the telephone, on-line or in person. Patients could also request appointments on the day, telephone consultations or home visits when appropriate. Urgent appointments were also available for people that needed them. Since our previous inspection the practice had been able to provide improved access to extended surgery hours. The practice now participated in a locality initiative which enabled them to access extended hours appointments from 6.30 to 9pm from Monday to Friday and from 9.30am to 1.30pm on Saturdays and Sundays. Staff told us the practice was allocated a total of 21 extended hours appointments each week.

Some patients we spoke with and a small proportion of the comment cards we reviewed told us they experienced difficulty in accessing the practice by telephone and in obtaining a routine appointment. However, patients told us they were usually able to obtain an urgent same-day appointment when they needed one.

Results from the national GP patient survey from January 2016 showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages.

- 57% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 28% of patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.
- 37% of patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 75% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.
- 39% of patients said they usually got to see or speak to their preferred GP, compared to the CCG average of 59% and national average of 59%.

The practice was aware of this feedback from patients. The partners and the practice manager told us that they continuously reviewed ways in which to improve the appointment making process and access to the practice by telephone. At our previous inspection in July 2015 we found that the practice had introduced an additional telephone line and telephone queuing facilities. The appointment of a reception manager had been implemented to ensure telephones were answered more promptly and to provide support and training to reception staff in answering patient queries. Online appointment bookings and prescription requests had also been

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

introduced. However, patient satisfaction ratings remained significantly below local and national averages. At this inspection the partners told us they had recently implemented additional GP and nurse hours within the practice in order to improve patient access to appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters in the waiting rooms to describe the process should a patient wish to make a compliment, suggestion or complaint. Complaint forms and a patient information leaflet about the complaints process were available to patients. Information was also advertised on the practice website. Patients we spoke with were aware of the process to follow should they wish to make a complaint.

We looked at the 39 complaints received by the practice within the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had been acted upon. The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff.

Are services well-led?

Inadequate

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

Our findings

The practice is rated as inadequate for being well-led. We found that insufficient action had been taken to address the findings of our previous inspection in July 2015.

Vision and strategy

The practice's statement of purpose described its objectives as to ensure that care was safe and effective but also personalised, dignified, respectful and compassionate, whilst developing and maintaining a skilled workforce. Staff we spoke with had some understanding of this ethos for the practice. However, governance and leadership arrangements within the practice did not always ensure the implementation of those aims and objectives.

The practice had recognised the needs of the local population and the increasing demand for appointments. A new local housing development was expected to put an additional strain on the practice's resources by increasing the numbers of patients registered with the practice.

Governance arrangements

The practice had some governance arrangements in place. However, governance processes were not implemented or operated effectively in some areas:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were available to all staff.
- Training was not always well planned, recorded or implemented.
- There was a lack of arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas. For example, in relation to fire safety and the management of medical emergencies.
- There was a lack of oversight, planning and review of actions to ensure continuous improvement within the practice. For example, internal audits relating to health and safety and infection control had not been reviewed to ensure outstanding actions had been completed; actions required in response to previous inspection findings had not been completed; appraisal processes introduced had not been monitored or reviewed in order to identify shortcomings; performance management processes were not clearly defined or well supported by leaders within the practice.
- We saw evidence of some clinical audits which had been used to monitor quality and to make improvements. However, there was a lack of clear processes to ensure that audits were planned in response to identified areas of high risk to patients, such as the management of some long term conditions for which related indicators were significantly below the national average.

Leadership and culture

The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged 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

Are services well-led?

Inadequate

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

and engaged patients in the delivery of the service. However, actions taken to address patient concerns, about access to the practice in particular, had not resulted in improvements and patient satisfaction ratings remained significantly below local and national averages in this regard.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a six-weekly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been instrumental in the installation of a display screen within the practice. We spoke with members of the PPG on the day of our inspection who told us they felt valued and well supported by practice staff.
- The practice gathered feedback from staff through informal discussions and via team meetings. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There were some processes in place to support continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered provider had not ensured that persons employed for the purposes of carrying on a regulated activity were of good character and had the necessary qualifications, competence, skills and experience necessary for the work to be performed. We found that the registered provider had not ensured that recruitment procedures were established and operated effectively to ensure that persons employed met the required conditions. We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed. This was in breach of regulation 19 (1) (a) (b) (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered provider did not ensure that effective systems were in place to assess the risk of, and prevent, detect and control the spread of infections, including those that are healthcare associated. This was in breach of regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not always assessed, monitored and improved the quality and safety of services provided. We found that the registered provider had not always assessed, monitored and mitigated the risks relating to the health safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. We found that the registered provider had not always improved their practice in respect of the processing of feedback from relevant persons. This was in breach of regulation 17 (1) (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate support, training, professional development and appraisal to enable them to carry out the duties they were employed to perform.

This was in breach of regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.