Kings Heath Practice

Inspection 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 location	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

Previous inspection 04/10/2017 – Comprehensive inspection rated as Requires improvement

This inspection 16/05/2018 – Comprehensive inspection

The practice is now rated as inadequate

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We undertook a comprehensive inspection of Kings Heath Practice on 4 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and responsive services. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Kings Heath Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 16 May 2018 to confirm that the practice had carried out the required improvements we identified during our previous inspection on 4 October 2017 and re-rate the practice. Overall the practice is rated as inadequate.

Our key findings are as follows:

- The practice had failed to respond to previously identified concerns.
- Evidence of improvement was not consistently demonstrated. In particular there was no evidence of actions taken to improve telephone access or to increase uptake of cancer screening.
- Staff we spoke with said they felt well supported in their roles, however there were no systems for formal supervision of clinical staff to provide assurance on competencies.
- We found that there was no formal programme of multi-disciplinary team (MDT) meetings in place to help deliver a co-ordinated approach to patients needing end of life care. The practice informed us that clinicians contacted appropriate services and professionals as needed on an individual basis to co-ordinate care for their patients.
- There was no active patient participation group to engage with patients to improve services. The practice was making continued efforts to recruit through ongoing advertising and discussions.
- The practice had some systems to reduce the risks to patient safety, however we identified some gaps. In particular, processes for ensuring consistent management of safety alerts needed expanding.
- Recruitment checks had been undertaken prior to employment for permanent staff. However, checks for locum staff were incomplete.
- We found that there were some pathology test results that had not been actioned and some of these were for patients who were not registered with the practice. There was no system in place to ensure that these patients results were reassigned correctly.
- The practice maintained appropriate standards of cleanliness and hygiene.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey, published in July 2017 showed patient satisfaction with GP consultations and appointment access were below local and national averages.
- Patients we spoke with on the day of inspection said that staff them with compassion, kindness, dignity and respect.
- Clinicians knew how to identify and manage patients with severe infections such as sepsis.
- There was a clear leadership structure and staff felt supported by the management team.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice at the end of the report for further detail).

In addition the provider **should**:

- Continue with efforts to invite patients for annual reviews where needed, including patients with a learning disability.
- Explore how the uptake rates for cancer screening could be improved.

Overall summary

- Continue to establish a patient participation group in order to gather and act on patient feedback and improve services.

Special measures statement

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 FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Kings Heath Practice

Kings Heath Practice is part of the General Practice Alliance Limited (GPA), a federation of 24 GP surgeries based in and around the centre of Northampton. The practice is located in Kings Heath, a suburb of Northampton close to the town centre and provides primary care services for patients in Kings Heath and the surrounding area. The GPA is registered with the Care Quality Commission (CQC) as a limited company. The federation provides primary care services through GP members in Northampton. The practice holds an Alternative Personal Medical Services (APMS) contract with NHS England. The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had approximately 3,500 patients. Demographically the practice has a higher than average young population with 25% under 18 years compared with the national average of 21%.

The clinical team consists of a part-time GP (male), a full-time advanced nurse practitioner (ANP) (female), a part-time advanced nurse practitioner (female), two practice nurses (female), a specialist diabetic nurse (female) and a health care assistant (female). The practice uses four regular locum GPs (male and female) to support the clinical team. The clinical team was supported by a practice manager and a team of reception and administrative staff. Clinical oversight and support was provided by a named clinical lead from the GPA federation. The practice advised of difficulties they had experienced in recruiting both clinical and non-clinical permanent staff. The practice was actively recruiting at the time of our inspection.

The practice is open between 8am and 7.30pm on Mondays, between 8am and 6.30pm on Tuesdays, Thursdays and Fridays and between 7am and 6.30pm on Wednesdays.

Telephone consultations are available at various times throughout the day. Extended practice hours to see a nurse or healthcare assistant are offered between 6.30pm and 7.30pm on a Monday evening and between 7am and 8am on a Wednesday morning. Pre-bookable appointments can be booked up to four weeks in advance and a number of urgent appointments are allocated each day to provide same day access to those who may need them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Northamptonshire Doctors Urgent Care, patients access this service by calling NHS 111.

Inadequate

Are services safe?

At our previous inspection 4 October 2017, we rated the practice as requires improvement for providing safe services as:

- Not all appropriate recruitment checks had been undertaken prior to commencement of employment for all staff employed. In particular, a Disclosure and Barring Service (DBS) check had not been undertaken for the Advanced Nurse Practitioner (ANP). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was also no evidence of completed recruitment checks on a locum GP who had recently worked at the practice.
- The practice systems to minimise risks to patient safety were not comprehensive. Some risk assessments had been carried out but we identified areas of risk that had not been assessed or mitigated.
- There was a system in place for the management of uncollected repeat prescriptions. However, the process was not in line with best practice as it did not include the notification to a clinician when a prescription was destroyed.
- The practice had carried out regular fire evacuation drills. There were designated fire marshals within the practice however, there was no up-to-date fire risk assessment.

Since the inspection on 4 October 2017 the practice had improved the process for managing uncollected prescriptions and a fire risk assessment had been undertaken.

Although some improvements had been made, the practice is now rated as inadequate for providing safe services because:

- Despite being issued with a requirement notice following our previous inspection in October 2017, we found that the practice had not applied for a DBS check for the ANP until April 2018.
- There was no system in place to action unassigned test results.
- Processes for the management of significant events had failed, as we found evidence of an event that had not been actioned in line with practice policy.
- We found that systems for the management of safety alerts needed strengthening.

Safety systems and processes

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. They knew how to identify and report concerns.
- Staff who acted as chaperones were trained for their role and had received a DBS check. We saw posters advising patients of the chaperone service in all the clinical areas and the reception area.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We found that permanent staff working at the practice had received appropriate recruitment checks prior to employment. However, checks for locum staff were incomplete, for example, employment references, records relating to medical indemnity and registration with an appropriate body. The practice failed to evidence a DBS check for the ANP. The practice provided information that a DBS check for the ANP had been initiated in April 2018; at the time of inspection the ANP's last DBS check was completed in 2005 however risk had not been formally assessed in the interim period.
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules for the premises were in place and infection prevention control audits were carried out.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

We reviewed systems in place to assess, monitor and manage risks to patient safety and found that:

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Inadequate

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- 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 managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff to enable them to deliver safe care and treatment.
- We reviewed referral letters and clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- However, we found that there were some pathology test results that had not been actioned and some of these were for patients who were not registered with the practice. There was no system in place to clarify actions taken to ensure that these patients received the care and support they required. Following the inspection, the practice provided assurance that the unassigned results had been sent to the secondary service to ensure that further action was taken as required.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The practice kept prescription stationery securely and monitored its use.
- We reviewed the records of patients who were prescribed medicines which required additional monitoring. All the records we looked at showed that patients were appropriately monitored before medicines were re-prescribed.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- There were comprehensive risk assessments in relation to some safety issues. These included for example, fire and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Regular checks were completed and documented in relation to these areas and the environment.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a picture of safety that led to safety improvements.

Lessons learned and improvements made

- Although the practice had a system for recording, reviewing and investigating when things went wrong and acting on significant events, we found there was one significant event which dated back to January 2018 that had not been properly handled. Once the practice became aware of it they responded to the complainant and were undertaking investigations. We looked at six other significant events out of eighteen that had been reported and found that they had been investigated satisfactorily.
- The practice shared learning, identified themes and took action to improve safety in the practice. For example, the stock of specific items was reviewed following a patient complaint.
- We reviewed practice's system for the management of external safety events as well as patient and medicine safety alerts. The practice did not have a formal process for the management of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. Whilst we did not find evidence of any missed alerts on the day of inspection, the practice advised that there was no designated person in place to ensure alerts were disseminated and acted on in a consistent manner. Records of actions taken in response to alerts were not kept. The practice had recognised the need to develop a formal system for managing these alerts and we were informed that the clinical pharmacist had developed a process for use in the future.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

At our previous inspection 4 October 2017, we rated the practice as requires improvement for providing effective services as:

- There was high clinical exception reporting in some areas. The provider was aware of these high exception reporting rates and had adopted a more proactive approach to recalling patients for annual reviews.
- Cycles of clinical audits had not been repeated but a structured programme of repeated audits had been implemented to assess and monitor quality improvement.
- There was no formal induction programme in place for newly appointed staff.
- Cancer screening rates were below local and national averages. For example, 57% of females aged 50-70 years had been screened for breast cancer within six months of invitation. This was lower than the CCG average of 78% and the national average of 73%.

Since the inspection on 4 October 2017, the practice had made improvements in the following areas:

- An effective patient call and recall system had been implemented, clinicians had been trained to further upskill them on reviewing patients and patients were being followed up in person by telephone to attend for their reviews. The practice employed a specialist diabetes nurse for one session a week to improve on their diabetes patient care as they were an outlier in this area. On the day of inspection the practice was unable to provide any evidence to support improvements in relation to performance indicators for diabetes.
- The practice had undertaken full cycle clinical audits, to assess and improve patient care.
- The practice introduced a formal induction process for all newly appointed staff which was role specific.

However, the practice is rated as inadequate for providing effective services because:

- There was no formal structure of multi-disciplinary team meetings taking place at the time of inspection to co-ordinate care and support for end-of-life care patients those with complex illnesses.
- The practice had not taken action to improve cancer screening rates. In addition, there was high clinical exception reporting in some areas.
- There was a lack of formal supervision for nursing staff to provide assurance that care was being provided in line with competencies and best practice.

Effective needs assessment, care and treatment

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

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Influenza, pneumonia and shingles vaccinations were offered to all older patients
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services, and the community matron. They were supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental health and communication needs.
- Where possible the practice promoted continuity of care and booked appointments with the same clinicians.

People with long-term conditions:

- Patients with long-term conditions had not had annual reviews to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice's Quality Outcomes Framework (QOF) relating to long-term conditions including asthma, chronic obstructive pulmonary disease (COPD), and

atrial fibrillation was comparable to the clinical commissioning group (CCG) and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice).
- Performance for the management of diabetes was below local and national averages. The practice was proactive in its approach to improving outcomes for diabetic patients. It employed a highly skilled team to support patients, including a diabetic specialist locum nurse once a week. Joint clinics with a specialist diabetes nurse from the locality multi-disciplinary team were held on site which included the provision of insulin initiation for patients.
- The practice ran an in-house clinic to support patients requiring long-term anti-coagulation treatment. (Anti-coagulants are medicines used to prevent blood clotting).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90% for some of the two-year-old vaccinations. The practice was aware of this and pertained it to the lack of engagement from their patient population. The practice was in the process of expanding its clinical team and informed that they intended to establish a flexible drop-in clinic for parents with young children to offer advice, provide health education, support and vaccinations where needed. The practice provided vaccinations at flexible times when needed, including out of school hours and evening appointments. On the day of inspection, the practice was unable to provide data to support any improvements in the uptake of vaccinations for two-year olds.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was below the coverage target for the national screening programme and was also below the CCG and national averages. Similarly, the practices' uptake for breast and bowel cancer screening was below the CCG and national averages. The practice informed us that they were planning to run a group for women to educate them on the importance of women's health and encourage them to attend screening appointments. They advised that difficulties experienced with staffing levels had limited their ability to engage with patients in relation to cancer screening and health promotion activities had been limited. They hope that once their staff team was fully operational they would be able to increase these activities.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Uptake for was minimal which the practice pertained to the characteristics of its patient population.
- 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Although the practice did not hold multi-disciplinary team meetings to discuss these patients, patients were discussed at monthly clinical meetings. The practice informed us that they liaised with other professionals individually to deliver a co-ordinated care for their patients.
- The practice held a register of patients living in vulnerable circumstances.
- Annual health checks were offered to patients with a learning disability. The practice had 24 patients on their learning disability register, 10 patients had received a health check in the preceding 12 months. The practice informed us they had sent letters to invite the outstanding patients for reviews again and were undertaking opportunistic reviews. Letters sent included pictorial explanations where possible to support

understanding and encourage attendance. We were advised that all but one of the patients on the learning disability register attended the practice on a regular basis.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended national vaccination programme and vaccine guidelines.
- The practice liaised with the locality Collaborative Care Team (CCT) and parish nurse to provide additional support to vulnerable patients.

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

- A mental health nurse from secondary care saw patients experiencing poor mental health at the practice when needed.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice worked closely with the secondary care service to support patients experiencing poor mental health; to ensure timely medication changes.
- The practice undertook annual dementia reviews with carers opportunistically when appropriate.

Monitoring care and treatment

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. We inspected this service under the providers new registration which commenced in July 2017, therefore we did not have access to annual QOF data for 2016/17 under the current providers registration. However, QOF data for 2016/17 for Kings Heath and Lings Brook Practice has been used as this relates to Kings Heath Practice patients. Those QOF results were 84% of the total number of points available compared with the national average of 94%. The overall exception reporting rate was 12% compared with a national average of 6%. (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.)

The provider was aware of the low QOF performance in some areas of QOF and had taken steps to make improvements. For example, an effective patient call and recall system had been implemented, there was a programme of training underway to further upskill existing clinicians which, the practice informed us would increase clinical capacity to assess and review patients. A policy introduced for exception reporting required approval from a clinician before any patient was excepted. Staff told us that a more proactive approach had been adopted whereby patients were followed up by telephone to attend for reviews. The practice was an outlier for diabetes and had taken a proactive approach to improving performance. This included the employment of a specialist diabetes nurse to support diabetic reviews and the facilitation of an in-house clinic with provision for insulin initiation.

The practice was actively involved in quality improvement activity. They had undertaken two cycle audits, for example patients over 65 years of age taking a specific medication had their medication reduced in line with current guidance. Where appropriate, clinicians took part in local and national improvement initiatives.

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.

- 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 were encouraged and given opportunities to develop.
- The practice was actively recruiting staff and described their desire to ensure they formulated a highly skilled clinical and administrative team to support proposed improvements and promote good patient care.
- The practice provided staff with ongoing support. This included an induction process and support for revalidation.
- The practice relied heavily on the use of locum doctors and had made efforts to improve consistency by using four regular locum doctors. The nursing team advised that they had access to GP support on a day to day basis and that more senior support could be sourced from the clinical lead assigned by the General Practice Alliance Limited federation when needed. However, there was not a formal clinical supervision process established

and records of informal support were not maintained. Staff we spoke to were positive about the support they received and advised of an open-door policy between on-site clinicians, staff and the off-site leadership team.

Coordinating care and treatment

- Care and treatment for patients in vulnerable circumstances was co-ordinated with other services. This included when they moved between services, when they were referred, or after they were discharged from hospital. For example, a mental health nurse held a weekly clinic, the midwife also held a weekly clinic and the practice informed us that they were in regular contact with the district nurses to co-ordinate care.
- Although staff informed us that they liaised with different professionals individually to co-ordinate care for their patients, we found the practice did not have a formal programme of multi-disciplinary team meetings and palliative care meetings in place.
- 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.
- There were clear and effective arrangements for booking appointments, transfers to other services and dispatching ambulances for people that require them. Staff were able to make direct referrals and appointments for patients with other services.

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 own health, for example through social prescribing schemes (referring patients to a range of local, non-clinical support services).
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

At our previous inspection 4 October 2017, we rated the practice as good for providing caring services. T he practice is still rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A local organisation, First for Wellbeing provided regular sessions at the practice. The practice signposted patients to them for support relating to housing, financial, physical and mental wellbeing.

Results from the national GP patient survey, published in July 2017, demonstrated that patient satisfaction with GP consultations was below local and national averages. In particular, in areas relating to GP listening, confidence and trust in GPs and the likelihood of recommending the practice to someone new to the area. Performance for nurse consultations was in line with local and national averages.

The practice informed us that they were aware of poor performance in some areas of the patient survey. The practice had undertaken an in-house survey with the support of NHS England and the CCG. Findings of the survey had highlighted that dissatisfaction with GP consultations was linked to the lack of continuity of care that patients experienced. A similar trend had been identified though complaints and comments received directly from patients. The practice had taken action to improve patient satisfaction whilst actively recruiting permanent clinical staff. For example, patients were offered appointments with the same clinician where possible, including nurse appointments. The practice also utilised regular locums to further increase capacity to provide continuity of care.

We received 35 Care Quality Commission patient comment cards, 25 comment cards were positive about the service experienced. Ten of the comment cards had mixed reviews with eight of them praising staff for their good care but also highlighting that access via the telephone system was difficult.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were 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):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, we noticed that reception staff spoke quietly so that others could not overhear.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice had identified 2% of their registered patients as carers. There was a carer's lead and a carer's noticeboard and carers were referred to other agencies for carers support services.
- Staff told us that if families had experienced bereavement, the practice sent them a sympathy card. The bereaved could access bereavement counselling provided by the practice.
- Performance in the national GP patient survey was below average for patient's satisfaction with GPs involving them in decisions about their care. The practice again pertained this to ongoing difficulties in providing continuity of care, which they hoped to resolve through successful recruitment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice complied with the Data Protection Act 1998.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our previous inspection 4 October 2017, we rated the practice and all the population groups as requires improvement for providing responsive services as:

- Reception staff demonstrated a basic knowledge of emergency call handling but there was no protocol to support their decision making.
- The results of the national patient survey showed that patient feedback around access was negative.
- The practice had a system for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance for GPs in England. However, the final letter sent from the practice to the complainant did not include information on who to contact if not satisfied with the outcome from the practice.

Since the last inspection, the practice had made improvements in the following areas:

- The practice reviewed the formal response letter to the complaints and included details of appropriate bodies to contact if patients were not satisfied with the outcome from the practice.
- The practice had recruited a practice nurse which increased the number of on the day appointments available for patients.
- Reception staff were trained in care navigation which had improved the response time to patient requests creating more capacity to receive calls. A template had been developed for use by receptionists when dealing with patients complaining of chest pains to ensure appropriate emergency intervention when needed.

The practice is still rated as requires improvement for providing responsive services as:

- Although the practice took complaints and concerns seriously we found that there was a serious complaint that had not been dealt with in a timely manner.
- The results of the national GP patient survey, published in July 2017 showed that patient feedback around access was negative. Patient satisfaction with telephone access had not improved. The practice was unable to demonstrate action taken to improve telephone access on the day of our inspection. We received 35 Care Quality Commission patient comment cards, 25 comment cards were positive about the service experienced. Ten of the comment cards highlighted that access via the telephone system was difficult.

Responding to and meeting people's needs

The practice had made efforts to organise and deliver services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, they provided online services such as repeat prescription requests and advanced booking of appointments and telephone consultations.
- The facilities and premises were appropriate for the services delivered. All consultation and treatment rooms were on the ground floor and access enabled toilets were available.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

Older people:

- The practice had identified 85 patients over the age of 75 years. These patients were offered appointments with their preferred clinician where possible. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and advanced nurse practitioner also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- These patients were offered extended appointments when necessary to discuss complex problems.
- The practice liaised with local pharmacies to provide a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with long-term conditions received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held diabetes, asthma and COPD clinics weekly to enhance the care of patients with long-term conditions. These clinics were led by nurses with additional qualifications to support effective disease management and promote better outcomes for patients.
- All of the practice's housebound patients were offered home visits.

Are services responsive to people's needs?

- The practice provided on-site phlebotomy services, including provisions on Saturdays reducing the need for patients to attend secondary care services for blood tests.

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments were available outside of school hours.
- Baby changing facilities were available at the practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours twice weekly from 6.30pm to 7.30pm on Monday and from 7am to 8 am on Wednesdays. Appointments were also available for three hours every Saturday.
- Online appointment booking and repeat prescription requests were available. The practice was aware of the need to promote online services and increase patient usage.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Home visits were available for this group of patients when needed.
- Flexible appointment booking and longer appointment times were available.
- We were told that reception staff were familiar with the practice's 24 patients with learning disabilities and were able to share necessary information with locum staff when needed. Staff we spoke with demonstrated a clear understanding of the needs of this group.
- Patients identified as vulnerable were collected in person by clinicians from the waiting area to provide further reassurance.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a register of patients experiencing poor mental health including people with dementia; all identified patients had access to an annual review in the practice or in their own home.
- The practice signposted patients experiencing poor mental health to various support groups and voluntary organisations.

Timely access to care and treatment

- Registered patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Results from the national GP patient survey highlighted patient dissatisfaction with telephone access. Performance for patient satisfaction in their ability to book an appointment with both GPs and nurses and the practice's opening hours were also below local and national averages. On the day of inspection, the practice was unable to demonstrate that efforts had been made to improve telephone access. We were informed that the practice intended to review their telephone system in July 2018.
- The practice advised that, due to ongoing difficulties experienced in expanding the clinical team, they had been unable to increase appointment access. We were informed that they were considering alternative options to clinical recruitment and support. For example, the possibility of recruiting a clinical pharmacist or a paramedic so that they could offer more appointments to their patients.

Listening and learning from concerns and complaints

- Although the practice had a system for managing and responding to complaints and concerns, we found that

Are services responsive to people's needs?

there was a serious complaint that had not been dealt with in a timely manner. At the time of our inspection, the practice was in the process of investigating the complaint.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the practice was continuing with efforts to recruit permanent clinicians to improve continuity of care, which had been recognised through complaints analysis as an area of dissatisfaction amongst patients.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

At our previous inspection 4 October 2017, we rated the practice as good for providing a well-led service.

The practice is rated as inadequate for providing a well-led service at this inspection as:

At the inspection on 4 October 2017 we identified concerns in relation to recruitment processes for locum staff. We found that these concerns had not been rectified at this inspection. In addition, the practice had not taken steps to improve telephone access. We also found further issues of concern at this inspection which are as follows:

- Systems for monitoring and actioning safety alerts were not formalised. Although we did not find evidence of missed alerts, the informal control measures posed a risk to patient safety.
- At the time of inspection, there was no system to action unassigned pathology results.
- Processes for the management of significant events and complaints had failed, as we found evidence of an event that had not been actioned in line with practice policy.
- The practice had not taken action to improve cancer screening rates.
- There was a lack of formal supervision for nursing staff to provide assurance that care was being provided in line with competencies and best practice.
- The results of the national GP patient survey, published in July 2017 showed that patient feedback around access was negative. Patient satisfaction with telephone access had not improved. The practice was unable to demonstrate action taken to improve telephone access on the day of our inspection.

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were taking steps to address them, for example through continued active recruitment of permanent staff. They looked at different ways of working in response to problems experienced when trying to recruit GPs. For instance, the practice had employed an advanced nurse practitioner to try and improve access.
- Evidence of improvement was not demonstrated consistently on the day of inspection. The practice had not taken sufficient action to rectify previously identified concerns. In particular, improvements to safe recruitment processes and access were not demonstrated.
- During our inspection, we found there was a lack of clinical leadership and oversight to ensure appropriate governance was in place to support safe and effective patient care.

Vision and strategy

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between on-site clinicians, non-clinical staff and the leadership team at the federation, General Practice Alliance Limited.

Governance arrangements

- The practice was aware of challenges it faced when organising weekly clinical meetings, as there was a high

Inadequate

Are services well-led?

number of part-time and temporary staff. We were told that weekly clinical meetings were held on alternative days each week to enable fair attendance. In addition, the practice facilitated monthly clinical governance meetings for all clinical staff to support delivery of the service, discuss best practice, share events and complaints and formulate next steps.

- Despite these efforts we found there were areas that needed strengthening. For example, we found evidence of a significant event that had not been actioned according to practice policy. Similarly, there was no process for managing unassigned pathology results to ensure risks to patients were minimised.
- All staff knew how to identify and report concerns. All staff could access any shared learning from complaints and significant events through the shared drive.

Managing risks, issues and performance

- We found that the practice had not taken a formal approach to managing risk in all areas. For example, systems for managing safety alerts needed strengthening.
- Although the practice had processes to manage current and future performance. The practice could not demonstrate how performance of employed clinical staff was being monitored as no formal clinical supervision was in place at the time of our inspection.
- The practice was unable to demonstrate improvements had been made to increase uptake of cancer screening. Evidence of action to improve childhood immunisation rates for two-year olds was also limited.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

- The practice held practice meetings, minutes of these meetings were available for all staff, including staff that were unable to attend.
- The practice used information technology systems to monitor and improve the quality of care. For example, the General Practice Alliance Limited federation had a QOF lead who monitored practice performance and kept clinicians up-to-date on this.
- The practice submitted data or notifications to external organisations as required.
- There were effective 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 had an open-door policy, staff we spoke with informed us that management was very supportive.
- The practice was in the process of recruiting patient participation group (PPG) members. The group was yet to meet as this was still in its formation process.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was limited evidence of continuous learning and improvement at all levels within the practice. For example, staff had requested conflict resolution training which was planned to be facilitated by the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular we found that: • Processes for managing safety alerts needed strengthening. • There was no system to action unassigned pathology results at the time of inspection. • The practices systems to minimise risks to patient safety were not comprehensive. Some risk assessments had been undertaken but we identified areas of risk that had not been assessed or mitigated. • Complaints and significant events were not always actioned in accordance with the practice's policies. • There was additional evidence of poor governance, we found a lack of formal clinical supervision in place for clinicians. • There was no formal structure of multi-disciplinary team meetings taking place at the time of inspection to co-ordinate care and support for end-of-life care patients those with complex illnesses. • The practice had failed to respond to previously identified risks and to drive improvement consistently. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.