

P.A.Patel Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 10 November 2015 we carried out a comprehensive inspection at P.A.Patel Surgery. Overall the practice was found to be inadequate overall. The practice was placed in special measures and we then completed a follow up comprehensive inspection to check improvements had been made on the 25 July 2016. At this inspection the practice was rated as inadequate. The practice was found to be inadequate in safe, effective and well led and requires improvement in caring and responsive. These inspections were under a former legal entity.

Following the inspection in July 2016 the practice de-registered and re-registered as a new provider in a partnership. The new partnership has a non-clinical partner who is the practice manager who takes a lead role in the practice. This service had been placed in special measures in January 2016.

We then carried out an announced comprehensive inspection at P.A.Patel Surgery on 26 July 2017. Overall the practice is rated as requires improvement.

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

- Risks to staff and patients had been assessed and managed appropriately. The practice had completed all actions from the inspection in July 2016.
- There was an effective system in place for reporting and recording significant events. From the sample of significant events that we reviewed we saw that the practice were open and transparent and that staff from all areas of the practice were reporting and learning from significant events.
- Staff had an understanding of their responsibilities to keep patients safe and safeguarded from abuse. All staff had received safeguarding training relevant to their role.
- 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 stored securely.

Summary of findings

- There was an effective system for assessing and monitoring the quality and safety of services provided.
 - There was a programme of clinical audit that demonstrated quality improvement.
 - Practice policies and procedures had been reviewed to ensure that they were up to date and practice specific.
 - Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below local and national averages. The practice had unverified data for 2016/17. However not all areas showed improvement.
 - The practice had worked to improve their antibiotic prescribing. We reviewed this and found that this had reduced and that those prescribed were appropriate.
 - The practice had regular multidisciplinary meetings to discuss the needs of other patients with complex needs.
 - The practice could not provide assurance that all mail was actioned appropriately and from two significant events we reviewed there was evidence to suggest that it was not.
 - Data from the national GP patient survey showed patient satisfaction was mixed for several aspects of care. The latest survey in July 2017 showed that in some areas satisfaction had reduced.
 - Since our last inspection the practice had attempted to identify more carers. 1% of the practice list were recognised as carers; and there was information available to them for extra support.
 - The practice had an effective patient participation group and meetings showed how the practice had listened and responded to patient feedback.
 - Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, chairs were replaced in the waiting area and sharps containers were now wall mounted.
 - Patient safety and medicine alerts were shared with their clinical team and discussed. We saw that the practice had a record of all safety alerts that had been received. The practice produced evidence of searches already conducted in response to the alerts received.
 - At the time of the inspection the provider was not registered for maternity and midwifery services. The provider said that they would rectify this.
- Actions the practice must take to improve:
- Ensure there is an effective system in place to manage and monitor processes to improve outcomes for patients.
 - Review the process for incoming mail to ensure that information is acted upon.
 - Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including those in relation to consultations with GPs.
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. From the sample of significant events that we reviewed we saw that the practice were open and transparent and that staff from all areas of the practice were reporting and learning from significant events.
- Staff had an understanding of their responsibilities to keep patients safe and safeguarded from abuse. All staff had received safeguarding training relevant to their role.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, chairs were replaced in the waiting area and sharps containers were now wall mounted.
- There was an effective system to ensure safety alerts were received and actioned. These were also discussed in clinical meetings.
- 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 stored securely.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below local and national averages. The practice had unverified data for 2016/17. However not all areas showed improvement.
- A sample of anonymised records viewed showed that patients were reviewed adequately.
- The practice had worked to improve their antibiotic prescribing. We reviewed this and found that this had reduced and that those prescribed were appropriate.
- There had been four clinical audits commenced in the last two years, two of these that we reviewed were completed audits where the improvements made were implemented and monitored.
- The practice had regular multidisciplinary meetings to discuss the needs of other patients with complex needs.
- The practice could not provide assurance that the system for actioning incoming mail was effective.

Summary of findings

Are services caring?

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

- Data from the national GP patient survey showed patient satisfaction was mixed for several aspects of care. The latest survey in July 2017 showed that in some areas satisfaction had reduced.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. CQC comment cards were consistently positive about patient experiences.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Since our last inspection the practice had attempted to identify more carers. 1% of the practice list were recognised as carers; and there was information available to them for extra support.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data showed patient satisfaction with access to services was above average. The practice had received an award from the CCG for their satisfaction scores.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a complaints toolkit to available. Information about how to complain was available and easy to understand. Verbal and informal complaints were recorded and investigated appropriately
- The practice offered an evening clinic on Tuesdays when appointments were available until 7.30pm.
- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative location.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice were working toward the business plan in place at the previous inspection and building resilience in the clinical team and also growing the PPG and launching the web site.

Good



Summary of findings

- We were shown a detailed action plan with evidence to show that actions had been completed. For example, new policies and procedures had been put in place.
- The practice manager was leading the practice and working alongside the clinicians including the lead GP.
- The practice was now part of a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs and nursing staff, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- 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

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for providing an effective and caring service, and good for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Longer appointments were available for older people if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with their admission avoidance patients with a multi-disciplinary approach.
- Patients were referred to local services in the area. For example, the falls clinic and a day assessment unit.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages. For example, unverified data for COPD indicators were 64%, although this had improved from 28% at the previous inspection.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for providing an effective and caring service, and good for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice nurse and the GP shared a role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Some patients had 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.

Requires improvement



Summary of findings

- Unverified data for 2016/17 showed the performance for diabetes related indicators was 64% which had improved by 15% from the previous year.
- The practice nurse and GP were monitoring QOF more closely and had received training in relation to coding on the patient electronic record system.

Families, children and young people

The provider was rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for providing an effective and caring service, and good for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- All staff had received an appropriate level of safeguarding training.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people.
- The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average 86% and the national average of 81%.
- Childhood immunisation rates for the vaccinations given were comparable to the standard 90%. For example;
 - The practice achieved 100% for the percentage of children aged one year with full course of recommended vaccines.
 - The practice had achieved 96% of appropriate vaccinations for children aged two years of age.
 - The practice had achieved between 87.1% and 100% of appropriate vaccinations for children aged five years of age.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for providing an effective and caring service, and good for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Requires improvement



Summary of findings

- 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.
- The practice offered extended hours surgery once per week, Tuesday evening until 7.30pm.
- Telephone appointments were available with the GP or nursing team.
- The practice did not have a website and had limited online services for their patients.
- There was a range of health promotion advice available in the practice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing an effective and caring service, and good for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. They were in the process of arranging structured annual reviews for these patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients when needed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. All staff had attended safeguarding training courses relevant to their role.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for

Requires improvement



Summary of findings

providing an effective and caring service, and good for safe, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Dementia indicators for the practice in 2015/16 were 88%, unverified data for 2016/17 showed the practice at 93%.
- The practice was working with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing mostly above local and national averages. 228 survey forms were distributed and 104 were returned. This represented a response rate of 46%.

- 99% (previously 95%) of patients found it easy to get through to this practice by phone compared to the local average of 62% and the national average of 71%.
- 96% (previously 97%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 84%.
- 80% (previously 92%) of patients described the overall experience of this GP practice as good compared to the CCG average and the national average of 85%.

- 63% (previously 74%) of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were positive about the service experienced. Patients told us that the practice offered an excellent service and that they were always able to get an appointment when they needed one. The comments said that all staff including the GP's and the nurse was friendly, caring and professional.

We spoke with three members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the practice and the fact that they could access appointments easily.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is an effective system in place to manage and monitor processes to improve outcomes for patients.
- Review the process for incoming mail to ensure that information is acted upon.
- Address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including those in relation to consultations with GPs.

P.A.Patel Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to P.A.Patel Surgery

P.A.Patel Surgery is located in a converted house in a residential area of Benfleet, Essex. The practice provides services for approximately 2400 patients.

- The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS Castle Point and Rochford Clinical Commissioning Group.
- Services are provided from 85 Hart Road, Benfleet, Essex, SS7 3PR
- The practice is registered to provide the following regulated activities; diagnostic and screening procedures and treatment of disease, disorder or injury. The practice was not registered at the time of the inspection for maternity and midwifery services.
- The staff comprises of a male GP, a practice manager, a practice nurse and a team of receptionists. The practice also uses two regular locum GPs including a female GP to give patients a choice when booking appointments.
- The practice has a smaller than average population aged 0 to 39 years old and a larger than average population aged 50 years and over.
- The practice is open between 8.30am and 1pm and 2pm and 6.30pm daily, on Tuesdays the practice remains

open until 7.30pm. Appointments are available between 9am and 11.20am daily and between 4pm and 6.15pm (7.30pm on Tuesdays) every day apart from Thursdays when there is no afternoon clinic although home visits are available if required.

- The practice is a member of the local GP Alliance which offers patients weekend appointments at an alternative location.
- When the practice is closed, patients are directed to call 111 to access out of hours services. These services are provided by Integrated Care 24

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 July 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, practice nurse and reception team) and spoke with patients who used the service.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection in July 2016

The practice was rated as inadequate for providing safe services. We found that significant events that had been identified and recorded did not all detail actions taken or communications with patients or external organisations. Some staff did not have adequate safeguarding training. Infection control audits had been carried out, however it was unclear if actions had been taken. There was no robust system to ensure safety alerts were received and actioned. The health and safety risk assessment had highlighted several risks which had not been actioned at the time of our inspection and some of the emergency medicines were out of date.

What we found at this inspection in July 2017

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would complete an incident book and inform the practice manager of any incidents. We saw from a review of incidents recorded that the practice were aware of and evidencing the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of significant events that we reviewed we saw that the practice were open and transparent and that staff from all areas of the practice were reporting and learning from significant events.
- We reviewed four incidents that had been reported. One was a medication change that had been missed. We saw that actions had been taken and were documented. The practice had contacted the patient and there was evidence of duty of candour. The practice had also contacted the hospital consultant to explain this event and a search had been conducted to check if any other patients on this medication had not been changed that needed to be. We saw that actions, learning and follow up was documented although it was not always evidenced when the actions had been completed.
- Significant events that involved other stakeholders were forwarded accordingly to be investigated.

- We saw that staff had recorded incidents to recognise good practice. For example dealing with an accident outside the practice when staff called for an ambulance.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw from significant events that patients were contacted when applicable.
- We viewed minutes of practice and clinical meetings where these were discussed with the team and staff who spoke with were able to talk about significant events that had been reviewed or that they had completed.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We saw that the practice had a record of all safety alerts that had been received. The practice produced evidence of searches already conducted in response to the alerts received.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 practice had the contact details for safeguarding referrals available in a folder and within the policy. We were shown how the practice staff could easily access this information from any computer in the practice on the shared drive. The GP told us that they attended safeguarding meetings when required or provided reports where necessary for other agencies. The lead for safeguarding at the practice explained that there were alerts on the system for those children that the practice needed to be aware of.

Are services safe?

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The cleaning was provided by a contract cleaning company and the cleaners documented daily that they had completed the work as specified in the agreement. The practice manager completed visual checks daily and there was a communication book for the cleaners or staff to report any issues or concerns to each other. The nursing staff explained the process for cleaning their equipment. However there was no documented evidence to show that it had been completed.
- The nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The nurse had received training to enable them to complete this role. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, chairs were replaced in the waiting area and sharps containers were now wall mounted.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We viewed a sample of records and saw that reviews and monitoring was in place. The practice carried out

regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice were removing the pads from the printer each evening and replacing in the morning. The practice were tracking the prescriptions serial numbers. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice had a cold chain policy in place alongside a flow chart of what to do should the temperature of the fridge be out of range. Staff we spoke with could explain the process that they would take. The practice had purchased data loggers for the fridge so that if any errors did occur they would be able to download the data to see what action was required. There was a risk assessment in place in relation to the fridge temperatures showing what to do and referring to maintenance of the fridge. We saw evidence that the fridge temperatures were checked daily and we were told that any concerns would be documented and a significant event would be completed were appropriate.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- Risks to patients were assessed and well managed.
- There was a health and safety policy available and a risk assessment had been completed in November 2016 that was
- The practice had an up to date fire risk assessment which was completed in November 2016. The practice had completed a fire drill in June 2017 and had reflected on how this had worked and any actions to improve for

Are services safe?

next time. For example, the reflection said that the evacuation had been successful but it should be planned at a busier time for the next drill. This had identified risks and actions which had been completed.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that actions from risk assessments had been completed. For example, ongoing temperature checks were recorded monthly following a recommendation after the Legionella risk assessment.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator which was available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan included alternative accommodation that could be used if necessary.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in July 2016

The practice was rated as inadequate for providing effective services. QOF data showed patient outcomes were below local and national averages. We could not be assured patients were assessed or reviewed adequately due to a lack of detail recorded in patient records. The practice was the highest antibiotic prescriber in the CCG at the time of our inspection. Audits had not been completed and the practice did not hold multidisciplinary meetings to discuss the needs of patients with complex needs.

What we found at this inspection in July 2017

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw evidence of discussions of NICE guidance in the minutes of meetings.

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). QOF data for 2015/2016 showed the practice achieved 62% of the total number of points available. Their exception reporting was 4% which was below the local average of 7% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice provided us with unverified QOF data for 2016/17. This showed that the practice had improved on the QOF achievement and had achieved 72% of the total number of points available (10% increase from 2015/16). Exception reporting was 6.3%.

This practice was an outlier for several QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 49% which was lower compared to the CCG and national averages. For example, was 54% compared to CCG 69% and national average 78%. Exception reporting in this indicator was 3.8% which was below the CCG average 6.5% and national average 9.2%.
- Unverified data for 2016/17 showed the performance for diabetes related indicators was 64% which had improved by 15% from the previous year.
- Performance for stroke related indicators was 74% which was lower compared to the CCG and national averages. For example, was 75% compared with 81% CCG average and 88% national average. Exception reporting in this indicator was 2.7% compared with 3.2% CCG average and 4.4% nationally.
- Unverified data for 2016/17 showed the performance for stroke related indicators was 59% which had decreased by 15% from the previous year.
- Performance for mental health related indicators was 48% which was below the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 35% compared with CCG average of 78% and national average of 89%. Exception reporting in this indicator was zero compared with 9.3% CCG average and 12.7% nationally.
- Unverified data for 2016/17 showed the performance for mental health related indicators was 38% which had decreased by 10% from the previous year.

Following the inspection in July 2016 the practice had an independent company review their QOF data and help with prevalence figures and the update of patient outcomes including those with long term condition registers. The independent review highlighted issues with coding on the patient record system. The practice showed us the current data for the year which predicted the practice to be above target for 2017/18.

The practice had worked to improve their antibiotic prescribing. We reviewed this and found that this had reduced and that those prescribed were appropriate.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, two of these that we reviewed were completed audits where the improvements made were implemented and monitored.
- One of the audits was relating to high risk drug monitoring. This was following the previous inspection which had highlighted a patient that had not had the required monitoring. The other audit was in relation to diabetes safe prescribing. Findings were used by the practice to improve services. For example, the template used by the nurse for diabetic reviews was updated following the findings of the diabetic audit.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice manager had a matrix that identified staff training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Nurses attended meetings with colleagues in the area to discuss any concerns and share best practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice attended time to learn events that were led by the CCG. These meetings were used for training sessions on different topics throughout the year.
- The practice manager had documented checks of registration with staffs professional bodies and indemnity was in place for those staff that required it.

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.
- 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 professionals 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. Information was shared between services, with patients' consent, using a shared care record. The practice had begun to hold multidisciplinary meetings with other health professionals to discuss patients with complex needs. They had started to review the patients at high risk of admission.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

We viewed the pathology results and saw that these had all been actioned appropriately and in a timely manner.

Incoming mail, such as letters from the hospital was received into practice and then forwarded to the GP for action. The GP then initialled and returned the mail to the administrative staff for scanning. The practice could not provide assurance that the system for actioning incoming mail was effective. We spoke with the practice manager about this and they said that it would be reviewed.

Are services effective?

(for example, treatment is effective)

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
- 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet.
- The practice had identified that there was a need for training in relation to referrals for diabetes advice and the nurse had completed training for this.
- Patients were provided practical advice and signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average 86% and the national average of 81%.

Childhood immunisation rates for the vaccinations given were comparable to the standard 90%. For example;

- The practice achieved 100% for the percentage of children aged one year with full course of recommended vaccines.

- The practice had achieved 96% of appropriate vaccinations for children aged two years of age.
- The practice had achieved between 87.1% and 100% of appropriate vaccinations for children aged five years of age.

The practice nurse was responsible for the childhood immunisation and told us that patients that did not attend were contacted so that any concerns that they may have or any questions could be answered. The practice encouraged parents to have their children immunised and made appointments at their first appointment for future immunisations.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. They ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and were in line with national and CCG averages for these. For example, data from the National Cancer Intelligence Network (2015/16) showed the practice uptake for screening patients aged 60-69 years of age for bowel cancer within 6 months of their invitation was comparable to the local and national average achieving 61% as opposed to 61% locally or 58% nationally. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme. The practice were looking at ways they could ensure the practice followed up women who were referred by the cytology service as a result of abnormal results.

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

Are services caring?

Our findings

What we found at our previous inspection in July 2016

The practice was rated as requires improvement for providing caring services. Data from the national patient survey showed satisfaction was mixed for several aspects of care. The practice had identified 0.8% of the practice list as carers, however these patients were not offered any additional support.

What we found at this inspection in July 2017

Kindness, dignity, respect and compassion

We found that staff members were welcoming and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception area was away from the separate waiting area to assist with confidentiality.
- Reception staff knew their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us that the practice offered an excellent service and that they were always able to get an appointment when they needed one. The comments said that all staff including the GP's and the nurse was friendly, caring and professional.

We spoke with three members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. Comment cards highlighted that staff were professional and responded compassionately when they needed help.

Results from the national GP patient survey, published in July 2017 showed patients reported high levels of satisfaction with the nursing team but lower than average satisfaction scores for the GP's. For example:

- 64% (previously 76%) of patients said the GP was good at listening to them this was below the local average of 86% but below the national average of 89%.
- 69% (previously 82%) of patients said the GP gave them enough time compared to the local average of 84% and the national average of 86%.
- 77% (previously 91%) of patients said they had confidence and trust in the last GP they saw compared to the local average and the national average of 95%.
- 63% (previously 82%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 83% and the national average of 86%.
- 98% (previously 95%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff and said that staff listened to their needs and tried to accommodate requests. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, July 2017, showed patients reported high levels of satisfaction with the nursing staff but lower than average for the GP's. For example:

- 65% (previously 82%) of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 84% and the national average of 86%.
- 59% (previously 73%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 79% and the national average of 82%.

Are services caring?

- 94% (previously 94%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and national average of 85%.

The survey results for 2017 and the low scores for the GP had been discussed with the PPG. The PPG told us that they felt that the scores were lower due to the GP been single handed and at times would be busy which may give the impression of not involving patients and not good at explaining things to patients. The practice had two long term locums in place that patients were happy with which was confirmed in the comment cards that had been completed. The practice had completed their own survey in the practice however they had not used the same set of questions on the national survey. 30 patients completed surveys in March and June 2017. 100% of these patients rated the practice overall as good, very good or excellent.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a hearing loop installed at the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system enabled the GPs to know if a patient was also a carer. At the last inspection the practice had identified 20 patients as a carer. Since our last inspection the practice now had 25 carers identified (1% of their patient list). The practice had contacted agencies such as Age UK for information on services for carers. The reception staff were aware of the need to identify and code carers on the system so that flexibility on appointments and flu vaccinations could be offered as further support. The PPG were also involved in looking at ways to increase the number of carers identified. The practice posters in the waiting area detailing support that could be accessed locally.

Staff told us that if families had suffered bereavement, their GP or nurse contacted them to offer an appointment if appropriate. Staff were also informed of the death and patient records updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in July 2016

The practice was rated as requires improvement for providing responsive services. The practice had told us that they had received no complaints in the previous 12 months. However verbal and informal complaints were not recorded.

What we found at this inspection in July 2017

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice list had been closed following the previous inspection. However since the practice had reregistered as a new partnership the list size had been reopened.
- The practice offered an evening clinic on Tuesdays when appointments were available until 7.30pm.
- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative location.
- There were longer appointments available for patients with a learning disability if requested.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available.
- The practice had a treatment room on the first floor which was not accessible by disabled patients; staff would relocate to the ground floor if necessary.

Access to the service

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

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

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

- 89% (previously 91%) of patients were satisfied with the practice's opening hours compared to the local average and the national average of 76%.
- 99% (previously 95%) of patients said they could get through easily to the practice by phone compared to the local average 62% national average of 71%.
- 94% of patients described the experience of making an appointment as good; this was above the local average and the national average of 73%.
- 100% of patients told us that the last appointment they got was convenient. This was above the local average of 85% and national average of 81%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Listening and learning from concerns and complaints

The practice had a system 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 was a poster in reception and a leaflet available which told patients how to complain.

We looked at three verbal complaints received in the last 12 months and found that they were all handled satisfactorily and in line with the practice policy. At the previous inspection the practice were not recording verbal

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

complaints. We saw that verbal complaints were investigated appropriately and there were actions taken to prevent reoccurrence. Apologies were given where applicable.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in July 2016

The practice was rated as inadequate for being well led. It was unclear if there was sufficient clinical leadership to drive improvement in patient outcomes. There was no system in place to ensure duties were covered if staff were absent. There was still work to be done to ensure risks were well managed. Not all policies and procedures in place were practice specific and did not reflect how the practice was managed and incidents were not always recorded in detail to demonstrate how the provider had responded.

What we found at this inspection in July 2017

Vision and strategy

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

As the practice had remained in special measures the practice were finding it difficult to recruit GP's. The practice had long term locums assisting and it was hoped that going forward the practice may be able to secure one of these as a permanent GP or partner. The practice were working toward the business plan in place at the previous inspection and building resilience in the clinical team and also growing the PPG and launching the web site.

Governance arrangements

As a result of the inspection findings in July 2016 the practice had worked to improve on all areas highlighted. We were shown a detailed action plan with evidence to show that actions had been completed. For example, new policies and procedures had been put in place.

The practice had utilised help offered by the CCG and NHSE to improve on the service that they provided. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were in place to deputise for duties if someone was absent.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. We saw evidence of sheets signed by staff to show that they had read and understood the policies.
- Significant events were recorded and detailed with actions taken clearly documented.
- Practice meetings and clinical meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical meetings were held monthly and practice meetings quarterly.
- Clinical and internal audit was used to monitor quality and to make improvements. The practice manager was looking to implement record keeping audits. However the structure of these had not yet been decided. The practice manager was contacting other practice managers in the area to learn and share ideas for this.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Risks associated with the premises, equipment, fire safety and infection control, had all been assessed and actions had been taken.

Leadership and culture

On the day of inspection we found improvements had been made throughout the practice to deliver accessible and quality care. The practice manager had become a partner and was actively involved in improving the practice to attract a new clinical partner to protect the future of the practice. Staff told us that the GP and practice manager were approachable and supportive.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were confident and felt supported in raising concerns with the

Are services well-led?

Good 

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

practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate. We saw that communication with patients was recorded where applicable.

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

- The practice manager was leading the practice and working alongside the clinicians including the lead GP.
- The practice was now part of a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs and nursing staff, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we reviewed the minutes of these meetings.
- Practice meetings discussed significant events, complaints alongside areas for improvement. For example we saw that increasing the amount of carers had been an agenda item.
- 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 and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. Staff members said that they were able to share ideas with how to improve the practice. For example the reception staff had reorganised their office to enable further patient confidentiality.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met bi-monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been working with the local pharmacy to improve the way medication was dispensed.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through annual appraisals and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice had worked alongside the CCG and NHSE following their inspection in July 2016. The practice supported the staff to attend relevant courses.

The practice were keen to implement improvements, however funding was dependant on the removal of their list closure.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p> <p>Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems and process in place to address the issues highlighted in the national GP patient survey in order to improve patient satisfaction in respect of appointment access and consultations with GPs and nurses.</p> <p>The provider did not have effective systems in place to manage, monitor and improve outcomes for patients.</p> <p>This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>