Summerfield Primary Care Centre

Quality Report

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

Ratings

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

Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Summerfield Family Practice on 11 August 2016. The overall rating for the practice was Requires Improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the "all reports" link for Summerfield family practice on our website at www.cqc.org.uk

This inspection was a comprehensive inspection carried out on 28th February 2018 to confirm that the practice had carried out their plan to meet legal requirements in relation to the breaches in regulations that we identified in our previous inspection in August 2016. This report covers our findings in relation to those requirements and also additional improvements identified. The practice is now rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Inadequate.

At this inspection we found;

- The premises were clean and tidy and staff were aware of infection control procedures. However, the infection control audit completed by the practice was not effective as it did not assess or identify all areas where action was required.
- We looked at training records for staff and found that, in some areas, training appropriate to their role had not been completed. For example, some members of the clinical staff had not undertaken safeguarding vulnerable adults training, Mental Capacity Act training and immunisation updates.
- The national GP patient survey data was generally good; however responses relating to nursing services were less positive. The practice had not reviewed this feedback in order to identify areas for further improvement.
- Patients we spoke to on the day said they were generally happy with the practice and the staff, many of whom had been with the practice a long time
- The practice performance demonstrated that outcomes for patients were in line with CCG and national averages.
- Some of the governance arrangements within the practice were effective and supported the safe delivery of care. However there were areas where

Summary of findings

systems and processes lacked oversight in order to minimise risks to patients; for example, the monitoring of Patient Group Directions and the oversight of training.

- There was little evidence of effective systems around monitoring staff competencies.We saw examples of non-clinical staff updating clinical records on behalf of clinicians; however, there was no clinical oversight of this.
- The practice had addressed some but not all of the issues identified in the previous report and further issues had been identified around governance in this inspection.
- The practice did not have a system to make use of opportunites for learning from incidents and complaints such as failing to analysie the overall trends and develop actions plans around these.
- The practice did not make all reasonable adjustments to ensure access to vulnerable patients.
- Reported rates for cancer screening and childhood immunisations were low in comparison to local and national averages.

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

- Ensure that care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Consider ways to further improve patient engagement in respect of immunisations and cervical cytology.
- Take a proactive approach to supporting carers, identified on the carers register.
- Ensure all staff are aware of the process for registering patients who are homeless.

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

Summerfield Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Summerfield Primary Care Centre

Summerfield Primary Care Centre provides services to approximately 1,700 registered patients in an urban area of Central Birmingham. The practice is run by two GP partners, one male and one female. The practice employs a practice nurse who works closely with the GPs. Other staff includes a practice manager and three administration staff. The practice also has a branch surgery at Cheddar Rd in Balsall Heath. Only the main site was visited during our inspection. The practice holds a general medical services contract with NHS England.

The practice's main site is open from 8.45am to 11am Monday to Friday, is closed between the hours of 11am and 5pm each day and then open from 5pm to 6pm, except for Thursdays when the practice doesn't open again after 10am and Mondays when the clinic is extended to 7pm. The branch site is open from 1pm until 4pm each day. Clinicians are available throughout the core hours of 8.30am until 6pm Monday to Friday. Both surgeries are connected to telephone via the same number as well as computer systems, patients can attend either surgery.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Primecare. Patients can also access advice via the NHS 111 service

Urgent appointments are available for people that need them, as well as telephone appointments. Online services are available for patients including, making appointments online and accessing online medical records summaries

We reviewed the most recent data available to us from Public Health England which showed the practice has a higher proportion of patients aged 0 to 55 years old, compared with the national average. It has a smaller proportion of patients aged 55 and over compared to the national average. Income deprivation affecting children was 37%, which was higher than the CCG average of 30% and the national average of 20%. Income deprivation affecting older people was 42%, which was higher than the CCG average of 37% and the national average of 20%. 65% of the patients serviced by this practice were from BME (Black, Minority, Ethnic) groups.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 11th August 2016, we rated the practice as requires improvement for providing safe services as the arrangements or the safe use of medicines and vaccines and appropriate recruitment checks being in place were not sufficient.

The practice continues to be rated as requires improvement due to staff training, staff acting outside of competencies and out of date Patient Group Directions.

Safety systems and processes

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

- The practice had some systems to safeguard children and vulnerable adults from abuse. Most of the staff whose information we viewed were up to date with their safeguarding training; however some clinical staff were not. Following the inspection the practice sent us confirmation that this training had been completed. Policies were accessible to all staff. They outlined clearly who to go to for further guidance, there was a safeguarding lead at the practice.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, we saw that staff had received training in relation to domestic abuse. Staff knew how to take steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff files that we looked at identified staff had received chaperone training. Notices were available to inform patients should a chaperone be required. Staff files that we looked at confirmed that staff acting as a chaperone had a DBS check in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- We reviewed a selection of staff files and found that recruitment checks were completed appropriately.
- There were some systems to manage infection prevention and control but these were not always effective. For example; the audit provided by practice had not picked up issues in infection control that we identified on the day.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were some arrangements to ensure enough staffing across the two sites, but no formal planning or monitoring of the number and mix of staff needed was taking place.
- There was an induction system for temporary staff tailored to their role, including an effective locum pack.
- 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, for example, sepsis.
- When there were changes to services or staff the practice did not effectively assess and monitor 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; however, we were not assured of sufficient clinical oversight of this information.

- The care records we saw showed all relevant information needed. However, we saw examples of non-clinical staff inputting information into patient records without evidence of clinical oversight. Since the inspection, the practice reviewed and amended this process to ensure an appropriate oversight of clinical records.
- The practice had systems for sharing information with staff, through discussions and meetings and other agencies to enable them to deliver safe care and treatment.
- The referral letters we saw included all of the necessary information.

Safe and appropriate use of medicines

Requires improvement

Are services safe?

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

- There was a system for managing medicines, including vaccines, medical gases and emergency medicines and equipment. The practice kept prescription stationery securely.
- Staff prescribed to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The practice's prescribing of antimicrobials was high; there was evidence of actions taken to support good antimicrobial stewardship in the form of audits and actions to be taken to reduce this.
- We reviewed the Patient Group Directions (PGDs), which support the nurse to administer immunisations in line with national guidance; however out of the five PGDs that we reviewed, two had expired and had not been reviewed.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately through a good system in regard to MHRA alerts (The Medicines and Healthcare products Regulatory Agency is a government body which was set up in 2003 to bring together the functions of the Medicines Control Agency (MCA) and the Medical Devices Agency (MDA). These inform healthcare professionals of any issues concerning medicines and devices for example the safety alerts around pregnant women taking Sodium Valproate. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had safety risk assessments including fire, legionella and health and safety, staff were able to demonstrate that they knew how to access them. Staff received safety information for the practice as part of their induction.

Lessons learned and improvements made

The practice learned some lessons and made some improvements when things went wrong, however the approach was not always consistent.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events both nationally and locally as well medicine safety alerts.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported staff when they did so. The practice told us that incidents were discussed at meetings, however completed incident forms and minutes of meeting did not support the sharing of learning as there was no overall trend analysis completed and no action plans developed to respond to these. The systems for both significant events and incidents did not identify themes and mitigate the risk of reoccurrence and was not clear or effective as several different formats for reporting were used. Since the inspection the practice have sent an analysis of significant events but could not demonstrate an improved system.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11th August 2016, we rated the practice as requires improvement for providing effective services in respect of responding to NICE guidance and improving the uptake of cervical cytology.

Having seen significant improvement in governance arrangements around NICE guidance we rated the practice as Good for providing effective services for, older people, people experiencing poor mental health, people with long term conditions and people whose circumstances make them vulnerable. Family, children and young people and working age people were rated as requires improvement with respect of childhood immunisation and cervical screening uptake compaired to national coverage standards

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice were prescribing significantly more hypnotics when compared with local and national averages. Prescribing rates were double the local and national averages. Since the inspection, the provider had informed us that a review and audit of hypnotic prescribing is planned
- Prescribing rates of antibiotics that are used when other antibiotics have failed, as well as other antibacterial prescription items were in line with CCG (Clinical Commissioning Group) and national averages.
- 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 through a complex case manager, GP and district nurse at MDT (Multi-disciplinary team) meetings.
- Patients aged over 75 were invited for a health check and had a named GP.
- The practice followed up on older patients discharged from hospital within two days of discharge. GPs used GP homepage (software that allows GPs to view hospital results) regularly to keep up to date with patients status.
- Hospital and A&E attendees were discussed at MDT meetings.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

The practice had achieved the following for nationally reported data relating to long-term conditions including diabetes, asthma, COPD, hypertension and atrial fibrillation data;

- Performance for diabetes related indicators was 82%; this was 8% below the CCG average and 9% below the national average. The exception reporting rate for each of the sub indicators was generally below local and national averages.
- The percentage of patients with Asthma on the register who had an asthma review in the preceding 12 months that included an assessment of asthma control was 85%, which was higher than the CCG and National averages which stood at 78% and 76% respectively.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council scale in the preceding 12 months was 100%, which was higher than the CCG and national averages, which were 94% and 90% respectively.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 80%; this was below the CCG and national averages which stood at 84% and 83% respectively.
- In those patients with atrial fibrillation (an irregular, rapid heart rate that may cause symptoms like heart palpitations, fatigue, and shortness of breath) whose risk of blood clot or stroke was moderately high, the percentage of patients who were currently treated with

Requires improvement

Are services effective?

(for example, treatment is effective)

anticoagulation drug therapy was 100% with an exception rate of 0%, in comparison to the CCG average of 88% and an exception rate of 12%. The national average was 88% and the exception rate was 8%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However the practice had a significantly negative variant at 74% overall, which was below the national standard of 90% and the national average of 91%. The practice was working to address this and since the inspection has provided unverified QOF data demonstrating an increase in uptake to 81%.
- The percentage of children aged 1 year with a full course of recommended vaccines was 83%, compared with the national standard of 90%.
- The percentage of children aged 2 years with haemophilus influenza type B and meningitis C booster was 71%, compared with the national standard of 90%
- The percentage of children aged 2 years with pneumococcal conjugate booster was 71% (70.6%), compared with the national standard of 90%.
- The percentage of children aged 2 years with MMR vaccine was 71%, compared with the national standard of 90%.

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

- Data from Public Health England (PHE) shows the practice's uptake for cervical screening was 64%, which was below with the 80% coverage target for the national screening programme. Since the inspection the provider has provided unverified QOF data demonstrating an uptake of 82%.

People whose circumstances make them vulnerable:

- End of life care was supported by the community palliative care team.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability of which there were seven patients all of whom had had reviews of their health in the last 12 months
- The practice had no patients who were homeless, nor did they have an understanding of what was needed if they were to encounter a homeless patient.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 87% and above the national average of 84%. The exception reporting was 0% in contrast to the CCG and national averages of 11% and 10% respectively.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was in line with the CCG average of 92% and above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption; this was in line with the CCG average of 93% and the national average of 91%.
- Performance for dementia related indicators was 100%, which is above the CCG average of 96% and below the national average of 97%. The exception reporting rate was generally below local and national averages.
- Performance for mental health related indicators was 89%. This was below the CCG average of 95% and the national average of 94%.
- The performance for depression related indicators was 100%. This was above the CCG average of 95% and the national average of 93%. The prevalence of patients recorded as having depression was 5%, which was lower than the CCG prevalence of 9% and the national prevalence of 9%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. In the most recent published Quality Outcome Framework (QOF) results, the practice achieved 90% of the total number of points available, which was in-line with with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 5% which was below the CCG and national average of 9% and 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception

Requires improvement

Are services effective?

(for example, treatment is effective)

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 practice were involved in quality improvement activity and regularly completed clinical audits; two clinical audits cycles had been completed. For example, the practice had run an audit to ensure effective monitoring of antibiotic prescriptions. From this, the practice had developed a better documentation system and introduced delayed prescriptions.

Effective staffing

Staff we spoke to had the skills, knowledge and experience to carry out their roles despite the identified gaps in some training. For example, staff whose role included 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. Records of skills, qualifications and training were present. However the oversight of the records did not identify areas where training had not been completed.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for clinical revalidation and would provide support with revalidation if requested by staff members.
- The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was an approach for supporting and managing staff when their performance was poor or variable, but this was often informal.

Coordinating care and treatment

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

- We saw records that showed the practice was working in a multi-disciplinary manner. They could demonstrate they held multidisciplinary case review meetings where patients who were vulnerable or complex were discussed, minutes of these meetings were available.
- Patients received co-ordinated and person-centred care. This included when they were referred to, or after they were discharged from hospital. The practice worked with patients to develop personal care plans.
- The practice worked in partnership with agencies outside the practice to deliver end of life care.

Helping patients to live healthier lives

The practice had an inconsistent approach to helping patients lead healthier lives.

- The National GP Patient survey provided evidence that the practice supported people to have choice in their care and treatment.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice demonstrated that they were proactive in supporting national priorities and initiatives to improve the population's health. For example, the practice ran audits into cardiovascular disease risk and statin use, as well as pre-diabetes. They also sent letters to patients between the ages of 18 and 35 to arrange screening for latent Tuberculosis.

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.

Requires improvement

Are services caring?

Our findings

We rated the practice requires improvement for providing caring services, and for all of the population groups because they had not considered the results of the National GP survey, nor had they developed an action plan to address any issues arising; for example, with regards to nursing services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice were able to demonstrate that they gave patients timely support and information.
- The reception staff we spoke to knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room if one was available to discuss their needs, or speak to them in the inside corridor.
- We received 11 Care Quality Commission comment cards, ten were positive about the service experienced and one was of a mixed response. This was in line with the results of the NHS Friends and Family Test.

Results from the July 2017 annual national GP patient survey showed patients responds were mixed when answering questions relating to being treated with compassion, dignity and respect. A total of 361 surveys were sent out and 82 were returned. This represented 23% completion rate and approximately 5% of the practice population For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; compared to the CCG average of 81% and the national average of 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; compared to the CCG average of 95% and the national average of 96%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared to the CCG average of 84% and the national average of 86%.
- 75% of patients who responded said the nurse was good at listening to them; compared to the CCG average of 88% and the national average of 91%.
- 71% of patients who responded said the nurse gave them enough time; compared to the CCG average of 87% and the national average of 92%.
- 84% of patients who responded said they had confidence and trust in the last nurse they saw; compared to the CCG average of 95% and the national average of 97%.
- 73% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared to the CCG average of 87% and the national average of 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; compared to the CCG average of 82% and the national average of 87%.

We spoke with the practice about the results of this survey. The results had not been analysed, nor had they developed any action plans to address areas for improvement. Patients we spoke with on the day, of which there were two, reported that the GPs were caring, responsive to their needs and always took the time to listen to all issues the patients had. Since the inspection the practice have provided us with documents which demonstrate areas indentified for improvement are being considered.

Involvement in decisions about care and treatment

The practice was able to demonstrate that patients were involved in decisions about their care. Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

- The practice identified carers however the register they held was not proactively used to further support this group of patients.
- There were 18 carers on the practice register this was approximately 1% of the practice list size.

Requires improvement

Are services caring?

Results from the national GP patient survey showed patients responded in a mixed manner to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 82% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared to the CCG average of 76% and the national average of 82%.
- 66% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared to the CCG average of 86% and the national average of 90%.
- 73% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; compared to the CCG average of 82% and the national average of 85%.

Patient reports on the day of inspection and the CQC comment cards received supported these results in terms of GP care. Patients reported that GPs involved them in their treatment choices and care decisions, however didn't always take the time to explain these to the patients. The practice were aware of the results but had no action plan in place to implement changes to improve patient satisfaction in the areas highlighted as needing attention. Since the inspection the practice have provided us with documents which demonstrate areas indentified for improvement are being considered.

Privacy and dignity

The practice respected and promoted patients' general privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice Good overall and good in all the population groups with the exception of peoples whose circumstances make them vulnerable.

Responding to and meeting people's needs

The needs of the local population had not been fully assessed when taking into account the planning of the service at both the main and branch sites.

- The practice did not demonstrate that reasonable adjustments had been considered in order to meet the needs of its population or tailored services in response to those needs. For example, there had been no equality/disability access audit completed at the branch and main site for patients who found it difficult to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was co-ordinated with other services.

Older people:

- All patients over 75 had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Children received appointments to ensure they were seen on the same day where necessary.
- The practice liaised with health visitors in order to coordinate patient care.
- All staff had children safeguarding training appropriate to their role.

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 make these more accessible, flexible and offered continuity of care but we were told by the practice that these were not always available. For example, additional appointments were available Monday evenings, however these were only available should clinicians be available.
- Online services such as repeat prescription requests and advanced booking of appointments were available.
- 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.
- All learning disabled patients had been offered and received an annual health review.
- There were interpreter services for patients, whose first language was not English. Also the practice reported to us that they aided patients with correspondence if they lacked literary skills. However there was no documented evidence of this.
- Vulnerable patients were discussed MDT meetings.
- The practice had not demonstrated that they had considered the communication needs of some patients; for example, there was a hearing loop available but this was not operational, the practice had not referred to the Accessible Information Standards to ensure patient needs were met. Since the inspection the practice have told us that they have put a notice in the waiting area advising visually impaired patients that visual aids are available.

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.
- Patients were invited to mental and physical health reviews.
- We reviewed a selection of Individual care plans we saw that there were appropriately documented.
- The practice was located in a health center where patients had access to other services such support groups.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

Patients were able to access care and treatment from the practice within a timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times varied according to patients we spoke to, delays were common but these were not always communicated to patients.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed in comparison to local and national averages. A total of 361 surveys were sent out and 82 were returned. This represented 23% completion rate and approx. 5% of the whole patient group.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 91% of patients who responded said they could get through easily to the practice by phone; compared to the CCG average of 68% and the national average of 71%.
- 86% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared to the CCG average of 70% and the national average of 76%.
- 89% of patients who responded said their last appointment was convenient; compared to the CCG average of 72% and the national average of 81%.
- 95% of patients who responded described their experience of making an appointment as good; compared to the CCG average of 63% and the national average of 73%.
- 75% of patients who responded said they don't normally have to wait too long to be seen; compared to the CCG average of 46% and the national average of 58%.

The practice was open between 8.45am to 11am Monday and from 5pm to 6pm at the main site, except for Thursdays when the practice doesn't open again after 11am, the branch site was open from 1pm to 4pm. Phone lines were automatically diverted to Primecare when the practice was closed. The practice had considered extended hours on a Monday, however these were only bookable if a clinician was available. The practice told us that there was a clinician available throughout the core hours of 8.30am until 6pm.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the practice waiting area.
- The complaint policy and procedures were in line with recognised guidance.
- We reviewed all nine complaints that were received within the last 12 months. These were all documented and dealt with individually, but the practice was unable to evidence any meaningful trend analysis to identify learning opportunities. In addition the practice was only able to provide the agenda for one quarterly meeting to discuss these for the 12 months prior to the inspection and no details of discussion.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 11th August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of identifying, monitoring and managing risks as well as recording incidents and analysing risks were not sufficient.

The practice is now rated as inadequate for providing a well-led service because of the presence of repeated breaches and the practice's overall reactive not proactive governance and leadership arrangements regarding sufficient oversight of staff training, quality improvement activities and improving patient satisfaction.

Leadership capacity and capability

- The leaders at the practice were visible and approachable and worked closely with staff with a friendly and pleasant environment. However leaders at the practice did not always demonstrate the necessary capacity and capabilities to ensure appropriate systems and processes were effectively managed. For example, oversight of professional registrations, Patient Group Directions (PGDs) and ensuring clear and accountable roles and responsibilities.

Leaders at the practice had not addressed all of the issues identified at the previous inspection to ensure all risks were well managed.

Vision and strategy

The practice had vision and strategy to deliver care and promote outcomes for patients however this was inconsistent.

- The practice statement of values was; "We would like to work in partnership with our patients. Being partners means that we have a responsibility towards each other. This can only be achieved if we work together."
- The practice told us they had developed its values jointly with patients, staff and external partners; however not all staff we spoke to were aware of the practice values.
- Future priorities at the practice had not been fully considered or incorporated into a clear strategy and staff we spoke to were unaware of these priorities.

Culture

- Staff stated they felt respected, supported and valued.
- We saw that staff had yearly appraisals when staff training was discussed. We saw that staff had access to training; however, this was not effectively monitored to ensure appropriate training had been completed.
- 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; however there was no evidence that they understood where to go should they need to raise concerns outside of the organisation if necessary. There was no whistle blowing policy in place.
- Clinical staff, including nurses, were considered valued members of the practice team.
- Staff, whose files we viewed had received equality and diversity training. Staff we spoke to felt they were treated equally.
- From what we were told and viewed on the day there were positive relationships between staff and teams.

Governance arrangements

The responsibilities, roles and systems of accountability within the practice were unclear and did not support good governance and management.

- Structures, processes and systems did not support good governance. The practice did not demonstrate that these were embedded and there was little evidence of oversight.
- Staff we spoke to were not always clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies. The recruitment policy had not considered ongoing monitoring of professional registration to ensure it remained valid, nor had it considered or assessed the risk of not reviewing Disclosure and Barring Service (DBS) checks on an ongoing basis.
- The practice documented complaints and incidents but they were not analysing these to identify and address any trends.
- Audits to monitor safety and performance were generally in place; however, the infection control audit had been completed and had not identified any risk but

Are services well-led?

Inadequate

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

on the day of our inspection we saw issues that should have been identified in an effective audit such as information about sharps injuries and replacing curtains within appropriate timescales.

- There was no system to ensure that Patient Group Directions (PGDs) were up to date and in line with legal requirements and there was no understanding from practice management team about the importance of this. We found PGDs out date and no actions had been taken.

The practice was unable to demonstrate that they had considered the accessibility information standards with regards to their vulnerable patients, or patients with impairments.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not clear or effective.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety but these were inconsistent due to the fact that the practice was reactive not proactive in this regard. Staff addressed individual issues but were unable to demonstrate effective systems for preventing reoccurrence. Incidents and complaints were individually managed, however in the absence of analysis the practice did not demonstrate learning had fully taken place to mitigate future risks.
- The prescribing rates of hypnotics medicines were double that of the CCG average, since this was highlighted at the inspection the provider had informed us that a review and audit of hypnotic prescribing is planned.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audits including their prescribing and referral decisions. Practice leaders had some knowledge of MHRA alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality in this area.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Some quality and operational information around clinical systems was used to ensure and improve performance.
- The practice used information technology systems to monitor and improve the quality of care.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice told us that they involved patients and staff to further develop service delivery; however, we did not see evidence of the practice responding to feedback from patients, staff and stakeholders in order to improve services. For example, the practice had not responded to the GP patient survey results.

- As part of the inspection we met with the chair of the PPG who informed us that the group's membership was eight patients. The meetings were held every 2 to 3 months or when required. Minutes were available. The practice website was not developed to ensure the most up to date information was readily available to patients. Some patient information not been updated since 2015 and the information around CQC ratings was misleading, it stated that the published rating from the previous report was not final. Since the inspection the practice had provided evidence that this has now been resolved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. How this regulation was not being met; Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely, in particular; • The practice did not demonstrate that non-clinical staff had the necessary competencies and oversight for the completion of clinical records. **This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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;

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Requirement notices

- The practice did not have a clear system or process for mitigating risk. There were insufficient systems to monitor staff training in order to mitigate risk.
- There were insufficient systems to monitor infection control in order to improve the quality and safety of the service.
- The system for monitoring processes was not effective in establishing required reviews, for example in terms of professional registration and Patient Group Directives.
- The practice did not take all necessary steps to ensure the learning from incidents and complaints led to the mitigation of future risk.
- The practice was not proactive in seeking patient feedback or reviewing the information from the national patient survey in order to develop an action plan to address areas for improvement.
- The practice had not completed an equality access audit in order to assess access for vulnerable patients to identify reasonable adjustments to the service and premises.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017.