

Dr KE Wilcox & Partners

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr KE Wilcox & Partners on 2 June 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Dr KE Wilcox & Partners on our website at www.cqc.org.uk.

The inspection carried out on 2 March 2017 found that the practice had responded to some of the concerns raised at the June 2015 inspection. However, we found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice is inadequate.

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

- There was a system for reporting and recording significant events. However, not all staff understood what constituted an incident or near miss.
- Risks to patients were not always assessed and well managed. For example, those relating to recruitment checks.

- The practice was unable to demonstrate that there was an effective system for receiving and acting on medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice did not have an adequate supply of medicines and equipment to respond to medical emergencies in line with national guidance.
- The practice was unable to demonstrate that it had a system to track the use of blank prescription forms throughout the practice.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- The practice was unable to demonstrate that all staff had received sufficient training to enable them to carry out their roles effectively, and staff did not have regular appraisals.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it difficult to get through to the practice by telephone and to make an appointment that suited their needs, but that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive annual appraisals and are provided with appropriate training to carry out their roles in a safe and effective manner. For example, induction training for new staff, safeguarding, fire safety awareness, basic life support and information governance training.
- Ensure the practice has equipment and medicines suitable for use in a medical emergency.
- Ensure there is a system to ensure that medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) are received and acted upon.
- Ensure the practice has a system for monitoring blank prescription pads and forms throughout the practice.
- Ensure the practice has a business continuity plan that ensures adequate staffing and the long term sustainability of the practice.
- Ensure patients with complex medical needs are discussed at multidisciplinary team meetings, and patients with long term conditions are regularly reviewed and have written care plans.
- Introduce a system to ensure a programme of clinical audit is carried out to drive improvements to patient care by the completion of clinical audit cycles.
- Ensure formal governance arrangements are implemented including systems for assessing and

monitoring risks and the quality of the service provision. For example, risks relating to medicines and equipment at the practice for use in an emergency, pre-employment checks and staff training and appraisals.

In addition the provider should:

- Improve staff understanding of what constitutes a significant event, incident or near miss and ensure all significant events are reported.
- Minimise the risk of the refrigerator used to store vaccines being turned off by plugging it directly into a switchless wall socket.
- Proactively identify patients who are carers and support them to access additional support.
- Improve telephone access to the practice and the availability of non-urgent appointments.
- Establish and engage with a patient participation group to provide feedback and support to the practice.

I am placing this service into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- There was a system for reporting and recording significant events. However, not all staff understood what constituted an incident or near miss, and not all were recorded.
- Risks to patients were not always assessed and well managed. For example, those relating to recruitment checks.
- The practice was unable to demonstrate that all staff had received training to carry out their roles effectively. For example, training in safeguarding, fire safety, infection control and basic life support.
- The arrangements for managing medicines in the practice did not always minimise risks to patient safety. For example, the practice did not have adequate supplies of medicines and equipment for use in emergencies, blank prescription pads and forms were not monitored throughout the practice and the refrigerator used to store vaccines was run from an extension lead connected to a normal electric wall socket.
- The practice was unable to demonstrate that there was an effective system for receiving and acting on medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

Inadequate



Are services effective?

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

- Patients with long term conditions did not always receive a regular review of their condition or have a written care plan.
- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was only 31% compare to the CCG average of 83% and the national average of 84%. 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 using the 3 Royal College of Physicians (RCP) questions was only 38% compared to the CCG average of 73% and the national average of 76%.
- There was no evidence that audit was driving improvement in patient outcomes.

Requires improvement



Summary of findings

- Multi-disciplinary working was taking place but was limited.
- There was no overall training record for staff at the practice, and the practice was unable to demonstrate that any staff had received an appraisal in the previous 12 months.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there were special arrangements to protect the anonymity of patients from a local women's refuge.
- Patients we spoke with said they found it difficult to get through to the practice by telephone and to make an appointment but that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- Staffing levels were insufficient to allow the practice's leadership team to be able to focus effectively on leadership and governance issues.
- Governance arrangements had not ensured that all issues were identified, recorded and managed, or that mitigating actions were implemented. For example, in relation to recruitment checks and mandatory training such as in safeguarding, fire safety and basic life support.

Inadequate



Summary of findings

- Governance arrangements did not ensure improvements in patient outcomes. For example, patients with long term conditions did not have their care adequately reviewed and there was no evidence that audits were driving improvements.
- The practice sought feedback from staff and patients but did not have a patient participation group.
- Not all staff had received regular performance reviews or attended staff meetings and events. The training needs of staff were not addressed.

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 provider was rated as inadequate for providing safe and well-led services; requires improvement for effective; and good for caring and responsive. The issues identified overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

Inadequate



People with long term conditions

The provider was rated as inadequate for providing safe and well-led services; requires improvement for effective; and good for caring and responsive. The issues identified overall affected all patients including this population group. However, the practice is rated as inadequate for the care of people with long-term conditions.

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 72% compared to the CCG and national average of 78%.
- However, performance indicators for other long-term conditions was less favourable:
 - 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 using the 3 Royal College of Physicians (RCP) questions was only 38% compared to the CCG average of 73% and the national average of 76%.
 - The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 66% compared to the CCG average of 86% and the national average of 90%.

Inadequate



Summary of findings

- Longer appointments and home visits were available when patients needed them.
- Structured annual reviews were not undertaken to check that patients' health and care needs were being met and patients did not have a personalised care plan.

Families, children and young people

The provider was rated as inadequate for providing safe and well-led services; requires improvement for effective; and good for caring and responsive. The issues identified overall affected all patients including this population group.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Childhood immunisation rates for the vaccinations given were comparable to the local CCG and national averages. The practice achieved the 90% target in three out of four areas; in the remaining area they scored 59%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable with the clinical commissioning group (CCG) and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The provider was rated as inadequate for providing safe and well-led services; requires improvement for effective; and good for caring and responsive. The issues identified overall affected all patients including this population group.

- 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 help ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were not offered. The practice reserved a number of commuter appointments on Tuesday, Wednesday and Thursday between 5.30pm and 6pm for patients who were unable to attend the practice during normal working hours.

Inadequate



Summary of findings

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

People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe and well-led services; requires improvement for effective; and good for caring and responsive. The issues identified overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had identified 52 patients as carers (0.6% of the practice list).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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. However, the practice was unable to demonstrate that all staff had received safeguarding training to an appropriate level.

Inadequate



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing safe and well-led services; requires improvement for effective; and good for caring and responsive. The issues identified overall affected all patients including this population group.

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was only 31% compared to the CCG average of 83% and the national average of 84%.
- Performance for other mental health related indicators was higher than the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 93% and the national average of 89%.

Inadequate



Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in some areas, and below local and national averages in others. Two hundred and twenty eight survey forms were distributed and 121 were returned. This represented 2% of the practice's patient list.

- 50% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 64% and the national average of 73%.
- 64% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 66% and the national average of 76%.
- 86% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 84% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, 21 of which were positive about the standard of care received. Six of the cards contained both positive and negative comments about the practice. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy. The negative comments all related to difficulties getting through to the practice by telephone and making an appointment that suited their needs.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they all also commented that they found it difficult to get through to the practice by telephone and make an appointment that suited their needs.

Dr KE Wilcox & Partners

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 practice manager specialist adviser.

Background to Dr KE Wilcox & Partners

Dr KE Wilcox & Partners, also known as The London Road Medical Centre, is situated in Sittingbourne, Kent. The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of 8,005. The proportion of patients who are aged 20 to 44 is lower than the national average and the proportion of patients aged over 65 is higher than the national average. The practice is in an area with a marginally lower than average deprivation score and lower than average levels of unemployment.

There is a reception and waiting area on the ground floor. Consultation and treatment rooms are also located on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies. There is a small car park for use by staff and disabled patients.

There are two GP partners (one male and one female). Both of the partners are part time (1.78 Whole Time Equivalents (WTE) in total). There are two part time salaried GPs (one male and one female) (1.11 WTE in total). Regular locum GPs work in the practice on regular days each week and

cover when the GPs are off sick or on holiday. There is one part time practice nurse and a phlebotomist, both of whom are female. In addition, there is a practice manager as well as a team of reception and administrative staff.

The practice does not teach medical students or train GP trainees and FY2 doctors.

The practice is open between 8am and 6.30pm Monday to Friday. The practice does not offer regular extended hours appointments.

There are arrangements with other providers (Medway on Call Care (MedOCC)) to deliver services to patients outside of the practice's working hours.

Services are provided from The Medical Centre, 32 London Road, Sittingbourne, Kent, ME10 1ND.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr KE Wilcox & Partners on 2 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well-led services.

We undertook a further announced comprehensive inspection of Dr KE Wilcox & Partners on 2 March 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Dr KE Wilcox & Partners on our website at www.cqc.org.uk.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 2 March 2017. During our visit we:

- Spoke with a range of staff (one GP partner, one locum GP, the practice manager, the practice nurse and two administration/reception staff) and spoke with five patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- 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

At our previous inspection on 2 June 2015, we rated the practice as requires improvement for providing safe services because:

- Reporting of incidents and near misses did not take place; there was no evidence of learning from incidents; no incidents had been formally reported during the previous two years.

The practice demonstrated they had made some improvements when we undertook a follow up inspection on 2 March 2017. However, not all identified improvements had been made and we found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under 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). However, not all staff we spoke with were clear about what constituted a significant event. The practice was unable to demonstrate that all significant events that took place were recorded as such. For example, staff told us that a person's handbag had been stolen from the waiting area but that this had not subsequently been recorded as a significant event.
- From the sample of two documented examples of reported significant events we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of reported significant events.

Overview of safety systems and process

The practice had systems, processes and practices to help reduce 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 and there was a poster in one of the offices outlining how to make a safeguarding referral. There was a lead member of staff for safeguarding. GPs did not attend safeguarding meetings but provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. However, the practice was unable to demonstrate that all staff including clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs 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). When chaperones were offered and either declined or accepted, the practice recorded this in the respective patient's notes.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems.
- One of the GP partners was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to help keep up to date with best practice. There was an IPC protocol. However, the practice was unable to demonstrate that 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.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice was unable to demonstrate that there was an effective system for receiving and acting on medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to help ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there was a system to record the serial numbers of prescriptions received by the practice. However, the practice was unable to demonstrate that the system tracked the use of blank prescription forms through the practice. For example, the serial numbers of blank prescription forms that were allocated to the doctors' rooms were not monitored and recorded.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Vaccines were stored in a refrigerator in one of the treatment rooms. We checked a sample of vaccines and found them all to be in date. The temperature of the refrigerator used to store medicines was monitored and recorded. However, the refrigerator used to store medicines was run from an extension lead connected to a normal electric wall socket. This meant that there was a risk that the refrigerator could have been accidentally turned off, potentially rendering the medicines stored within unfit for use.

We reviewed five personnel files. The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment. For example, evidence of satisfactory conduct in previous employment in the form of references was missing.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. However, the practice was unable to demonstrate that staff had received fire safety training, and regular fire drills were not carried out.
- All electrical and clinical equipment was checked and calibrated to help 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).
- 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 help ensure enough staff were on duty to meet the needs of patients. However, one of the partners had retired from clinical practice at the end of 2015 and had not yet been replaced and another was unavailable due to illness. The practice used regular locum doctors to make up for these absences. In addition the practice was making efforts to recruit a further part time practice nurse. The practice told us that this had impacted their ability to carry out routine monitoring of patients with some long-term conditions, such as asthma, COPD and dementia.

Arrangements to deal with emergencies and major incidents

The practice's arrangements to respond to emergencies and major incidents did not always keep patients safe.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice was unable to demonstrate that non-clinical staff and one of the GPs had received up to date annual basic life support training.
- The practice had oxygen with adult and children's masks on the premises and. A first aid kit and accident book were available.

Are services safe?

- The practice did not have an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) available and had not carried out a risk assessment in relation to the lack of a defibrillator.
- A limited range of emergency medicines was accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely. However, some medicines which may be required to treat a patient in an emergency, such as glucose to treat low blood sugar in diabetic patients, were not available. We discussed this with the practice who arranged for additional emergency medicines to be supplied, and provided evidence to show that they had done so within a short time of our inspection.
- The practice did not have a business continuity plan to ensure adequate staffing and the ongoing sustainability of the practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 June 2015, we rated the practice as good for providing effective services.

When we undertook a follow up inspection on 2 March 2017 we found evidence of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing effective services.

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 help 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results were 69% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

The overall exception rate was 4.2% compared to the CCG average of 4.9% and the national average of 5.7%. (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).

Data from 2015/2016 showed that the practice's performance in managing patients with long term conditions was variable.

In some areas, the practice performed in line with or better than others. For example:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 72% compared to the CCG and national average of 78%.
- Performance for some mental health related indicators was higher than the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 93% and the national average of 89%.

However, for patients with other long term conditions, the practice performed less well. For example:

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 31% compared to the CCG average of 83% and the national average of 84%.
- 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 using the three Royal College of Physicians (RCP) questions was 38% compared to the CCG average of 73% and the national average of 76%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 66% compared to the CCG average of 86% and the national average of 90%.

The practice was aware of the areas of poor performance but was unable to provide evidence of any positive action plans to address them.

We looked at a sample of six records for patients with long term conditions and found that none of the patients had a written care plan for their condition. When we discussed this with the practice they told us that they were currently unable to offer reviews to all patients with long term conditions due to the availability of nursing and medical staff in the practice.

There was limited evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been one clinical audit carried out in the year. However, this was not a completed audit where the improvements made were implemented and monitored.

Effective staffing

- The practice showed us that they were developing an induction programme for all newly appointed staff. However, the practice was unable to demonstrate that current staff had completed an induction programme.
- 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.
- Staff had access to some training to meet their learning needs and to cover the scope of their work. For example, the phlebotomist was working towards their care certificate, with the support of the practice. The practice told us that various training was being arranged over the course of the next six months. However, there was no overall training record for staff at the practice, and the practice was unable to demonstrate that any staff had received an appraisal in the previous 12 months.
- The practice was unable to demonstrate that all staff had received training in safeguarding, fire safety awareness, basic life support and information governance.

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, medical records and investigation and test results. However, some patients did not have up to date care plans.
- 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. However, multi-disciplinary team meetings did not take place with other health care professionals to review and update care plans for patients with complex needs.

The practice worked with the local hospital to help ensure 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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- The process for seeking consent was monitored through patient records audits.

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, alcohol consumption and smoking cessation.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the clinical commissioning group (CCG) and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical

Are services effective?

(for example, treatment is effective)

screening test. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast cancer screening programme was 76%, which was comparable with the clinical commissioning group (CCG) and the national average of 73%. The practice's uptake for the bowel cancer screening programme was 66%, which was higher than the clinical commissioning group (CCG) average of 57% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in three out of four areas; in the remaining area they scored 59%. These measures can be aggregated and scored out of 10, with the practice scoring 8.5 (compared to the national average of 9.1).

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

At our previous inspection on 2 June 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 2 March 2017, we found the practice was continuing to provide caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to help maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Twenty-one of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six of the cards contained both positive and negative comments about the practice. The negative comments all related to difficulties getting through to the practice by telephone and making an appointment that suited patients' needs.

We spoke with five patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. However, patients we spoke with also commented about difficulties getting through to the practice by telephone and making an appointment that suited their needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 88% of respondents said the GP gave them enough time (CCG average 85%, national average 87%).
- 85% of respondents said the last GP they spoke with was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% of respondents said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 92%.
- 97% of respondents said the nurse was good at listening to them compared to the CCG average of 93% and national average of 92%.
- 98% of respondents said the nurse gave them enough time (CCG average 94%, national average 92%).
- 96% of respondents said the last nurse they spoke with was good at treating them with care and concern (CCG average 92%, national average 91%).
- 100% of respondents said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).
- 96% of respondents said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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 listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

Are services caring?

- 88% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 87%.
- 83% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 92% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 91%, national average 90%).
- 86% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language and that a sign interpreting service was available from the Royal Society for Deaf people (RAD).
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were not available in the patient waiting area. However, staff told us that they were able to access and print information for patients which told them how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 52 patients as carers (0.6% of the practice list). The practice told us that they reserved a number of appointments on Tuesday, Wednesday and Thursday between 5.30pm and 6pm for patients who were carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 June 2015, we rated the practice as good for providing responsive services.

When we undertook a follow up inspection on 2 March 2017, we found the practice was continuing to provide responsive services. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its patient population:

- The practice did not offer extended opening but told us that they would remain open late for patients who could not attend during normal opening hours. On the day of our inspection we saw that patients were still being seen after evening appointments had finished.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were not able to receive travel vaccines at the practice but were signposted to other clinics for vaccines available on the NHS or privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice provided services to a local women's refuge. There was a strict protocol to help ensure the anonymity of these patients.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were available at various times

on different days throughout the week between 8.10am and 6.30pm. Extended hours appointments were not offered. The practice told us that they reserved a number of commuter appointments on Tuesday, Wednesday and Thursday between 5.30pm and 6pm for patients who were unable to attend the practice during normal working hours. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to the clinical commissioning group (CCG) and national averages.

- 79% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 50% of respondents said they could get through easily to the practice by telephone compared with the CCG average of 64% and the national average of 73%.
- 64% of respondents said that the last time they wanted to speak with a GP or nurse they were able to get an appointment compared with the CCG average of 66% and the national average of 76%.
- 74% of respondents described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 95% of respondents said the last appointment they booked was convenient compared to the CCG average of 91% and national average of 92%.
- 67% of respondents said they didn't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Patients we spoke with told us that they found it difficult to get through to the practice by telephone and that pre-bookable appointments were not always available. On the day of the inspection it was not possible for patients to make a pre-bookable appointment with a GP as all such available appointments for the next four weeks had been taken. However, patients told us that were able to get urgent appointments if they needed them.

The practice was aware of the difficulties some patients experienced getting access to appointments that suited their needs but was unable to provide evidence of any positive action plans to address them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

The duty GP telephoned patients requesting a home visit in order to establish their level of clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 in the practice leaflet to help patients understand the complaints system.

We looked at four written complaints received in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes. For example, following a complaint from a patient who had been unable to arrange an appointment for their child's immunisations, one of the GP partners undertook additional training to be able to provide childhood immunisations, and the practice employed a locum practice nurse to hold a childhood immunisations clinic.

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 2 June 2015, we rated the practice as requires improvement for providing well-led services because:

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice could provide no evidence of governance meetings or audits to monitor and assess patient outcomes.
- The practice could provide no evidence of staff meetings.

The practice demonstrated they had made some improvements when we undertook a follow up inspection on 2 March 2017. However, not all identified improvements had been made and we found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as inadequate for providing well-led services.

Vision and strategy

Managers and staff told us that they had the desire to deliver high quality care in a friendly, caring environment. However, there was no clear vision or guiding values for the practice and no detailed or realistic plans to take the practice forward.

Governance arrangements

Improvements to governance arrangements at the practice had been made since the last visit. However, we found evidence that other governance arrangements were not always effectively implemented, as detailed below:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the GPs was the lead for safeguarding and for infection prevention and control.
- Practice specific policies had been implemented and were available to all staff on shared drive of the practice's computer system. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Clinical staff at the practice told us that they held monthly meetings which provided an opportunity for staff to learn about the performance of

the practice, discuss complaints and significant events. We saw evidence that minutes of meetings allowed for lessons to be learned and shared following significant events and complaints. However, the practice did not hold meetings for all staff at the practice to share relevant information and learning with them. Staff we spoke with on the day of the inspection told us that they would find this beneficial.

- The use of clinical and internal audit to monitor quality and to make improvements at the practice was limited.
- There were some arrangements for identifying, recording and managing risks and implementing mitigating actions. However, risk assessments had not identified that there were insufficient medicines and equipment at the practice for use in an emergency.
- Governance arrangements had not ensured that all issues were identified, recorded and managed, or that mitigating actions were implemented. For example, the practice was unable to demonstrate that all appropriate checks had been carried out prior to employing staff and that all staff had received mandatory training such as in safeguarding, fire safety and basic life support. The practice had failed to ensure that all staff received an annual appraisal.
- Staffing levels meant that the practice had difficulty keeping up with the management of patients with long term conditions and this was reflected in the practices Quality Outcomes Framework (QOF) measures. Staffing levels at the practice also meant that meetings to co-ordinate patient care and share information did not take place.

Leadership and culture

On the day of inspection senior managers in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. However, senior managers and staff at the practice told us that staffing levels made it difficult for them to be able to focus effectively on leadership and governance issues, including the long term sustainability of the practice.

The provider was aware of and had systems to help 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). The partners encouraged

Are services well-led?

Inadequate 

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

a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to help ensure that when things went wrong with care and treatment:

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

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

- The practice did not hold regular multi-disciplinary meetings with health visitors and district nurses to monitor vulnerable patients. GPs, where required, talked with health visitors by telephone to monitor vulnerable families and safeguarding concerns. We saw evidence that GPs held best interests meetings with social workers for individual patients as appropriate.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice accepted feedback from patients and staff.

- It proactively sought feedback from the NHS Friends and Family test, complaints and compliments received, for example through the NHS Choices website.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- However, the practice did not have an active patient participation group (PPG) and had not made efforts to establish a PPG to carry out patient surveys and submit proposals for improvements to the practice management team.

Continuous improvement

There was evidence of continuous learning and improvement within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received. However, staff at the practice did not receive regular appraisals and training for staff was limited.

The practice was unable to demonstrate that they had developed positive action plans to ensure the ongoing continuity and sustainability of the practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practical to ensure that care and treatment was provided in a safe way because:</p> <ul style="list-style-type: none">• They had not ensured that there were sufficient quantities of equipment and medicines to ensure the safety of patients.• The practice did not have an automated external defibrillator (AED) available and had not carried out a risk assessment in relation to the lack of a defibrillator.• The practice did not have a supply of medicines which may be required to treat a patient in an emergency, such as glucose to treat low blood sugar in diabetic patients.• They had not ensured the proper and safe management of medicines.• The vaccines refrigerator was run from an extension lead and not wired into a switchless socket to avoid it being turned off accidentally. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided because:</p>

Requirement notices

- They did not carry out a full programme of completed clinical audits
- They did not seek and act on feedback from people who used services because they did not have an active patient participation group (PPG) and had made no effort to engage the services of a PPG.
- The practice had failed to submit an action plan in response to the requirement notices following the previous inspection in 2015.
- The practice did not have a comprehensive business continuity plan to ensure adequate staffing and the long-term sustainability of the practice.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not do all that was reasonably practical to ensure that persons employed were of good character because they had not established and operated recruitment procedures that ensured that recruitment checks including references, qualifications and disclosure and barring service (DBS) checks were verified.

- The practice was unable to provide evidence to show that it had checked references for staff prior to employing them.
- The practice was unable to provide evidence that it had received DBS checks for staff prior to employing them.
- The practice was unable to provide evidence that it had checked the professional qualifications of the practice nurse prior to employing them.
- The practice was unable to provide evidence to show that any staff had received an appraisal in the last 12 months.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.