

Dr Antoine Sayer

Quality Report

The Richmond Green Medical Centre
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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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement

overall. (Previous inspection March 2015 overall rating – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Dr Antoine Sayer (also known as The Richmond Green Medical Centre) as part of our inspection programme.

At this inspection we found:

- Risks associated with the practice's processes were not always fully recognised and addressed. In particular, the practice's arrangements for triaging patients for appointments, managing prescription stationary and uncollected prescriptions, and ongoing review and management of patients' conditions required further consideration in order to manage risks.
- The practice had failed to carry-out activities to assure themselves that the care and treatment provided to patients was effective and delivered in line with current evidence-based guidance.
- Feedback received from patients suggested that they felt staff at the practice were caring. However, the practice needed to do more to identify patients with caring responsibilities.
- The practice had some understanding of their patient population, but they had not done enough to tailor their services to address the needs of this population; for example, they had identified that they had a large proportion of working-age patients, but they did not

Summary of findings

provide extended hours appointments, there was no female cervical screening sample-taker available, and their appointment system did not set aside appointments for same-day bookings.

- There was a lack of governance arrangements to ensure that risk was managed and that quality assurance processes were in place which led to improvements in patient outcomes.

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

- The practice must ensure systems and processes are established and operated effectively to demonstrate good governance.

- The practice must put processes in place to ensure that care and treatment is provided in a safe way for service users.

In addition, the provider should make improvements in the following areas:

- They should take action to increase the number of carers identified, in order that they can provide support to these patients.
- They should take action to increase the uptake of childhood immunisations.
- They should share details of all complaints and significant events with all members of staff.

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

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

Dr Antoine Sayer

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 an expert by experience.

Background to Dr Antoine Sayer

Dr Antoine Sayer provides primary medical services from Richmond Green Surgery in Richmond to approximately 1600 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG). The practice had previously provided GP services to patients residing in a local nursing home for patients with neuro-disabilities, and at the time of the inspection they had recently ceased providing this service.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 7%, which is lower than the CCG average of 9%, and for older people the practice value is 11%, which is the same as the CCG average. The practice has a larger proportion of patients aged 25-54 years than the CCG average, and a smaller proportion of patients aged 0-25 years.

The practice operates from an old converted building and comprises a reception, waiting area, doctors consulting room, examination room and healthcare assistant's room on the ground floor; on the first floor is a nurse's consultation room and practice manager's room; and on the second floor is a meeting room and a storage room.

The practice team at the surgery is made up of one full time male GP, one long-term locum GP, and one temporary part time male healthcare assistant and a female phlebotomist. The practice team also consists of a practice manager and reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8:30am and 2pm and between 3pm and 6:30pm on all weekdays apart from Thursdays when the practice is closed in the afternoon. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a sole provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; and treatment of disease, disorder or injury.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Risks associated with the practice's processes were not always fully recognised and addressed. In particular, the practice's arrangements for triaging patients for appointments, managing prescription stationary and uncollected prescriptions.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse, but in some areas these needed improvement.

- The practice conducted safety risk assessments in some areas; however, during the inspection we found that there were areas where risks had not been adequately assessed and mitigated; for example, in the triage of appointments and the monitoring of clinical performance of some staff. In areas where risks had been identified and assessed, the practice had safety policies in place which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had policies in place to safeguard children and vulnerable adults from abuse. These policies were accessible to all staff. The adult safeguarding policy named the safeguarding lead, but the child safeguarding policy did not contain this information; however, the policy was updated during the inspection to name the principal GP as the child safeguarding lead.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks had been undertaken for all current staff; however, the practice's recruitment policy was not clear about which staff required a 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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were some arrangements to manage infection prevention and control (IPC); however, these required review in order to ensure that they were effective. For example, the principal GP was the IPC lead and provided IPC training to the rest of the team. The practice informed us that the principal GP completed some IPC training whilst working at the nursing home; however, there was no evidence of this training being completed or that action was taken by the principal GP to ensure that they kept up to date with current advice and guidance. An IPC audit had recently been completed by NHS England, this highlighted some areas where the practice should make changes in order to comply with IPC guidance, which related to changes to fixtures and fittings within the premises. The practice had accepted all of these and had provided a timescale for compliance.
- 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 systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needing development. The practice had experienced difficulties in recruiting a practice nurse, and the principal GP had been providing services which would usually be undertaken by a nurse, such as immunisations and taking cervical screening samples. The practice told us that they were in discussions with a nearby small practice about sharing their nurse. The practice also had intentions to allow their healthcare assistant to provide tasks such as

Are services safe?

long-term condition reviews, healthchecks and immunisations. They told us that they would provide appropriate training and supervision arrangements to allow this to be done safely.

- There was an effective induction system for temporary staff tailored to their role.
- The practice's appointments system included a triage process, to be carried-out for patients requesting an urgent appointment. Staff we spoke to could provide examples of patients they would prioritise for an appointment, such as children, and staff said they would speak to a doctor if they were unsure whether a patient needed to be seen urgently; however, staff we spoke to were not aware of specific guidance and had not received training on the triage process. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The practice had emergency medicines available.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not always written and managed in a way that kept patients safe. For example, we saw evidence of individual patients being discussed in multi-disciplinary meetings; however, the records of these discussions were not always transferred to patients' medical records.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment; however discussions with other professionals, such as health visitors, were not always documented.
- Referral letters included all of the necessary information; the practice kept a record of referrals made, and monitored that patients received appropriate appointments following a referral.

Safe and appropriate use of medicines

The practice had systems in place for the handling of medicines; however, these were not always appropriate or safe.

- The systems for storing and maintaining stocks of medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice did not have adequate systems in place to keep prescription stationery securely and monitor its

use. Prescription stationery was stored in a locked cupboard in a corridor and not in a locked room, as advised in national guidance. The practice did not keep a log of the use of prescription pads or sheets allocated to staff, and no record was kept of the serial number of prescription sheets which were taken on home visits.

- The practice did not review consultation records for all staff, and therefore they could not assure themselves that staff always prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing for patients at the nursing home whilst they held the contract to provide GP services to residents; however, they had not conducted any audit or review of antimicrobial prescribing for patients at the main practice.
- The practice provided evidence that they carried-out regular reviews of patients to ensure medicines were being used safely and followed up on appropriately. We saw evidence that the practice carried-out appropriate tests prior to prescribing medicines which required close monitoring, such as warfarin, methotrexate and lithium.

Track record on safety

The practice had a good safety record.

- The practice had risk assessments in relation to some safety issues, such as the risk of fire; however, they did not maintain a comprehensive risk log.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned, identified themes and took action to improve safety in the practice; for example, having identified recurring problems with a particular pharmacy requesting prescriptions for incorrect medicines on behalf of patients, the practice arranged a meeting with

Are services safe?

the pharmacist to discuss the issue and identify solutions to prevent errors in the future. However, there was no formal process in place to ensure that details of incidents were shared with all staff at the practice.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The practice could demonstrate action they had taken in response to recent alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- The practice had failed to carry-out activities to assure themselves that the care and treatment provided to patients was effective and in line with current evidence-based guidance.

Effective needs assessment, care and treatment

The practice had systems to disseminate updated guidance; however, they did not have processes in place to ensure that all clinicians practiced in line with current evidence-based practice, as no clinical meetings were held. From the examples of care that we saw during the inspection, there was evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However, the practice did not have a comprehensive programme of audit and review for clinical staff, and therefore, they could not assure themselves that high quality care was being consistently delivered.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data showed that at the practice the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was 1.95, compared to a CCG average of 0.87 and national average of 0.98; however, the practice explained that the majority of this prescribing related to patients at the neuro-disability nursing home, whose medication needs were different from the general population.
- The proportion of antibiotic items prescribed by the practice which were broad spectrum antibiotics (antibiotics which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance) was 11%, compared to a CCG and national average of 5%. The practice explained that the majority of this prescribing related to patients at the neuro-disability nursing home, and that for these patients it was often more appropriate for broad spectrum antibiotics to be prescribed. However, the

practice had taken no action to break down data to separate nursing home patients from the general patient population, and therefore, they had not assured themselves that their antibiotic prescribing was appropriate.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital.

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 explained that reviews of patients with long term conditions had previously been carried-out by their healthcare assistant, who had subsequently left the practice. The practice was planning on training the current healthcare assistant to carry-out these reviews and they told us that they were aware of the training, guidance and supervision which would need to be put in place in order for the risks associated with this arrangement to be managed. In the meantime, reviews of patients were being completed by a GP.
- The practice's achievement in managing long-term conditions in its patients was comparable to local and national averages.

Families, children and young people:

- Childhood immunisation rates for the vaccinations given were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%.

Are services effective?

(for example, treatment is effective)

The practice had failed to achieve the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 6 (compared to the national average of 9.1).

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 70%, which was below the 80% coverage target for the national screening programme. The practice explained that they thought the reason for the below target uptake was due to there being no nurse working at the practice, and patients preferring to go to a private clinic for screening; however, they had not taken action to consult with patients in order to confirm this assumption. The practice's exception reporting rate for this indicator was 9%, compared to a local and national average of 7%. The practice explained that their slightly higher than average exception reporting rate was due to them appropriately excepting patients from the nursing home, for whom cervical screening would not be clinically indicated.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months compared to a CCG average of 86% and national average of 84%.

- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months compared to a CCG average of 93% and national average of 90%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 94% of patients experiencing poor mental health had received discussion and advice about alcohol consumption compared with a CCG and national average of 91%. The proportion of eligible women with poor mental health who had attended cervical screening was 80% compared to a CCG average of 89% and national average of 88%; however, the practice's exception reporting rate was 58% compared with a CCG and national average of 38%. The practice explained that whilst they held the contract for the neuro-disability nursing home, they had a significant number of patients who lacked mental capacity, who were appropriately excepted from the cervical screening programme.

Monitoring care and treatment

The practice demonstrated that they had carried-out some quality improvement activity relating to the nursing home whilst they held the contract to provide GP services; however, there was little evidence of quality improvement activity in relation to the main practice. The practice was in the process of re-focussing on the services being provided at the main practice, following the end of their contract with the nursing home, and the practice explained that in time they planned to carry-out activities such as clinical audit in order to improve care for patients

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%. The overall exception reporting rate was 5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Are services effective?

(for example, treatment is effective)

In some areas the practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles. For example, in the absence of a practice nurse, nursing tasks such as childhood immunisations and cervical screening were carried-out by a GP; however, the practice was unable to demonstrate that the GP had completed specific training and carried-out activities to stay up to date with current guidance relating to these activities.

- The practice understood the learning needs of most staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained; however, evidence of training undertaken by the principal GP was not available on the day of inspection for all required training. There were also areas where the principal GP had not undertaken required training; for example, the practice was a registered yellow fever centre, and following the previous nurse leaving the practice, the principal GP had begun administering yellow fever immunisation; however, the principal GP had not undertaken the required training in order to ensure that they had up to date knowledge and information on the clinical aspects of yellow fever administration and best practice in being a yellow fever centre.
- The practice provided permanent staff with ongoing support. This included an induction process and annual appraisals. However, the practice did not offer formal clinical supervision or appraisal to the long-term locum GP, and there was no evidence that the practice had measures in place to assure itself of the quality of care and clinical decision making being provided by this GP.

Coordinating care and treatment

We saw some examples of staff working with other health and social care professionals to deliver effective care and treatment; however, this was not always well documented.

- The practice liaised with external staff members, such as palliative care specialists and health visitors, in order to provide a comprehensive package of care to patients; however, notes of these discussions were not always made in the records of the patients discussed.
- We saw some evidence that the practice worked with patients and external agencies to develop personal care plans to support vulnerable patients; however, until recently, the practice had focussed its care planning activity on the patients who were resident in the care

home which the practice supported. The practice showed us one example of a formalised care plan relating to a patient registered at the main practice; this example contained an adequate level of detail.

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

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The proportion of new cancer cases among patients registered at the practice who were referred using the urgent two week wait referral pathway was 14%, compared to a CCG average of 44% and national average of 50%. The practice explained that they thought this was due to patients referring to private health providers following a suspected cancer diagnosis; however, they did not keep records of patients who sought private treatment.
- There were some areas where the practice could do more to encourage and support patients to be involved in monitoring and managing their health; for example, they did not actively contact patients to encourage them to participate in breast and bowel cancer screening.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for being caring.

The practice was rated as good for being caring because:

- Feedback received from patients suggested that they felt staff at the practice were caring. However, the practice needed to do more to identify patients with caring responsibilities.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Of the 32 patient Care Quality Commission comment cards we received, 29 were wholly positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty seven surveys were sent out and 103 were returned. This represented about 5% of the practice population. Results for the practice were comparable with local and national averages. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time; CCG average - 85%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.

- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 86%; national average - 86%.
- 88% of patients who responded said the nurse was good at listening to them; CCG average - 90%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 98%; national average - 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 91%; national average - 91%.
- 89% of patients who responded said they found the receptionists at the practice helpful; CCG average - 87%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be 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 informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids were available. We received anecdotal information from patients about staff adapting their communication styles according to patients' needs.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers via their new patient questionnaire and opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (less than 1% of the practice list).

- A carers' folder was available in the waiting area, which contained information for carers.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call

Are services caring?

was either followed by a patient 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.

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:

- 91% 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 87% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 82%.

- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 89%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The evidence collected and observations made during the inspection suggested that the practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

The practice was rated as requires improvement for providing responsive services because:

- The practice had some understanding of their patient population, but they had not done enough to tailor their services to address the needs of this population; for example, they had identified that they had a large proportion of working-age patients, but they did not provide extended hours appointments (however, extended hours appointments were available to the practice's patients via the local GP Alliance hubs, which were open from 8am to 8pm every day), there was no female cervical screening sample-taker available, and their appointment system did not set aside appointments for same-day bookings.

Responding to and meeting people's needs

The practice took account of patient needs and preferences; however, they did not always plan their services to meet the needs of their patient population.

- The practice was located in an old building, which had been converted to make it suitable for a GP practice. The practice made best use of the building in order to ensure that it was accessible to patients.
- The practice made reasonable adjustments when patients found it hard to access services. For example, they had a hearing loop available, and translators could be booked to interpret during consultations where patients were not confident to speak in English.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. GPs also accommodated home visits for those who had difficulties getting to the practice.

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. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. At the time of the inspection, annual reviews were being carried-out by the principle GP; however, the practice planned to train the healthcare assistant to perform this role.

Families, children and young people:

- We found there were informal arrangements to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at lacked a clear flag to highlight patients who were vulnerable.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours; however, the practice did not offer face to face out of hours appointments for working-age patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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.

Timely access to the service

Overall, patients told us they were able to access care and treatment from the practice within an acceptable timescale for their needs; however, the practice's appointments system did not specifically set aside appointment slots for

Are services responsive to people's needs?

(for example, to feedback?)

urgent appointments. All appointments were available for booking in advance, and patients who contacted the practice requiring an appointment to be seen the same day were accommodated where appointments were available.

- Staff were clear that they should prioritise appointments for children and vulnerable patients. In circumstances where a patient requested a same-day appointment but no appointments were available and the patient did not want to attend the local seven-day opening hub, reception staff were required to make an assessment of urgency to determine whether the patient should be accommodated. There was no specific guidance in place to enable non-clinical staff to carry-out this assessment. In most cases patients were able to book an appointment to be seen within a week.
- We observed on the day of inspection that patients could be kept waiting past their appointment time and patients we spoke to during the inspection confirmed that appointments often did not run to time.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and thirty seven surveys were sent out and 103 were returned. This represented about 5% of the practice population.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.

- 96% of patients who responded said they could get through easily to the practice by phone; CCG average – 79%; national average – 71%.
- 93% 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; CCG average – 88%; national average – 84%.
- 90% of patients who responded said their last appointment was convenient; CCG average – 84%; national average – 81%.
- 89% of patients who responded described their experience of making an appointment as good; CCG average – 75%; national average – 73%.
- 64% of patients who responded said they don't normally have to wait too long to be seen; CCG average – 63%; national average – 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints; however, lessons learned from complaints were not always shared with all staff.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for being well-led because:

- There was a lack of governance arrangements to ensure that risk was managed and that quality assurance processes were in place which led to improvements in patient outcomes.

Leadership capacity and capability

Leaders aspired to deliver high-quality, sustainable care; however, in some areas, the governance arrangements in place required review and development.

- In some areas, leaders failed to demonstrate that they had the experience, capacity and skills to deliver the practice strategy and address risks to it. For example, risks around appointment booking, the provision of nursing services, and supervision of staff had not been adequately addressed.
- Leaders at the practice had some knowledge about issues and priorities relating to the quality and future of services; however, in some areas they had failed to give these sufficient priority. For example, whilst the practice had undertaken an audit of antibiotic prescribing for their patients who were resident in the nursing home for patients with neuro-disabilities, they had failed to review antibiotic prescribing for patients at their main practice. The practice informed us that data relating to the performance of the practice failed to give a true picture, as many areas were distorted by results relating to patients of the nursing home; however, they had failed to take action to filter data in order that it could be used to drive service improvements.

Vision and strategy

At the time of the inspection the practice was in a transitional period following the end of their contract to provide GP services to patients at a neuro-disability nursing home to re-focus on the practice. The management team had aspirations to deliver high quality care and promote good outcomes for patients; however, there were some areas which required further development.

- The practice did not have a clear vision and set of values, and whilst they were in the process of re-focussing their service, they did not have a clearly defined strategy, aims and priorities. The practice explained that they were in the process of discussions with a nearby small practice about the possibility of them sharing resources, such as the practice nurse; however, at the time of the inspection, there was no firm plan in place for this, and there was no business plan in place to support the development of this idea.
- The practice had identified the characteristics of its patient population (in terms of age and lifestyle); however, they had failed to plan services to meet the needs of the practice population; for example, they had identified that they had a high proportion of working-age patients but did not provide extended hours appointments (however, extended hours appointments were available to the practice's patients via the local GP Alliance hubs, which were open from 8am to 8pm every day).

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing permanent staff with support and all permanent staff received an annual appraisal in the last year. Temporary staff, such as the long-term locum GP did not receive an annual appraisal, and the practice was unable to demonstrate how they ensured that this member of staff had the support, training and resources they needed in order to provide high quality care.

Governance arrangements

The practice's arrangements in respect of good governance and management required improvement in order to be fully effective.

Are services well-led?

Requires improvement 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding. In respect of infection prevention and control (IPC), most staff were clear about their responsibilities; however, there was a lack of evidence that the IPC lead had received appropriate training in order to carry-out their role in line with current best practice.
- In some areas practice leaders had failed to establish proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. For example, processes relating to appointment booking were insufficient to keep patients safe, as they relied too heavily on non-clinical staff making judgements about clinical priorities.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance; however, these were not always effective.

- There were some process to identify, understand, monitor and address current risks including risks to patient safety; however, in some areas risks were not well managed.
- The practice did not have effective processes to manage current and future performance; for example, they did not have a planned programme of clinical audit or a strategy for maximising their achievement as part of the Quality Outcomes Framework. The practice employed a long-term locum GP, who had worked for the practice for the past 11 years; however, they had no arrangements in place to measure the performance of this member of staff, as they did not audit their consultations, prescribing and referral decisions.
- Clinical audit was undertaken, but there was limited evidence of this having a positive impact on the quality of care and outcomes for patients, as there was a lack of clear evidence of action to change practice to improve quality. The practice's programme of audit had focussed on the care and clinical outcomes of patients at the nursing home, and there was a lack of evidence of quality improvement activity relating to patients at the main practice.
- The practice had plans in place and had trained staff for major incidents; however, there was a lack of evidence that the principal GP, who delivered staff training on areas such as basic life support, had received current training in this area.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was not used effectively to ensure and improve performance, as the practice had failed to make arrangements to review performance data for the main practice separately to that relating to patients who were resident in the nursing home, and therefore, they were unable to identify and address areas of low performance.
- There were no specific plans in place to identify and address weaknesses in performance.
- The practice submitted data or notifications to external organisations as required.
- 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 involved patients and staff in the running of the service.

- There was an active patient participation group.
- There were regular staff meetings where staff had the opportunity to contribute suggestions and feedback.

Continuous improvement and innovation

There were some systems and processes for learning and innovation.

- There was an aspiration for staff at the practice to be involved in developing innovative treatment techniques; however, this focus on continuous learning and improvement did not always relate to the more routine areas of the practice, such as infection prevention and control, and using quality assurance methods to drive improvements to clinical outcomes.
- The practice made use of internal reviews of incidents and complaints. Learning was shared amongst some staff, but sharing was not always sufficiently broad to ensure embedded improvements.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice had failed to put processes in place to ensure that care and treatment was provided in a safe way for service users. In particular: • There was a lack of safety arrangements in place for booking appointments, particularly the triage of patients by non-clinical staff, who had not received the necessary training, support or supervision to carry out the role. • The practice was unable to demonstrate that staff responsible for infection prevention and control, delivering basic life support training, and delivering yellow fever vaccinations had the relevant skills and knowledge to effectively deliver this role. • The practice did not have adequate systems in place to keep prescription stationery securely and monitor its use. 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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met:

Requirement notices

The practice had failed to ensure systems and processes were established and operated effectively to demonstrate good governance. In particular:

- The practice had failed to ensure that individual care records were always written and managed in a way that kept patients safe; for example, discussions about patient care with external colleagues were not always recorded in patients' notes.
- The practice had failed to take action to ensure that patient care was effective and delivered in line with current guidance; for example, they had not assessed antibiotic prescribing for patients at the main practice to ensure that it was in line with national targets, and there were no arrangements in place to assess the performance of the long-term locum GP.

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