

Creswell and Langwith Primary Care Services

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	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 on 11 May 2016. Overall the practice is rated as requires improvement.

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

- The arrangements to keep patients safe and protected from harm were not always effective. For example, we were not assured that there was a robust and timely process in place to recall patients affected by safety alerts and to ensure patients were protected from potential harm.
- Some systems to ensure the health and safety of staff, patients and visitors were not robust and the trust had not followed their own policies in respect of risk assessment and safety testing in respect of fire and electrical safety.
- There was an effective system in place for reporting and recording significant events. Learning was applied from events to enhance the delivery of safe care to patients.
- Patients with long term conditions were reviewed annually. However the practice had not monitored that guidelines were followed through risk assessments, audits or random sample checks of patient records. For example patients on repeat prescriptions had not benefited from being recalled and medicines and care updated.
- The trust and practice staff highlighted to us the significant risks associated with inaccurate and incomplete patient records which they had inherited. The trust had agreed with NHS England, a process to reduce this risk by completing a review of high risk records. At the time of our inspection we were told that 50% of the patient records had been reviewed, we have since been informed that 74% of the records have been reviewed by 31 May 2016. The scale of this work was however reducing and it was not clear how this on-going risk would be managed and addressed in as timely a way as possible to protect patients from the risk of receiving inappropriate care or treatment.
- Completed clinical audits were not being used to drive improvements in clinical care and treatment.

Summary of findings

- The trust had a clear policy and commitment to staff training, but not all staff had received training the trust deemed mandatory and staff had not received appraisals as managers were waiting for their training to deliver this.
- Staff worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National patient survey data indicated that the patients rated the practice slightly lower than others in the local area in a number of areas.
- The practice staff engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The trust had brought stability to the practice and had a full clinical team in place. This was a significant achievement.
- Data from the national GP patient survey reflected that patient satisfaction with access to the service was lower than other local practices. In some cases significantly lower. These results related to a period when the trust were still recruiting, though patient comments during our inspection highlighted that waiting for appointments and continuity of care remained areas of concern. Latest data published in July 2016 showed improvement in these areas.
- Information about services and how to complain was available and easy to understand and learning from complaints was shared across the practice.
 - The trust had a clear vision and had held engagement events in February and March 2015, a majority of clinical staff engaged with at the time have since left. New staff members told us they had not been sited and were not aware of the vision and strategy. There were no detailed plans to achieve the Trust vision or strategy in relation to the practice. There were no clear plans in place to effect and deliver improvements to patient care.
- There were areas where we did not find an effective and responsive framework of governance and oversight to support the delivery of high quality care. For example there was not a clear and comprehensive understanding of the performance of the practice, the

staff were not clear about the leadership structure of the practice from the trust and Communication between the trust and staff working at the practice was not effective and staff told us they did not feel involved in decisions about the practice.

- There was an active Patient Participation Group (PPG) and worked with them to review and improve services for patients. They were a key reason the practice continued to operate following a difficult period and they worked closely to help improve the facilities and service patients received.

The areas where the provider must make improvement are:

Ensure patients receive safe care and treatment by ensuring all risks are assessed, monitored and mitigated in relation to the health, safety and welfare of patients, carers and staff by;

- Ensuring there is a robust and timely process in place to recall patients affected by safety alerts;
- Ensuring premises and equipment is safe for use in particular fire and electrical safety and
- Ensuring patients are protected against the risks of acquiring infections by having appropriate cleaning schedules in place for clinical equipment.
- Ensuring there is a clear plan and actions agreed to manage the risks associated with incomplete and inaccurate patient records and QOF registers in a timely way.

Ensure there are effective systems in place to enable the provider to assess and monitor the quality of care being provided and to identify, assess and mitigate risk by;

- Ensure there is appropriate leadership and oversight to ensure the support, training, supervision and appraisal of staff enabling them to carry out their role competently and effectively
- The effective use of clinical audits to enable the provider to benchmark the quality of the clinical care being provided and to drive improvements, ensuring patients are treated in line with best practice guidelines
- Ensure there is appropriate leadership and governance of the practice from the trust, reviewing and clarifying the lines of accountability and the level of autonomy between the trust and the practice.

Summary of findings

The areas where the provider should make improvement are:

- Have guidance for the procedures following a sharps injury displayed in clinical rooms.
- Implement systems to ensure all staff receive regular appraisals and professional development as appropriate.
- Review the arrangements in place to ensure patient privacy and dignity in clinical rooms
- Consider whether a doctor's bag with relevant emergency medicines is necessary in consultation with practice clinicians.
- Review how trust systems could be modified to ensure a greater level of responsiveness to the needs of the practice.
- Review the arrangements for ensuring better continuity of care.

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 requires improvement for providing safe services.

- The arrangements to keep patients safe and protected from harm were not always effective. For example, we were not assured that there was a robust and timely process in place to recall patients affected by safety alerts and to ensure patients were protected from potential harm.
- Some systems to ensure the health and safety of staff, patients and visitors were not robust and the trust had not followed their own policies in respect of risk assessment and safety testing in respect of fire and electrical safety.
- Although staff assured us it had been completed following use there was no schedule in place for the cleaning of equipment used in ear irrigation and diagnosis of lung conditions to ensure equipment was sterile for use.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. There were robust processes in place to investigate significant events and to share learning from these.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a designated GP responsible for safeguarding and had regular meetings with community based health professionals to discuss patients at risk.

Requires improvement



Are services effective?

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

- The practice had not monitored that guidelines were followed through risk assessments, audits or random sample checks of patient records. For example patients on repeat prescriptions had not benefited from being recalled and medicines and care updated.
- The trust and practice staff highlighted to us the significant risks associated with inaccurate and incomplete patient records which they had inherited. The trust had agreed with NHS England, a process to reduce this risk by completing a review of high risk records. At the time of our inspection we were told that 50% of the patient records had been reviewed, we have since

Requires improvement



Summary of findings

been informed that 74% of the records have been reviewed by 31 May 2016. The scale of this work was however reducing and it was not clear how this on-going risk would be managed and addressed in as timely a way as possible to protect patients from the risk of receiving inappropriate care or treatment.

- Completed clinical audits were not being used to drive improvements in clinical care and treatment.
- The trust had a clear policy and commitment to staff training, but not all staff had received training the trust deemed mandatory and staff had not received appraisals as managers were waiting for their training to deliver this.
- Staff worked effectively with the wider multi-disciplinary team to plan and deliver high quality and responsive care to keep vulnerable patients safe.
- Data showed most patient outcomes were below the clinical commissioning group (CCG) and national averages, though it should be noted the published data mainly related to the previous provider.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and actively sought further training to enhance their skills to contribute to practice development.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice slightly lower when compared with others locally for several aspects of care. For example:
 - 76% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%. The data was refreshed in July 2016 and reflected a patient response of 76%.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected. Feedback from comment cards aligned with these views.
- The trust provided information for patients which was accessible and easy to understand, however there was little information available for carers explaining local support and advice on what could be provided.
- We observed staff treated patients with kindness and respect, and maintained confidentiality. Reception staff were observed to be make every effort to accommodate patients' needs.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Early morning appointments were available on a Friday for patients who were unable to attend during normal hours.
- Patients also told us it was difficult to see the GP of their choice which reduced continuity of care; however patients were positive about access to appointments when needed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice staff engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The trust had brought stability to the practice and had a full clinical team in place. This was a significant achievement.
- Data from the national patient survey reflected that patient satisfaction with access to the service was lower than other local practices. In some cases significantly lower. These results related to a period when the trust were still recruiting and latest data does show improvement. However patient comments during our inspection highlighted that waiting for appointments and continuity of care remained areas of concern.
- Information about services and how to complain was available and easy to understand and learning from complaints was shared across the practice

Good



Are services well-led?

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

- The trust had a vision to improve patient care. Whilst the trust had worked with members of the practice team during early 2015 to develop future vision and values, staff we spoke with on the day of inspection felt the vision was not developed in consultation with them and therefore did not reflect the changes they were going through. The trust plans to include staff recruited in the previous year in further engagement sessions
- The Trust had a leadership structure which not all staff were aware of, leaving some staff members feeling isolated and unsupported by the Trust
- Staffing levels were well managed and a good skill mix of staff was in place.
- The trust had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated.

Inadequate



Summary of findings

- Staff felt well supported by peers and the practice manager however staff told us they were not aware of a clinical lead from the trust and they told us it was difficult to navigate the trust structure to access management, support and guidance.
- The patient participation group (PPG), who had been key in the practice remaining open was well established and met regularly. The PPG worked closely with staff to review issues and were well supported by them.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The practice is rated as inadequate for the domain of well led, requires improvement in safe and effective and good in caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Staff offered proactive, personalised care to meet the needs of the older people in its population. For example, a practice pharmacist visited local care homes to review medicines and complimented the home visits conducted by GPs.
- A care coordinator reviewed recent discharges and arranged home visits when suitable to support patients in recovery. They also monitored those patients at high risk of hospital admission to implement care in the home with the support of community teams and practice clinicians.
- Home visits were offered and urgent appointments for those with enhanced needs.
- There was a dedicated phone line for care homes and community teams to contact the practice reducing the time taken to arrange appointments.
- Staff offered older people the option to see their preferred choice of clinician to improve continuity of care.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as inadequate for the domain of well led, requires improvement in safe and effective and good in caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Patients with long term conditions were being recalled and reviews were being undertaken to ensure appropriate management.
- There was a system in place to recall patients using their month of birth as a recall date for health and medicines review, covering all conditions in one appointment.

However it was found during the inspection not to be effective as the disease registers still required work

- There was a recall system for patients during the month of their birth to provide time for health and medicines review covering all conditions in one appointment. However, as half of the

Requires improvement



Summary of findings

patient records still needed review and the trust acknowledged that they could not be assured disease registers were correct as a consequence, more proactive steps were needed to eliminate potential risk.

- GPs and nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Clinics were run on a weekly basis including; citizens advice bureau, smoking cessation and 'live life better'

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as inadequate for the domain of well led, requires improvement in safe and effective and good in caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice provided cervical screening and contraceptive implants.
- Staff were aware of child safeguarding and how to report concerns and attended monthly meetings with community teams to review the care provided to patients.
- The practice nurse undertook immunisations of children. However rates of immunisations were unavailable to compare with other local providers.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for the domain of well led, requires improvement in safe and effective and good in caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice staff had

Requires improvement



Summary of findings

adjusted the services offered to ensure these were accessible. This included access to telephone appointments, and the availability of extended hours' appointments between 6.45am and 8am on a Friday.

- Online services such as electronic prescriptions and GP appointments were offered through the online booking system as well as access to patient's records.
- There was a physiotherapist based in the practice for direct referrals and follow up of patients with reoccurring conditions.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for the domain of well led, requires improvement in safe and effective and good in caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Staff put in place follow up appointments with the same GP wherever possible to ensure continuity of care.
- The practice offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The safeguarding lead regularly worked with multi-disciplinary teams in the case management of vulnerable people and support for carers and family.
- 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.
- Translation services were available for patients whose first language was not English.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for the domain of well led, requires improvement in safe and effective and good in caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Patients had access to confidential self-referral 'talking mental health' and in-house clinics every week.

Requires improvement



Summary of findings

- Staff regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The care coordinators monitored admissions to the emergency department to assess patients who would benefit from further care at home or a review and contact the patients to arrange support.

Summary of findings

What people who use the service say

We looked at the national GP patient survey results published in January 2016. The results showed the practice was performing in line or below local and national averages in many areas. 171 survey forms were distributed and 62 were returned. This represented a return rate of 36%. The data was refreshed in July 2016 and reflected that 74 surveys were returned from a possible 187 representing a completion average of 40%.

- 71% of patients found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%. The data was refreshed in July 2016 and reflected an average 75% of patients found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%. The data was refreshed in July 2016 and reflected 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 74% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%. The data was refreshed in July 2016 and

reflected 86% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.

- 52% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% and a national average of 78%. The data was refreshed in July 2016 and reflected 63% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 78% and a national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were positive about the standard of care received, which reflected the GP patient survey feedback. Comments highlighted that patients said they always felt listened to and received satisfactory levels of care. Patients described staff as caring and supportive, and said they always found it a clean and safe environment. There were seven patients who commented on experiencing poor continuity of care and found the surgery often running late.

We spoke with nine patients during the inspection. All of the patients said they thought staff were approachable, committed and caring, however most commented on the difficulty in speaking to the same GP at each appointment and the late running of appointments.

Creswell and Langwith Primary Care Services

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a CQC inspection manager, a GP specialist adviser and an expert by experience. An expert by experience is a person who has personal experience using or caring for someone who uses this type of service.

Background to Creswell and Langwith Primary Care Services

- Derbyshire Community Health Services (DCHS) NHS Foundation Trust was invited by Hardwick Clinical Commissioning Group to provide services at Creswell & Langwith Medical Centre following the withdrawal of the previous provider in January 2015.

At the point DCHS assumed management responsibility for the practice there were no General Practitioners to provide personal medical services to the local practice population.

The Trust identified the practice was not providing an adequate service to patients and put in place several measures to improve this, they included:

- Stabilise the existing staff and recruit a full complement of staff to provide continuity of care to patients.

- Establish Trust values and engage with staff
- Establishing a new practice management structure to increase efficiency.
- Build relationships with the Local Medical Committee and Patient Participation Group to develop the practice and improve delivery of services.
- Creswell and Langwith Medical Centre provides primary medical services to approximately 4,800 patients through a personal medical services (PMS) contract. Services are provided to patients from a main site at Creswell and a branch surgery in Langwith, as part of our inspection we also visited the branch site.
- The clinical team comprises three salaried GPs, two advanced nurse practitioners, two practice nurses, a practice musculoskeletal practitioner two healthcare assistants and a practice pharmacist. The clinical team is supported by a practice manager, a care coordinator and a team of administrative and reception staff.
- The level of deprivation within the practice population is above the national average. Income deprivation affecting children and older people is also above the national average.
- The practice is open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments are from 8am to 11.50am. Afternoon appointments are offered from 2pm until 5.30pm. The practice offers extended hours on a Friday morning from 6.45am to 8am for pre booked appointments.

Detailed findings

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United through the 111 system.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

The inspection was conducted in conjunction with a wider inspection of Derbyshire Community Health Services NHS foundation Trust.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 May 2016. During our visit we:

- Spoke with a range of staff (including Trust management, GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for 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 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

Safe track record and learning

There were robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the clinical lead of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- Staff recorded all significant events and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety including 15 significant events recorded in the previous 12 months and the minutes of meetings where this information was discussed. Practice staff ensured lessons were shared and that action was taken to improve safety. For example, it was highlighted there had been a breach of confidentiality of patient information. A review was conducted and systems were put in place and templates created on the computer system to make gaining consent easier and training put in place for all staff to understand the changes made.

Where patients were affected by incidents, staff demonstrated an open and transparent approach to the sharing of information. The practice staff invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

Overview of safety systems and processes

There were systems which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a GP lead for child and adult safeguarding and staff were aware of who this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role; for example GPs were trained to Level 3 for children's safeguarding and nursing staff were trained to an appropriate level for their roles and responsibilities.

- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware this service was available. All staff who acted as chaperones had undertaken checks with the disclosure and barring service (DBS) however appropriate training had not been undertaken to make sure staff understood the role of a chaperone. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice premises were observed to be clean and tidy and appropriate standards of cleanliness and hygiene were followed. A practice nurse was the infection control lead who liaised with local infection prevention teams to maintain best practice. The practice had been comprehensively audited within the last year by a member of staff from the trust. This audit identified a number of required actions and we saw evidence that these had been addressed.
- There was a system in place to distribute safety alerts and all staff were aware of this.
- There were effective arrangements in place to manage medicines within the practice to keep people safe. Medicines audits were undertaken to ensure prescribing was in line with best practice guidelines and clinicians worked closely with the practice pharmacist.
- Alerts from Medicines and Healthcare products Regulatory Agency (MHRA) updates were distributed and searches run to identify affected patients. However, we were not assured that there was a robust and timely process in place to recall patients affected by safety alerts and to ensure patients were protected from potential harm. Staff and records indicated patients identified from searches were reviewed opportunistically when they came in for appointments, which could mean they continued taking medicines which were no longer considered effective or safe.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- Prescription pads were not always securely stored, however there was a system in place to monitor their use.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- We asked staff during the inspection for a copy of the Health and Safety policy but they could not make one available to us. The trust have confirmed since our inspection that one was in place. There was not an up to date fire risk assessments in respect of the practice. Regular fire drills were undertaken but the records of fire safety testing were confusing and inconsistently recorded. It was therefore difficult to demonstrate testing took place at the recommended intervals.
- Electrical equipment was last certified as safe in January 2014 and no risk assessments had been undertaken to establish what equipment should be tested and when. The trust policy stated that all electrical equipment should be regularly checked but could not provide evidence to demonstrate that this had been followed.
- The trust had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacteria which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There were some arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available and the practice had designated first aiders.
- There was no provision for emergency medicines to be taken on home visits by Doctors and there were differing opinions between doctors about whether there should be a doctor's bag. There was no evidence to show the trust had consulted with clinicians in order to reach a decision about having emergency medicines available in a doctor's bag and no evidence of a risk assessment being in place to mitigate risk in the absence of this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of the location. All the medicines we checked were in date and stored securely.
- The trust had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, local health facilities and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff were aware of evidence based guidelines and standards to plan care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines.

Although patients were routinely identified if affected by updates from safety alerts or changes to best practice guidelines there was no effective system to recall patients immediately if the risk was significant which meant patients were at risk of not receiving proper or effective treatment for their illness. In situations where patients were identified and recalled there was no robust follow up or to ensure all patients were seen.

- A major concern for the trust was that male patients living in the practice area lived significantly shorter lives when compared to others locally but the steps being taken to improve outcomes were not clear and could not be articulated and evidenced.
- The practice had not monitored that guidelines were followed through risk assessments, audits or random sample checks of patient records. Although a dedicated practice pharmacist was monitoring the updates and guidelines ensuring current prescribing was in line with best practice; patients on long term prescriptions had not benefited from being recalled and medicines and care updated.

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 showed that the practice had achieved 474 out of a possible 559 points which was 85% of the total available, with an exception reporting rate of 6.3% which was lower than the CCG and national average. (The exception reporting rate is the number of patients which

are excluded by the practice when calculating achievement within QOF). Performance in most areas was in line with or below the local and national average. Data from 2014/15 showed;

- The percentage of patients with hypertension having regular blood pressure tests was 80% which was 3% below the CCG average and 3.6% below the national average.
- Performance for mental health related indicators where a care plan was in place was 73% which was 16% below the CCG average and 15% below the national average.
- The percentage of patients diagnosed with dementia whose care had undergone a face-to-face review in the preceding 12 months was 84% which was 2% below the CCG average and in line with the national average.

It should be noted that the published figures from 2014/15 largely related to the previous provider. Practice supplied data demonstrated that the overall QOF performance for the year had reduced but the exception reporting in a number of areas had also decreased. The trust informed us that they felt this was an honest and realistic position. This data had not yet been published and verified and published.

The trust and practice staff highlighted to us the significant risks associated with inaccurate and incomplete patient records which they had inherited. Clinicians also told us they could not be assured their QOF registers were correct, and we saw an example of this on the day. This was a significant risk and the trust were 50% through a review of patient records, we have since been informed that 74% of the records had been reviewed by the 31 May 2016.

The scale of this work was however reducing and it was not clear how this on-going risk would be managed and addressed in as timely a way as possible. The lack of confidence in patient records impacted significantly on clinical time and the delays to patients waiting for their appointments. The trust had not assessed these risks and taken action to mitigate them. Following the inspection, the trust told us there has been the implementation of computer software to improve the coding of patients with long term conditions and a notes optimiser has been employed to support staff maintain patients records.

Are services effective?

(for example, treatment is effective)

- Staff told us the trust did little to encourage practice staff to use audits to benchmark the services provided and monitor the implementation of guidelines, in order to quantify the progress the practice had made over the last year.
- There had been two clinical audits undertaken in the last year, neither of these was a completed audit, where the improvements made were implemented and monitored. We saw evidence of patient searches but the action being taken to address the issues raised by these searches was often not timely or clear.

Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The trust had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality.
- The trust could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- Staff had not been officially appraised in line with trust policies. Staff told us they were unable to carry out appraisals until they received approved training from the trust. This had not been delivered. Staff we spoke with told us they wanted to receive appraisals.
- The trust had provided training for nurses to manage leg ulcers to improve the care patients received after multiple patients had attended with long term leg ulcers which had been poorly managed in the past.
- Many staff had not completed training which the trust had identified as mandatory. For example first aid and chaperoning training had not been completed by any staff member and health and safety, manual handling and infection control was outstanding for 17 members of staff.

- We saw evidence that staff had undertaken training on; safeguarding, fire procedures, basic life support and information governance awareness. A majority of training updates were conducted online and supported with peer support and mentoring.

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.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a part time care coordinator based within the practice who monitored discharges from hospital and implemented support for patients to reduce the likelihood of admission.

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, where appropriate, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation and family planning clinics.

Are services effective? (for example, treatment is effective)

Staff told us they encouraged patients to attend national screening programmes for bowel, cervical and breast cancer but could not provide us with data on the current screening rates and these were not published for the previous year.

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

Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were generally kept closed during consultations however one room was unable to be locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. There were 24 completed comment cards received from patients which were mostly positive about the standard of care. Patients said they were always treated with dignity and respect and described the practice staff as friendly, helpful and caring. Patients said there had been an improvement in care, especially in the care provided by the nursing team, with continuity of care improving.

We spoke with nine patients, in addition to four members of the patient participation group (PPG), during the inspection. All of the patients said that they found the premises clean and tidy and were always treated with kindness and understanding by the practice staff. Patients told us there had been an improvement in the practice over the last year and that staff, especially the nursing team, was caring and good at listening.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. However, the practice was generally slightly below local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%. The data was refreshed in July 2016 and reflected a patient response of 88% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 79% of patients said the GP gave them enough time compared to a CCG average of 85% and a national average of 87%. The data was refreshed in July 2016 and reflected a patient response of 76% of patients said the GP gave them enough time compared to a CCG average of 86% and a national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 96% and a national average of 95%. The data was refreshed in July 2016 and reflected a patient response of 92% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 95% and a national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 85% and a national average of 85%. The data was refreshed in July 2016 and reflected a patient response of 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 85% and a national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 93% and a national average of 91%. The data was refreshed in July 2016 and reflected a patient response of 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 92% and a national average of 91%.

Satisfaction scores for interactions with reception staff were in line with CCG and national averages:

- 88% of patients said they found the receptionists at the practice helpful compared to a CCG average 88% and a national average of 87%. The data was refreshed in July 2016 and reflected a patient response of 91% of patients said they found the receptionists at the practice helpful compared to a CCG average 89% and a national average of 87%.

Are services caring?

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 on the comment cards we received aligned with these views.

Results from the national GP patient survey about patients' involvement in planning and making decisions about their care and treatment were generally slightly below local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%. The data was refreshed in July 2016 and reflected a patient response of 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 81% and a national average of 82%. The data was refreshed in July 2016 and reflected a patient response of 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 81% and a national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 90% and a national average of

85%. The data was refreshed in July 2016 and reflected a patient response of 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 87% and a national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A hearing loop was in place at reception.

Patient and carer support to cope emotionally with care and treatment

There was some information in the patient waiting room. For example, there was information related to dementia and mental health.

The practice's computer system alerted staff if a patient was also a carer. The practice provided care to 73 carers in total which equated to 1.5% of the patient list. During the inspection we found the waiting area had no information displayed for carers about locally available support. The practice provided flu vaccination to carers and made longer appointments available if the patient required.

Staff told us if families had experienced bereavement, a GP or Advanced Nurse Practitioner contacted them if this was considered appropriate. This was to open up a channel for future support if required and to make relatives aware of the care available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

In addition to this the trust worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one morning a week.
- The practice would always make a same day appointment available for children.
- There were longer appointments available for people who needed them and we saw evidence to support this.
- A separate room was found for patients wishing to talk privately with reception staff.
- Home visits were available for patients who could not or would not leave their home and the practice pharmacist made fortnightly visits to local care homes to review medicines and patients where appropriate.
- There were translation services available if these were required.
- Consultation rooms and all patient facilities were situated on the ground floor.
- Parking facilities were available for patients and these included disabled parking bays.
- Weekly clinics for patients were held in the practice including midwife led appointments, smoking cessation and Citizens Advice bureau.

Access to the service

The practice was open from 8am to 6.30pm on Monday to Friday. The consultation times for morning GP appointments were from 8am to 11.50am. Afternoon appointments were offered from 2.30pm until 5.30pm. The practice offered extended hours on a Friday morning from 6.45am to 8am for pre booked appointments.

Results from the national GP patient survey showed variable satisfaction with access and continuity of care but the practice performed below local and national averages in most areas. For example;

- 42% of respondents usually waited 15 minutes or less after their appointment time to be seen compared to a CCG and national average of 65%. The data was refreshed in July 2016 and reflected that 63% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG and national average of 65%.
- 43% felt they didn't normally have to wait too long to be seen compared to a CCG average of 59% and a national average of 58%. The data was refreshed in July 2016 and reflected that 53% of patients felt they didn't normally have to wait too long to be seen compared to a CCG average of 59% and a national average of 58%
- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%. The data was refreshed in July 2016 and reflected that 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 71% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%. The data was refreshed in July 2016 and reflected that 75% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and the national average of 73%.
- 83% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%. The data was refreshed in July 2016 and reflected that 96% of patients said the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.

Some comment cards raised issues with appointments and access. Concerns from patients centred on the late running of appointments and being seen by a GP of choice. We spoke with nine patients during our inspection and several patients told us that the appointment times often ran up to an hour late but they commented they never felt rushed during their appointment.

Listening and learning from concerns and complaints

The trust had systems in place to effectively manage complaints and concerns.

- The practice adopted the trust complaints policy and procedures which were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- All complaints were analysed in monthly meetings and outcomes were recorded.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process displayed in their waiting area.

We inspected 16 written complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw meetings were offered to discuss and resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. We saw complaints were regularly discussed within the practice and learning was appropriately identified.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The trust had a clear vision to deliver high quality and sustainable care to the community, to build a high performance work environment that engaged and supported staff, and ensured this was conducted in an efficient way.

On taking over the practice the Trust had set up two staff engagement sessions in February and March 2015. During which the practice team had prioritised actions and established the trust vision amongst staff. Unfortunately only one clinical member of staff remained within the team following this period and so staff we spoke to were employed in the year prior to the inspection.

The members of clinical staff we spoke to told us they had not been sited, and were not aware of the vision and strategy the Trust worked to, they did not understand how their own role contributed to achieving the vision and they did not know of any strategy to help them to achieve the aims and visions of the trust. There were no detailed or realistic plans to achieve the Trust vision or strategy in relation to the practice.

Interim goals had not been set and there were no clear plans in place to effect and deliver improvements to patient care. Staff told us they prioritised looking after patients and improving patient care.

Governance arrangements

The trust had well-developed and comprehensive governance frameworks but there was a very limited knowledge and expertise within the trust in respect of primary care. The trust had achieved a stable workforce at the practice but staff told us the hands on support from the trust had been withdrawn and they told us there was still significant work to undertake before the practice was providing safe and consistent level of care to all patients.

There were areas where we did not find an effective and responsive framework of governance and oversight to support the delivery of high quality care.

- There was not a clear and comprehensive understanding of the performance of the practice and this performance was compromised by the on-going concerns about the accuracy of QOF registers and

patient records. Clinical resources were not directed effectively to meet the identified risk, for example searches were undertaken in response to MHRA alerts, but proactive action was not taken to ensure patients were reviewed.

- Clinical and internal audit was not used to benchmark and monitor the quality of care and to make improvements to ensure patient safety.
- Arrangements were not in place for identifying, recording and managing risks, issues and implementing mitigating actions. We identified a number of areas where the trust had not followed their own health and safety and training policies.

Leadership and culture

- The trust had a clear leadership structure in place which illustrated the lines of accountability and autonomy between the trust and practice, however practice staff were not aware of it and GPs did not know that one of them was expected to assume the role of clinical lead at the practice.
- Communication between the trust and staff working at the practice was not effective and staff told us they did not feel involved in decisions about the practice.
- A clinical lead from the trust had been supporting the practice during the transition however at the time of inspection they only attended a clinic one session a fortnight and staff told us there was a lack of recent engagement with the staff.
- The practice staff had been highlighting areas of concern to the trust regarding accuracy of patient records and QOF registers. They told us they were not assured the trust understood the difficult situations staff were facing on a day to day basis as a result of this fundamental challenge. It was not clear that the trust had oversight of the possible on-going risk to patients in respect of receiving appropriate care and treatment as a result of the on-going issues with patient records.
- Staff told us the practice manager was approachable and always took the time to listen to all members of staff. Staff were concerned however about the lack of formalised support due to the lack of appraisal to identify their learning needs and benchmark their work.

Are services well-led?

Inadequate 

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

- The trust leadership team provided assurances that they had adjusted the way they worked to ensure they could be responsive to the needs of general practice. However, we identified a number of areas where the systems were not as responsive as they needed to be and this led to delays for staff working at the practice. For example, delays in accessing training and health and safety testing.
- 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. The practice management team encouraged suggestions for improvement from staff.
- Individual teams, such as nurses and clinical staff, held weekly meetings but there was no arrangement for all members of the practice team to meet and share learning.

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

- The practice and the trust encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had an established patient participation group (PPG), which met every month. The PPG gathered feedback from patients and were predominantly the reason the practice remained in the town, following significant campaigning and during the changeover of contracts last year.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the provider did not have effective systems to enable them to assess monitor and improve the quality and safety of service in relation to;</p> <ul style="list-style-type: none">• Regular audit to improve patient outcomes and ensure appropriate medicines are prescribed in line with best practice.• Effective management of staff through, supervision, training and appraisals to enable them to carry out their role.• Ensure open communication between the Trust and local management to ensure risk is managed and staff supported.
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users because the provider was failing to assess the risks to service users when identified in relation to MHRA alerts.</p> <ul style="list-style-type: none">• By doing all that is reasonably practicable to mitigate the risk by recalling patients for review in a proactive and timely manner.