

Bexley Group Practice

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bexley Group Practice's main site at Upper Wickham Lane on 11 August 2015 and at its Nuxley Road site on 25 August 2015. The two sites were registered as separate locations at the time of our inspections so received individual reports and ratings. At the main site (Upper Wickham Lane), the location was rated as requires improvement in Safe domain, but was rated Good in all other domains and rated Good overall. The Nuxley Road site was rated requires improvement in Safe and Well-led domains and was rated requires improvement overall. The full comprehensive reports of the August 2015 inspections can be found by selecting the 'all reports' link for Bexley Group Practice on our website at www.cqc.org.uk.

This inspection was undertaken as an announced comprehensive inspection on 26 June 2017. Overall the practice is now rated Inadequate

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Equipment recommended for treating certain medical emergencies was not available in the practice, and the practice did not have suitable systems and processes in place to ensure medicines were available, appropriately stored and fit for use.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when systems and processes did not work properly, such as when they led to the inappropriate storage of medicines, reviews and investigations were not always properly carried out and lessons learned were not communicated widely enough to support improvement.
- The practice had addressed the matters that led to breaches in regulations at our last inspections of

Summary of findings

Upper Wickham Lane and Nuxley road, with the exception of the lack of suitable risk assessments in place to mitigate against the risks of the lack of defibrillators at the branch sites.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However,
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Some patients reported that the appointment systems were not working well so they did not receive timely care when they needed it.
- There were improvements needed in the management oversight of the governance arrangements, particularly in relation to the management of medicines.

The areas where the provider must make improvements are:

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

The areas where the provider should make improvement are:

- Review patient record keeping to ensure the most up to date test results are appropriately stored and available to clinicians when carrying out patient consultations
- Review practice procedures to ensure there are arrangements in place to improve childhood immunisation rates

- Improve systems and processes that support the identification of patients with caring responsibilities to enable appropriate support and signposting to be provided.
- Consider ways to improve patient satisfaction with access to appointments
- Consider ways to improve patient satisfaction with the areas of nurse consultations and interactions with reception staff where they scored poorly in the most recent GP patient survey
- Review practice procedures to ensure feedback is obtained from patients and staff

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

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. We found serious concerns with medicines management and the arrangements for dealing with medical emergencies
- Patients were at risk of harm because systems and processes medicine management and dealing with medical emergencies were not implemented in a way to keep them safe.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when systems and processes did not work properly, such as when they led to the inappropriate storage of medicines, reviews and investigations were not properly carried out and lessons learned were not communicated widely enough to support improvement.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However,
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

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

- Information for patients about the services available was accessible.

Requires improvement



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The majority of patients who provided feedback to us said they were treated with compassion, dignity and respect.
- Data from the national GP patient survey showed patients rated the practice in line with local area and national averages for most aspects of care. However, the practice was scored lower than the local area and national averages in some areas of nurse consultations

Are services responsive to people's needs?

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

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice facilities were in need of renovation and redecoration at most of its sites
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. Some patients told us that they had difficulties getting appointments within a reasonable timeframe when they needed them.
- Data from the national GP patient survey showed that patients' satisfaction with access to care and treatment had improved from the previous year, although it was still lower than the local area and national averages in some areas
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

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

- The practice had a number of policies and procedures to govern activity, but some of these were not being implemented.
- There was a lack of management oversight in key areas of practice, particularly in relation to medicines management and the arrangements for dealing with medical emergencies.
- The practice had not proactively sought feedback from staff or patients and did not have an active patient participation group.
- However, staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Inadequate



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 inadequate for the care of older people. The practice was rated as inadequate for being safe and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patients aged over 75 all had a named accountable GP, and were offered annual health checks
- The practice had a clinical care-co-ordinator who was responsible for the patients on their admissions avoidance list and was also available for all frail and elderly patients who need her support in coordinating their care packages. The clinical care coordinator proactively reviewed hospital letters, A&E attendance letters to identify older people with complex needs. This is then discussed in the practice clinical and multidisciplinary team (MDT) meetings.
- The practice participated in a social prescribing service which offered non-medical local services for people with social, emotional or practical needs; and they found many of these affected their elderly population in particular.
- The practice had an in house pharmacist to review older people on polypharmacy and review medication.
- The practice obtained written consent from their patients before discussing their medical records/health with family members.
- The practice highlighted on the patients records if they were housebound, on the admissions avoidance register, or any other significant details that clinical and administrative staff should be aware of.
- The practice held monthly MDT meetings attended by the practice clinical staff, the district nurses, child and adolescent mental health service (CAMHS) practitioners, health visitors and palliative nurses. For this age group we discuss patients who are palliative, housebound, have complex needs, who are frequent A&E attendees and vulnerable. End of life care is given great emphasis.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions. The practice was rated as inadequate for being safe and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

- Patients with long term conditions were offered annual reviews, or were seen more frequently if needed.
- The nursing staff had regular training updates for respiratory conditions and could provide Spirometry at the surgery to diagnose asthma or chronic obstructive pulmonary disease (COPD).
- The practice was able to provide in-house electrocardiogram (ECG) and Doppler tests.
- The practice is a tier 2 practice in Diabetes, which meant they were able to initiate insulin treatment and the lead GP ran a weekly Diabetic clinic for patients who needed further input
- The practice held an annual virtual Diabetic clinic with a local Endocrinologist to discuss complex diabetic patients.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for being safe and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held weekly child health clinics for their patients under the age of five, where they provided child immunisations, and health checks with the GP or the community health visitors.
- Community health visitors also attended the practice's monthly integrated team meeting and flagged up any areas of concerns regarding children and families with the clinical staff.
- The practice recently invited their patients who were seven year old to attend the surgery for an appointment with our healthcare assistant to monitor obesity in children. They hoped this would increase awareness of healthy eating and benefits of exercise among children and families
- The practice referred young people to CAMHS or the Youth Engagement Service for support when needed.
- The practice's safeguarding administration lead carried out audits of patients under the age of 18 who did not attend secondary care appointments and contacted their parents or the young person (if aged 16 or over) to see if there was a reason for non-attendance and if any further help was needed.
- GPs gave antenatal and postnatal advice when patients requested.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice was rated as inadequate for being safe and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered a varied range of appointments across their sites including extended hours, telephone appointments, on the day appointments, walk in surgeries as well as pre-bookable appointments which could be booked up to two weeks in advance.
- Appointments and repeat medicines requests could be made online.
- NHS health checks were offered to people aged between 40 and 74 years of age. The practice registered students as temporary patients whenever they had returned to the area from university.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for being safe and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of people with Learning Disabilities and these patients were invited for annual health checks.
- Patients with learning disabilities were invited to appointments using easy read format letters that has been designed with the patient in mind which makes it easier for them to understand.
- The practice organised interpreters for non-English speaking patients and also give double appointment slots when an interpreter was needed.
- Homeless people not able to provide a temporary address could register using the surgery address so they were able to access services.
- The practice used the Bexley initiative, the Social Prescribing referral scheme, for patients who needed external non-medical help with issues such as housing, finance, social and practical needs.
- The practice recorded on patients' medical records if they have a carer or if they are a carer for a vulnerable patient, and were offered additional support accordingly.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for being safe and for being well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients with mental health conditions and also a register of patients with dementia.
- The practice invited patients for regular reviews in these two groups, and clinicians did opportunistic reviews when they attended for other appointments.
- The practice liaised with their local consultant in Old age Psychiatry who did joint home visits to their dementia patients and was also available to give advice to the clinicians if contacted.
- Patients identified as “at risk” of dementia were offered a mini mental health assessment to see if further investigations and a referral was needed.
- The practice carried out weekly visits to their local care home for their patients who were unable to attend the surgery.
- The Nurse Practitioner and the Nurse did at least an annual visit to their local Learning disability home to give patients the flu vaccination and carry out any health checks that were needed.
- GPs invited mental health team and other primary care team disciplines involved to the practice to have case conferences regarding complex mental health patients.
- All clinicians had received training in Mental Capacity Act and had understanding of the relevant consent and decision-making requirements of legislation and guidance

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results available at the time of our inspection were published in July 2016, and showed the practice was performing below local and national averages in terms of people's overall experiences of the practice and making appointments:

- 65% of patients described the overall experience of this GP practice as good, compared with the CCG average of 80% and the national average of 85%.
- 43% of patients described their experience of making an appointment as good, compared with the CCG average of 65% and the national average of 73%.
- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared with the CCG average of 73% and the national average of 80%.

The latest national GP patient survey results were published in July 2017. Although improved from the previous year, these results were still lower than local and national averages in terms of people's overall experiences of the practice and making appointments. Of the 316 survey forms distributed, 120 were returned. This represented a response rate of 38%, and was 1% of the patient population.

- 70% of patients described the overall experience of this GP practice as good, compared with the CCG average of 79% and the national average of 85%.

- 51% of patients described their experience of making an appointment as good, compared with the CCG average of 64% and the national average of 73%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared with the CCG average of 70% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 completed comment cards which were mainly complementary about the care and treatment received and positive about the attitude and support from the clinical and reception staff. However 10 comments cards also included some negative comments, of which seven related to difficulties getting appointments and two were about the poor state of décor of the practice premises (at Station Road and Upper Wickham Lane sites).

We spoke with two patients during the inspection. They told us they were generally satisfied with the care that they would recommend the practice. However they both raised concerns about the difficulties in getting appointments.

Areas for improvement

Action the service **MUST** take to improve

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

Action the service **SHOULD** take to improve

- Review patient record keeping to ensure the most up to date test results are appropriately stored and available to clinicians when carrying out patient consultations
- Review practice procedures to ensure there are arrangements in place to improve childhood immunisation rates

Summary of findings

- Improve systems and processes that support the identification of patients with caring responsibilities to enable appropriate support and signposting to be provided.
- Consider ways to improve patient satisfaction with access to appointments
- Consider ways to improve patient satisfaction with the areas of nurse consultations and interactions with reception staff where they scored poorly in the most recent GP patient survey
- Review practice procedures to ensure feedback is obtained from patients and staff

Bexley Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a second CQC inspector and a GP specialist advisor.

Background to Bexley Group Practice

The surgery is located in the London Borough of Bexley, and provides a general practice service to 11821 patients at the time of our inspection. The practice provides services from its main location at Upper Wickham Lane, as well as three branch sites at Normanhurst Avenue, Station Road, and Nuxley Road. The three branch sites were previously registered with the Care Quality Commission (CQC) as separate locations until March 2016.

The practice is registered with the CQC as a partnership to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two lead GPs and a salaried GP. The practice also uses regular locum GPs. There is a mix of female and male staff. The practice has a full time practice manager who works across all four sites; the rest of the practice team consists of two practice nurses, two

advanced nurse practitioners, one health care assistant, one care co-ordinator, and a team of 23 administrative staff, providing 14.6 whole time equivalent (WTE) working hours.

The practice's main site at Upper Wickham Lane is open five days a week from 8am to 6.30pm, and offers consultations during these hours. In addition, it offers extended opening hours between 6.30pm and 7.30pm on Tuesdays and Wednesdays.

The branch site at Normanhurst Avenue is open Monday, Tuesday, Wednesday and Friday from 8am to 6.30pm, and 8am to 2pm on Thursday. In addition, it offers extended opening hours from 6.30pm to 7.30pm on Mondays.

The branch site at Nuxley Road is open Monday from 8.30am to 6.30pm, Tuesday, Wednesday and Friday from 8.30am to 6pm, and 8.30am to 2pm on Thursday. In addition, it offers extended opening hours from 6.30pm to 7.30pm on Mondays.

The branch site at Station Road is open Monday, Tuesday, Wednesday and Friday from 9am to 6.30pm, and 9am to 2pm on Thursday.

The Station Road and Normanhurst Avenue branch sites offer morning walk-ins appointments on various days.

When the practice is closed, patients are directed to the out of hours provider. The practice provides 39 GP sessions per week.

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

Detailed findings

Why we carried out this inspection

We carried out an announced comprehensive inspection at Bexley Group Practice's main site at Upper Wickham Lane on 11 August 2015 and at its Nuxley Road site on 25 August 2015. The two sites were registered as separate locations at the time of our inspections so received individual reports and ratings.

At main site (Upper Wickham Lane), the location was found requires improvement in Safe domain and was rated good overall.

A requirement notice was issued against Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment because

- Staff had not undertaken fire safety training.
- Premises were not properly assessed. Health and Safety and Fire risk assessments were not carried out routinely. The practice was not carrying out regular fire drills according to their policy.

At branch site (Nuxley Road), the location was rated as requires improvement in Safe and Well-led domains, and was rated requires improvement overall. Three requirement notices were set as follows:

Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment because:

We found that the registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users as they did not have adequate systems in place to be able to appropriately respond to emergencies, including access to a defibrillator; they did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely as a number of staff had not received mandatory training including fire training, safeguarding children and infection control.

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person did not ensure that systems and processes were operated effectively to assess,

monitor and mitigate the risks relating to the health, safety and welfare of service users and staff including the risks of lone working; and adequate monitoring and recording of staff information including recruitment and training.

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

We found that the registered person had not carried out appropriate recruitment checks before staff started work at the practice.

The other two sites - 8 Normanhurst Avenue Bexleyheath DA7 4TT and 24 Station Road, Belvedere. DA17 6JJ - had not been previously inspected.

We undertook this announced comprehensive inspection on 26 June 2017 to check that action had been taken to comply with legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 26 June 2017. During our visit we:

- Spoke with a range of staff (lead GP, nurse, practice manager and admin staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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?

Detailed findings

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

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

- older people
- people with long-term conditions
- families, children and young people

- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

At our previous inspections of Upper Wickham Lane on 11 August 2015 and of Nuxley Road site on 25 August 2015, we rated both sites as requires improvement for providing safe services as the arrangements in respect of staff recruitment and training, and dealing with medical emergencies were in need of improvement.

The provider has addressed some of our concerns from these previous inspections; however the arrangements for dealing with medical emergencies are now inadequate. Furthermore, we found their medicines management arrangements were also inadequate.

Safe track record and learning

There was a system for reporting and recording significant events.

- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to safeguard people from abuse.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of two

documented examples we reviewed we found that the GPs attended meetings to discuss children at risk of harm, and provided reports to safeguarding meetings where necessary for other agencies.

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

The practice maintained appropriate standards of cleanliness and hygiene:

- We observed the premises to be clean and tidy. There were cleaning schedules in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead, and had received training for the role.
- The IPC lead and practice manager liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.
- The practice was visually clean in patient areas we inspected. The practice manager informed us that the local council's public health team had not conducted IPC audits in a while, but they had had an audit of the main site completed a week prior to our inspection, and they had received the report of this on the day of our inspection. The auditor had sent them a template to use in completing self-assessment audits of their other sites. After the inspection we received IPC audit reports for the practice's four sites, which identified action required to minimise infection risks to patients.

Are services safe?

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

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- 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 and patient specific prescriptions or directions (PSDs) from a prescriber were produced appropriately.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. However we found some areas of improvement needed in the management of high risk medicines. We reviewed the patient notes of 12 of the practice's 36 patients who were prescribed methotrexate, and found that five of these patients had been prescribed the medicine without a recent blood test result (less than three months old) being available in their records. The provider responded that following our inspection, their in-house clinical pharmacist ran another audit following after they received their CQC draft report and found that all their patients prescribed Methotrexate did have relevant blood tests within the 3 month period. They explained that Methotrexate prescribing was part of their shared care policy, which meant patients could have blood tests done through GP surgery or at the hospital when they are seen for their Methotrexate review. The provider told us they issued prescriptions based on their review of these results and they being within a normal range. We highlighted to the practice the importance that the relevant information is recorded within the patient's record as soon as possible to support safe continuity of care.
- Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred.

- However we found that there was no effective system in place for monitoring prescriptions that had not been collected, including 'critical' medicines such as those used to treat heart conditions, diabetes and children's inhalers, some of which at Upper Wickham Lane had not been collected for over six months. The practice manager informed us that the admin team had the duty to check the prescriptions on a monthly basis and that those not collected were normally destroyed. The practice manager recognised that they should be following up on patients who had not collected their prescriptions. The provider sent us a copy of their acute and repeat prescribing policy after our inspection, which indicated that designated staff would be on a rota to carry out monthly reviews of the prescriptions awaiting collection, document non-collection in the patients' notes, and escalate these findings to the duty GP to review. The senior partner also advised that they intended to change the frequency of the review of uncollected prescriptions from monthly to two weekly.
- At the practice's branch sites, we saw records indicating medicines fridges were recording temperatures that were out of range with no recorded follow up actions. The senior GP partner told us that they would deal with this matter as a significant event, alerting the relevant authorities and seeking advice from the medicines manufacturers, as well as carry out staff re-training.

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

Monitoring risks to patients

- There was a health and safety policy available.
- The practice had up to date fire risk assessments and carried out regular fire drills at all their sites. There were designated fire marshals within the practice, and fire evacuation plans were in place across their sites.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice did not have suitable risks assessments in place for the lack of certain emergency equipment at their practice sites
- However we found out of date medicines at the main site at Upper Wickham Lane and at the branch site at Station Road: at Upper Wickham Lane, the supply of soluble aspirin in the kit was out of date since end of April 2017. At Station Road branch site, the second CQC inspector reviewed the practice's supply of medicines used to treat medical emergencies, and found that three medicines had expired: Epipen 0.3mg had expired in February 2017, Aspirin soluble had expired in July 2016 and Ipratropium nebuliser had expired in February 2017. There was also an unlabelled bottle of tablets included in the stock of medicines used to treat medical emergencies.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training
- Oxygen with adult masks was available at all the practice sites. However no children's masks were available. Following our inspection, the practice sent us evidence indicating they had children's masks in their supplies, but these were not shown to have been placed with the oxygen cylinder, except at Normanhurst avenue site.
- The practice had a defibrillator available on the main site premises, but not at any of the branch sites. Since our inspection, the provider has now purchased defibrillators for all its sites.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were stored securely.
- In addition at all the sites, except Station Road, there were some recommended medicines that were not stocked: At Nuxley Road branch site, the second CQC inspector reviewed the practice's supply of medicines used to treat medical emergencies, and found that it did not contain Atropine, Hydrocortisone for injection and Diclofenac injectable analgesic. At Upper Wickham Lane main site, the GP specialist advisor reviewed the practice's supply of medicines used to treat medical emergencies, and found it did not contain Atropine and Diclofenac injectable analgesic. At Normanhurst Avenue branch site, the lead inspector reviewed the practice's supply of medicines used to treat medical emergencies, and found it did not contain Hydrocortisone, Benzylpenicillin and Diclofenac injectable. Since our inspection, the provider has informed us that they now stock all recommended medicines for treating medical emergencies.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The practice's exception reporting rate was 5%, lower than the CCG and national averages of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Current published QOF data showed the practice was performing in line with local and national averages:

- <> for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of diabetic patients with well controlled blood pressure (practice 84%; CCG 82%; national 78%), and the percentage of patients with well controlled blood sugar levels (practice 75%; CCG 81%; national 78%).
- Performance for COPD related indicators was similar to the CCG and national averages. For example, the percentage of patients with COPD who had a review of their condition in the preceding 12 months (practice 95%; CCG 91%; national 90%)

- Performance for mental health related indicators was higher or similar to the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (practice 95%; CCG 82%; national 84%)
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months
- <> for hypertension related indicators was similar to the CCG and national averages. For example, the percentage of hypertensive patients with well controlled blood pressure (practice 85%; CCG 85%; national 83%)
- Patients with atrial fibrillation who had had a review of their condition and were being treated with recommended therapies

This practice was not an outlier for any QOF (or other national) clinical targets.

There was evidence of quality improvement including clinical audit:

- The practice provided summaries of three clinical audits commenced in the last two years, two of which were completed audits where the improvements made were implemented and monitored. One of the completed audits was of methotrexate for medicines monitoring: the first cycle was carried out in September 2016, where the practice identified 64% of their patients prescribed the medicine had had a latest full blood count (FBC) result and 68% had a liver function test (LFT) result in their records. They followed up the patients without updated results by checking if there were any hospital letters relating to them that had the up to date information, and if not they sent them a blood test request form to have the blood tests done. When the audit was repeated in February 2017, they found that 90% of their patients prescribed the medicine now had both their most up to date FBC and LFT results in their records.
- Findings were used by the practice to improve services. For example, recent action following cervical screening audit was to ensure update training continue to be scheduled for the nurses carrying the screening.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and in other clinical specialities such as diabetes care and dermatology
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 shared drive system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of 71 documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A number of community clinics, provided by local hospital Trusts, operated from one of the practice's premises, and the practice's patients could be referred to them. These included counselling, cardiology and heart failure services.

Childhood immunisation rates for the vaccinations given were lower than national averages. There are four areas where childhood immunisations are measured; each has a

Are services effective?

(for example, treatment is effective)

target of 90%. The practice achieved the target in none of the four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.1 (compared to the national average of 9.1). The practice had recognised they needed to make improvement in this area, and we saw evidence of them making efforts to reach non-attenders as much as possible, with telephone calls and letters.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were

received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. For breast and bowel cancer screening, the practice performance was similar to the CCG and national averages: women aged 50 to 70 screened for breast cancer in the last 36 months (practice 74%; CCG 76%; national 72.5%) and persons aged 60 to 69 screened for bowel cancer in the last 30 months (practice 54%; CCG 56%; national 58%).

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

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

We received 34 completed comment cards which were mainly complementary about the care and treatment received and positive about the attitude and support from the clinical and reception staff.

We spoke with two patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey results available to us at the time of this inspection were published in July 2016. They showed patients felt they were treated with compassion, dignity and respect in their interactions with the last GP they saw. The practice was performing in line with local area and national averages for its satisfaction scores on consultations with GPs, some aspects of nurse consultations, and interactions with reception staff. For example:

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and to the national average of 85%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%
- 68% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The latest GP patient survey results, published in July 2017, showed the practice performance was similar to the previous year in the above areas:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and to the national average of 86%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%, which was the same as previous year
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

However, the July 2016 GP patient survey results showed the practice was scored lower than the local area and national averages in some areas of nurse consultations. For example:

- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 88% and to the national average of 91%.

Are services caring?

- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 91%.
- 81% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.

The latest GP patient survey results, published in July 2017, showed the practice results had remained very similar to the previous year:

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and to the national average of 91%.
- 79% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 81% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the 2016 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 or below local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 85%.

The 2017 national GP patient survey results showed some slight improvements to the previous year's in the above areas:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 85%.

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

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- Information leaflets were available on various healthcare supporting services in the local area that may be of use to patients

Staff told us that interpretation services were available for patients who did not have English as a first language. However information about this service was not displayed in the reception areas for patients

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

The practice was in an area of low deprivation. The level of unemployment among the practice population, 4.3%, was similar to the local area and national average, both 4.4%. The proportion of people with longstanding health conditions, 48%, was slightly lower than the local area and national averages, which were 52% and 53% respectively.

- The practice offered extended hours at three of its sites: at the practice's main site at Upper Wickham Lane from 6.30pm to 7.30pm on Tuesdays and Wednesdays, at Normanhurst Avenue from 6.30pm to 7.30pm on Mondays and at Nuxley Road from 6.30pm to 7.30pm on Mondays.
- There were longer appointments and home visits available for patients who had that need.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Walk in appointments were available at Normanhurst Avenue and Station Road branch sites
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.

Access to the service

Bexley Group Practice's main site and branch sites were open five days a week. The practice was closed at weekends. When the practice sites were closed, the telephone answering service directed patients to contact the out of hours provider.

The practice offered a range of appointments including book on the day, walk in, book in advance, and telephone consultations. The lead GP told us they were regularly

reviewing their appointment system to improve patient access. They had identified the key challenges to availability of appointments as their high rates of patients who did not attend (DNAs) their booked appointments. Information about DNAs and the impact it had on the services, such as number of appointments that could have otherwise been taken up by other patients, was displayed throughout the practice premises, along with information about how to cancel booked appointments. This information was also available on the practice website.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done, for example, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Results from the 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly lower than the local area and national averages.

- 50% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 46% of patients said they could get through easily to the practice by phone compared with the CCG average of 63% and the national average of 73%.
- 51% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 70% and the national average of 76%.
- 43% of patients described their experience of making an appointment as good compared with the CCG average of 65% and the national average of 73%.
- 38% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

These results from the GP patient survey aligned with the views of patients we spoke with on the day and from those who completed CQC comments cards, who raised the issue

Are services responsive to people's needs?

(for example, to feedback?)

of difficulties in getting appointments because of long waits to get through on the telephones and there being a lack of available routine appointments until several weeks away.

However the latest (2017) national GP patient survey showed that patients' satisfaction with access to care and treatment had improved from the previous year, although it was still lower than the local area and national averages in some areas:

- 60% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared with the CCG average of 60% and the national average of 71%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 84%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 64% and the national average of 73%.
- 47% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

After the inspection, the provider sent us data from the local CCG for Urgent Care centre attendances (for the year to date from 1 April 2017). The data showed that the practice's patients use the Urgent Care centre the least compared to the rest of the practices in the borough. The practice lead GP also commented that the Urgent Care centres are in very close proximity of the practice's different branches.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included posters displayed and a summary leaflet that was available.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action were taken to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection of Nuxley Road site on 25 August 2015, we rated it as requires improvement for providing well led services as systems for assessing risks, monitoring actions and evaluating change were not always operating effectively at the Nuxley Road practice. Policies and procedures were not always easily identifiable or accessible for staff if they needed them. The provider has addressed some of our concerns from these previous inspections; however the arrangements for medicines management and dealing with medical emergencies are now inadequate.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients which was documented in their Statement of Purpose.

Governance arrangements

We found systemic weaknesses in the practice's governance systems:

- The provider had not made suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The provider did not have adequate risk assessments for lack of defibrillators at its branch sites and mitigating actions in place to justify the lack of this item of equipment.
- Our previous inspection of the Nuxley Road site in August 2015 found that recommended equipment for treating certain medical emergencies (defibrillator) was not available at Nuxley road. At this inspection we found this was still the case, and that there was no suitable risk assessment in place to mitigate the risks of not having this equipment. Since our inspection, the practice has purchased defibrillators for all their practice sites
- Practice specific policies and procedures were not consistently implemented and understood by all staff. In relation to medicines management, the arrangements for ensuring medicines were suitably stored and fit for use were inadequate. There was no recording of responses to anomalies at all the sites, which was not identified by management. The procedures for dealing with uncollected prescriptions were not being followed at the time of our inspection.

However there were aspects of the governance framework that supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example one of the GPs was the minor surgery lead, and one of the GP partners was lead for care of older people.
- Practice meetings were held every two months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints
- A comprehensive understanding of the performance of the practice was maintained
- Our previous inspection of the Upper Wickham Lane site in August 2015 found that the provider was in breach of Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment because staff had not undertaken fire safety training, the premises were not properly assessed and Health and Safety and Fire risk assessments were not carried out routinely. In addition, the practice was not carrying out regular fire drills according to their policy. At this inspection all these issues had been addressed.
- Our previous inspection of the Nuxley Road site in August 2015 found that the provider was in breach of regulations Regulation 12 (Safe care and Treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the HSCA (RA) Regulations 2014. These had been mostly addressed by a number of actions including the introduction of a training programme for their staff team, and the completion of appropriate recruitment checks before staff started work at the practice.

Leadership and culture

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

Are services well-led?

Inadequate 

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

that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents.

From the sample of five documented examples we reviewed, we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- Staff said they felt respected, valued and supported. However we noted from the staff we spoke with, that there was an absence of consultation and involvement of staff in the provider's plans to relocate two of their sites to a new location in November 2017.

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

The practice had not recently been encouraging and acting on feedback from patients and staff:

- the practice's patient participation group (PPG) had not met in over 18 months
- Results of the NHS Friends and Family test, complaints reviews and compliments received were not routinely made available to patients
- However, the practice had carried out in-house patient surveys in 2015 and 2016 as they had recognised that access was being consistently raised with them as an issue. These findings had been part of their motivation to move premises, a project which is underway and expected to see the Upper Wickham lane and Normanhurst sites move to new purpose built premises in December 2017. The provider had also tried to move the branch sites of Station road and Nuxley road to new premises, but has not yet been successful in finding suitable new sites, so intend to start refurbishing the existing premises in the coming months.

Continuous improvement

We did not observe any evidence of continuous improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance systems and processes were not in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk including staff. Specifically in respect of the management of medicines and safety alerts, infection control, medicines management, and equipment.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users, as the registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment. Specifically in respect of risks associated with infection control, the management of medicines and equipment.</p> <p>This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>