

Wyken Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 8 |
| What people who use the service say | 12 |
| Areas for improvement | 12 |

Detailed findings from this inspection

| | |
|------------------------------------|----|
| Our inspection team | 13 |
| Background to Wyken Medical Centre | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 16 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wyken Medical Centre on 10 November 2015. Overall the practice is rated as inadequate.

We first inspected Wyken Medical Centre on 24 February 2015 with a GP specialist advisor. We found that the practice was in breach of Regulations 12(2)(i), 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We judged the practice to be inadequate in respect of providing services which were safe, effective, responsive and well led. We judged that it was good in providing a caring service. The overall rating for the service was inadequate and we placed it in special measures. This was for a period of six months during which time the provider was expected to improve the practice to meet the required regulations and fundamental standards. Special measures are designed to ensure a timely and co-ordinated response to practices found to be providing inadequate care that gives them support from NHS England and the Clinical Commissioning Group (CCG). Practices can choose to get further peer advice and support from the Royal College of

General Practitioners. Being placed into special measures represents a decision made by CQC that a practice has to improve within six months to avoid having its registration cancelled.

Our key findings across all the areas we inspected on 10 November 2015 were as follows:

- Since the previous inspection in February 2015 the practice had made improvements in respect of a number of safety related areas including staff recruitment, fire safety and learning from significant events.
- Medicines, including those for medical emergencies, were not regularly checked, some were out of date and others were not available if needed. Medicines were not all stored appropriately and some medicines prescribed for individuals were being used for other patients.
- The GP was not familiar with the practice's arrangements for managing safety alerts or for managing safety at the practice including arrangements for medical emergencies and major incidents.

Summary of findings

- Infection control was not proactively monitored although improvements had been made during 2015.
- The GP and practice nurse did not have clinical meetings to share and review clinical guidance and reflect on how they needed to take this into account in patient care.
- There was no established system of clinical audits to ensure that care and treatment was provided appropriately and outcomes for patients monitored and improved.
- Whilst some national data showed the practice performed well in some areas of care and treatment this was mixed and we found examples of patients with long term conditions whose care had not been reviewed for three years.
- The GP did not understand their responsibilities under the Mental Capacity Act 2005. This is the legal framework they should use in respect of patients who may lack capacity to make particular decisions for themselves.
- Patients were very positive about the service they received at the practice. They said they were treated with compassion and dignity and spoke highly of the care and treatment they received.
- The practice had increased its opening hours and now provided afternoon appointments three days a week. This had been welcomed by patients and most were now satisfied with the practice's opening hours.
- The GP had limited awareness of their responsibilities across a range of clinical and non-clinical areas and was over reliant on the practice manager to support the overall management of the service.
- There was a lack of clarity about lead roles and responsibilities at the practice relating specifically to safeguarding, infection control and dealing with patient referrals.

The areas where the provider must make improvements are:

- Introduce robust processes the safe management of medicines.

- Review availability of medicines and equipment to manage medical emergencies and carry out a risk assessment in respect of medicines they decide not to stock.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure that all clinicians understand their responsibilities in respect of the Mental Capacity Act and other legislation and guidelines relating to consent.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Improve formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and staff roles and responsibilities and ensure there is leadership capacity to deliver all improvements

The areas where the provider should make improvement are:

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
 - Review their recruitment policy to fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 10 November 2015 we found that insufficient improvements have been made such that there remains a rating of inadequate overall for this practice. The key areas of safe, effective and well led are rated inadequate and the responsive and caring are rated requires improvement. The ratings for all population groups remain inadequate. We are therefore taking action in line with our enforcement procedures.

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 and improvements must be made.

The practice had made improvements since the previous inspection in February 2015 including in respect of staff recruitment processes, prescription security and the management of significant events. However, we found areas of concern including:

- The GP was unable to describe how the practice managed safety alerts and was unaware of internal or external systems and organisations for communication about, and management of, patient safety.
- There was a lack of clarity about which member of the practice team was the lead for safeguarding children and adults whose circumstances made them vulnerable.
- Although some improvements had been made there had not been any further infection control audits in accordance with guidance from the Department of Health to confirm that all aspects of infection control were well managed. It was unclear who was taking responsibility for the management of infection control at the practice.
- Patient Group Directions required to allow nurses to administer medicines in line with legislation were available but had not been signed by the GP.
- Medicines, including those for medical emergencies, were not regularly checked, some were out of date and others were not available if needed. Medicines were not all stored appropriately and some medicines prescribed for individuals were being used for other patients.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

The practice had made improvements since the previous inspection in February 2015 including in respect of making information about clinical guidance from the National Institute for Health and Care Excellence (NICE) readily available for staff to refer to. However, we found areas of concern including:

- The GP and practice nurse did not have clinical meetings to share and review clinical guidance and reflect on how they needed to take this into account in patient care.

Inadequate



Summary of findings

- There was no established system of clinical audits to ensure that care and treatment was provided appropriately and outcomes for patients monitored and improved.
- Whilst some national data showed the practice performed well in some areas of care and treatment this was mixed and we found two examples of patients with long term conditions whose care had not been reviewed for three years.
- The GP was unaware of the legal framework they should use in respect of patients who may lack capacity to make particular decisions for themselves.

Are services caring?

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

- Data from the national GP patient survey showed that patients rated the practice lower than others for some aspects of care but the NHS Friends and Family test results for the last nine months were consistently positive.
- Patients we received direct information from were consistently complimentary about the practice said they were treated with compassion, dignity and respect. Patients confirmed they were involved in decisions about their care and treatment but the GP could not describe their approach to patient involvement.
- The practice had improved information they made available to help patients including a new practice leaflet and a website.
- We saw that staff were warm, friendly and welcoming towards patients and dealt with them in a kind and respectful way.
- We observed that generally staff took care in respect of patient confidentiality. This was compromised by prescribed medicines labelled with patient details being on view or used for other patients.

Requires improvement



Are services responsive to people's needs?

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

The practice had made improvements since the previous inspection in February 2015. This included the management and recording of complaints. The practice had increased the times when it was open to include three days a week when afternoon appointments were available. They had set up a website to improve communication and planned to introduce online booking and prescription request in the future.

Requires improvement



Summary of findings

- The practice had an awareness of the needs of its local population based on local knowledge and familiarity with patients developed over a number of years. Patient feedback showed this was valued highly.
- Seventeen patients who filled in comment cards and the four we met on the day were positive about the availability of appointments. Patients told us they were always able to get an appointment or home visit on the day they asked. Several patients confirmed that access had improved as did reception staff who said it was now very unusual not to be able to offer a same day appointment.
- Three out of 44 patients who filled in CQC comment cards patients commented negatively on access to the practice saying the time with the GP was rushed and that the practice did not have long enough hours, particularly for working patients. The members of the PPG we spoke with told us that whilst the recent addition afternoon and evening surgeries was welcomed locally and had been successful, there was no demand for this to be increased further.
- The practice complaints procedure was clear and easy to understand and complaints were well managed within the timescales in the practice policy. Complaints were discussed at staff meetings to share learning and communicate improvements.

The size of the clinical team limited the services the practice could offer; however, they worked in partnership with other professionals including health visitors, district nurses and specialist services such as the diabetes retinal screening service and mental health teams.

Are services well-led?

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

The practice had made improvements since the previous inspection in February 2015 in respect of the overall day to day management of the service. This included improved use of staff meetings for communication, learning and information sharing. However, we found areas of concern including:

- The practice did not have a clear vision for the future. They were aware that they needed to consider the longer term future of the practice but did not have firm plans for how they would manage this. They had been unsuccessful in recruiting another GP to work at the practice.
- The GP had limited awareness of their responsibilities across a range of clinical and non-clinical areas. These included aspects of patient safety, care and treatment.

Inadequate



Summary of findings

- There was a lack of clarity about lead roles and responsibilities at the practice relating specifically to safeguarding, infection control and dealing with patient referrals.
- The GP was over reliant on the practice manager to support the overall management of the service including in respect of areas of clinical responsibility.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The GP and practice nurse provided home visits for those patients who were unable to come to the practice due to poor health or limited mobility. This included visits for annual health checks, flu vaccinations and medicines reviews or due to a specific health need.
- The percentage of people aged 65 or over who received a seasonal flu vaccination in 2013/14 was lower than the CCG and national averages but the practice was working to improve this.
- The GP visited patients who had been discharged from hospital within two weeks and referred older patients discharged from hospital to the community matron and/or the district nurse team.
- The practice did not provide health checks for over 74 year olds but did offer pneumonia and shingles vaccinations.
- Information was made available to out of hours and ambulance services to help ensure that patients at the end of their lives received the care and treatment they wished in the place of their choosing.
- The practice had a palliative care register and met with other health professionals to discuss the needs of those patients. These meetings were attended by the practice manager and practice nurse.

Inadequate



People with long term conditions

The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice team was small which limited the range of services it could offer. However, they worked in partnership with other professionals including health visitors, district nurses and specialist services such as specialist diabetes and COPD nurses and the diabetes retinal screening service.

Inadequate



Summary of findings

- Data for a number of long term conditions showed outcomes for patients were mixed. For example, the practice had achieved better than the CCG and national average for some aspects of diabetes care but worse for others.
- The practice did not have a structured system for arranging patients' routine reviews.
- Information made available to out of hours and ambulance services to help ensure that patients at the end of their lives received the care and treatment they wished in the place of their choosing.
- The practice had a palliative care register and met with other health professionals to discuss the needs of those patients. These meetings were not attended by the GP as would be expected.

Families, children and young people

The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had systems to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice team knew local families well and liaised with health visitors and school nurses although the GP did not routinely take part in multi-disciplinary meetings.
- Childhood immunisation rates were comparable to the CCG averages and in a number of cases higher
- Some appointments were available outside of school hours on two days a week when the practice was open between 4 and 6.30pm.
- The premises were suitable for families, children and young people because there was ample car parking and space in the practice for prams and pushchairs.

Inadequate



Working age people (including those recently retired and students)

The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The age profile of patients at the practice was mainly those of working age and young people but the services available did not fully reflect the needs of patients unable to go to the practice in the mornings.

Inadequate



Summary of findings

- The practice closed at 1pm two days a week and did not provide early morning or evening appointments. The practice had introduced two late afternoon (4pm to 6.30pm and 1pm to 3pm) surgeries each week.
- The practice introduced a website in July 2015 but this did not yet provide the facility for patients to book appointments or order repeat prescriptions online.
- Health promotion advice was offered at the practice and links to Patient UK information were available on the practice website.

People whose circumstances may make them vulnerable

The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was situated in an area where there was some social and economic deprivation but had no homeless patients registered there.
- The practice team were aware of the pressures under which many of their patients lived, for example in respect of housing and employment issues.
- The practice had a very small number of patients with a learning disability and called them to have annual health checks.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. There was a lack of clarity about which member of the team was the lead person for safeguarding.

Inadequate



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safe, effective and well-led and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Available data showed that the practice's performance in respect of monitoring the health of patients experiencing poor mental health was variable. For example they performed well for providing care plans but their performance for monitoring blood pressure was lower than the CCG and national averages.

Inadequate



Summary of findings

- The practice referred patients with anxiety and depression to Improving Access to Psychological Therapies (IAPT) service. A counsellor from the service visited the practice regularly to see patients.
- The percentage of patients with a diagnosis of dementia who had received a face to face review in the preceding 12 months was 2.3% above the CCG average and 0.6% above the national average. Specific health checks had been completed for 75% of all the practice's patients with a diagnosis of dementia with no exception reporting.
- The practice referred patients thought to have dementia to the local mental health team, but explained that patients experienced delays in obtaining appointments.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published on 2 July 2015. The results were in line with local and national averages. Three hundred and twenty eight survey forms were distributed and 115 were returned. This was a response rate of 35.1%.

- 80.9% described their overall experience of this surgery as good (CCG average 83.8%, national average 84.8%).
- 81.8% found it easy to get through to this surgery by phone (CCG average 73.5%, national average 73.3%).
- 82.7% found the receptionists at this surgery helpful (CCG average 85.7%, national average 86.8%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%).
- 83.8% said the last appointment they got was convenient (CCG average 91%, national average 91.8%).

- 69.9% described their experience of making an appointment as good (CCG average 71.4%, national average 73.3%).
- 64.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60.4%, national average 64.8%).

As part of our inspection we sent CQC comment cards to the practice for patients to fill in. We received 44 comment cards which gave a consistently positive view of patients' experiences of the practice. We spoke with five patients during the inspection three of whom were members of the newly formed patient participation group. These patients spoke highly of the GP and the rest of the practice team. Information from the comment cards and the patients we spoke with gave a picture of a friendly and caring GP practice where people felt listened to and were confident in the care they received. We also saw the results of the NHS Friends and Family survey forms for January 2015 to October 2015. We noted that 176 of the 183 responses were positive.

Areas for improvement

Action the service **MUST** take to improve

- Introduce robust processes the safe management of medicines.
- Review availability of medicines and equipment to manage medical emergencies and carry out a risk assessment in respect of medicines they decide not to stock.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure that all clinicians understand their responsibilities in respect of the Mental Capacity Act and other legislation and guidelines relating to consent.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.

- Improve formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and staff roles and responsibilities and ensure there is leadership capacity to deliver all improvements

Action the service **SHOULD** take to improve

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review their recruitment policy to fully reflect the requirements of Regulation 19(3) and Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Wyken Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a nurse specialist advisor and a practice manager specialist advisor.

Background to Wyken Medical Centre

Wyken Medical Centre is situated on the outskirts of Coventry. It has around 2,100 patients and has a catchment area of approximately a one mile radius around the practice. The practice is in purpose built premises. The practice has a free car park with disabled spaces nearest to the entrance. There is a pharmacy nearby.

The practice ownership changed during 2013 when one of two partners retired and the other took over the practice as a sole provider. The practice was subsequently re-registered with the Care Quality Commission (CQC) in September 2014. When we inspected in February 2015 the GP told us that when they took over sole responsibility for the practice they had little experience of the governance, administration and financial aspects of managing a GP practice. This was because the retired partner had taken full responsibility for these aspects of running the practice. These were areas where they and the practice manager, also new to their role at that time, had needed to build their knowledge and experience together.

The practice has one male GP and one practice nurse. The GP and nurse are supported by a practice manager and three receptionists.

The practice has a patient participation group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care. The PPG was established in July 2015 and held its first meeting in October 2015.

Since our previous inspection in February 2015 the practice had changed from a Primary Medical Services (PMS) contract with NHS England to a General Medical Services (GMS) contract.

Wyken Medical Centre has a website which was set up after our inspection in February 2015.

The practice is open Monday to Friday between 9am and 12.30pm, from 4pm to 6.30pm on Mondays and Wednesday and from 1pm to 3.30pm on Fridays. The practice does not provide extended hours appointments or out of hours services to their patients. Out of hours services are provided by Care UK a national healthcare organisation. When the practice is closed the telephone diverts patients to an answering service run by Patient Care Services, part of the West Midlands Ambulance Service. This provides a recorded message telling patients to call the practice in surgery opening hours for appointments and prescriptions, to dial 999 for medical emergencies or to hold the line to speak with a member of the Patient Care Services team. The GP explained that this service transfers calls to them if a patient needs to be seen when the practice is closed during core contracted hours of 8 am to 6.30pm. They told us they often visit patients at home on these occasions.

We first inspected Wyken Medical Centre on 24 February 2015 with a GP specialist advisor. We found that the practice was in breach of Regulations 12(2)(i), 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We judged the practice to be inadequate in respect of providing services which were safe, effective, responsive and well led. We judged that it was good in providing a caring service. The overall rating for the service

Detailed findings

was inadequate and we placed it in special measures. This was for a period of six months during which time the provider was expected to improve the practice to meet the required regulations and fundamental standards. Special measures are designed to ensure a timely and co-ordinated response to practices found to be providing inadequate care that gives them support from NHS England and the Clinical Commissioning Group (CCG). Practices can choose to get further peer advice and support from the Royal College of General Practitioners. Being placed into special measures represents a decision made by CQC that a practice has to improve within six months to avoid having its registration cancelled.

We carried out this comprehensive inspection to follow up the findings of the previous inspection and to gain an up to date picture of whether the service was providing safe, effective, caring, responsive and well led services and meeting the fundamental standards set out in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 10 November 2015 we found that the practice had made a range of improvements. However, we also found areas of concern which meant that the overall rating remained inadequate. We are therefore taking action in line with our enforcement procedures.

Why we carried out this inspection

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. In particular we needed to review whether the practice had made the required improvements following the previous inspection on 24 February 2015 following which the practice was placed in special measures.

How we carried out this inspection

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed a report by a GP commissioned by NHS England in August 2015 which the practice chose to share with us. We carried out an announced visit on 10 November 2015.

During our visit we:

- Spoke with the GP, practice manager, practice nurse and the team of three reception staff.
- Spoke with five patients who used the service three of whom were members of the patient participation groups.
- Reviewed patients' treatment records.
- Reviewed 44 CQC comment cards in which patients described 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 are provided for specific groups of people and what good care looks 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)

Detailed findings

Please note that references in this report to data such as that from the Quality and Outcomes Framework relate to the most recent information available to CQC at the time of the inspection.

Are services safe?

Our findings

Safe track record and learning

The practice had a system for reporting and recording significant events and checking incoming safety information such as that from the NHS central alert system (CAS) and the Medical and Health Care Products Regulatory Agency (MHRA). This system was managed by the practice manager. The practice nurse told us that incoming information about patient safety was printed by the practice manager and kept in a folder. They told us there had been no recent safety alerts relevant to the practice.

There was a current significant event policy. Staff we spoke with told us they would report any incidents at the practice to the practice manager and that there was a set form available for them to use for this. The GP told us staff were encouraged to report any issues that arose. They were aware of the significant events that had occurred since the last inspection and confirmed that action had been taken in respect of all of these. The practice manager confirmed that any significant events at the practice were discussed as quickly as necessary depending on the level of risk involved and were followed up and discussed further at routine practice meetings. We saw minutes of meetings attended by clinical and non-clinical staff that confirmed this took place.

Overview of safety systems and processes

The practice had arrangements for safeguarding children and adults whose circumstances placed them at risk of harm or abuse. These included a safeguarding policy and contact information for local child and adult safeguarding professionals. Staff were aware of the policy and able to give us examples of the types of situations they would raise concerns about. Staff had received safeguarding training relevant to their role. The GP had completed a level three course as would be expected for a practice safeguarding lead. The practice child safeguarding policy said the GP was the safeguarding lead. This was what staff told us. When we asked the GP about this they told us the practice manager was the safeguarding lead and was not aware of the practice having a safeguarding policy. It was therefore unclear who would take responsibility for ensuring that safeguarding concerns were dealt with appropriately.

The practice had a chaperone policy and there was a sign in the waiting room to inform patients that chaperones

were provided when necessary. A chaperone is a person who acts as a safeguard and witness for patients and health care professionals during a medical examination or procedure. At the previous inspection we learned that reception staff carried out chaperone duties although they had not received training for this. At this inspection we found that two of the three reception staff had completed chaperone training. The third, who was new, told us they would not be allowed to carry out this role until their probationary period was completed and they had had a disclosure and barring service (DBS) check and chaperone training. We had confirmation in the comment cards that chaperones were used when appropriate. A chaperone is a person who acts as a witness to safeguard patients and health care professionals during medical examinations and procedures.

The premises were clean and tidy and many of the patients we received information from commented that standards of cleanliness at the practice were good. There was information for staff about what they should do if the injured themselves with a needle or other sharp instrument. Suitable arrangements were in place for the disposal of clinical waste. We spoke with the practice nurse about infection control. They attended infection control training as part of a mandatory study day with the local NHS Trust in March 2014. It was unclear who was taking responsibility for the management of infection control at the practice. In February 2015 we were told that the practice nurse was the infection control lead. At this inspection the practice nurse told us the practice did not have an infection control lead. When we asked the GP who the infection control lead was they said it was the practice nurse. The most recent infection control audit was carried out in November 2014 by an external infection control specialist nurse. This identified improvements that needed to be made. When we inspected in February 2015 there was no action plan to show when these would be carried out. At the inspection on 10 November 2015 we saw that some work had been carried out:

- New washable flooring had been laid in the nurse's and GP's treatment rooms although this had not been 'tanked' to make cleaning right into corners easier.
- Improved plug hole covers had been fitted to replace the old rubber ones and changes had been made to pipework to improve drainage. However, the sinks we saw in February 2015 had not been replaced. These had

Are services safe?

the drainage holes in line with the flow of water which could cause splash back of stale water. New taps had been fitted but were still not ones staff could easily turn on and off with their elbows. The practice manager explained that work was carried out in accordance with the budget allocated to them for the work.

- Spillage kits had been obtained so staff could safely clean any bodily fluids.
- A legionella risk assessment had been completed and testing carried out by an external company.

Although the above work had been done there had not been any further infection control audits in accordance with guidance from the Department of Health to confirm that all aspects of infection control were well managed.

We identified a number of concerns in respect of the safe management of medicines, including emergency drugs and vaccinations. These were:

- Patient Group Directions required to allow nurses to administer medicines in line with legislation were available but had not been signed by the GP.
- A GTN spray (used to treat angina attacks) and a reliever inhaler (used to treat asthma attacks) were labelled with the names and dates of birth of specific patients but were stored in a lockable cupboard under the sink in the nurse's room. The nurse told us the GTN spray was for the emergency medicines kit although it was not stored with this. They were unable to explain why the inhaler was at the practice and not with the patient.
- Stericlens solution labelled with the name and date of birth of a specific patient was placed on a dressings trolley in the nurse's room. The practice nurse confirmed it was used for other patients. Medicines prescribed for a person must only be used for them. The patient's confidentiality had also been compromised.
- The practice did not have recent records to show they monitored expiry dates and batch of vaccine in stock or to monitor the quantities held. The last time a record had been made was February 2015.
- A cream used as a local anaesthetic when injecting children had expired in 2013 and no new stock was available.
- Chlamydia testing kits had expired in January 2015.

- We saw that some needles for use in giving injections had passed their expiry dates.
- Vitamin B12 injections were stored under the sink in the nurse's room, not in a suitable medicines cupboard.

When NHS England arranged a visit to the practice by an independent GP in August 2015 they identified that the practice nurse took a lead role in dealing with requests for repeat prescriptions and for issuing these. During our inspection the GP, practice nurse and practice manager all confirmed that the GP now reviewed all repeat prescription requests.

The practice nurse was responsible for monitoring vaccines kept at the practice. We saw that vaccines were stored in an appropriate medicines refrigerator and that the practice nurse recorded the temperature of the refrigerator daily. A second thermometer was used as a double check. The practice nurse had a system for following up children who were not brought for their vaccinations.

The practice had improved the security of blank prescriptions and established a system for monitoring their use. The practice received regular visits from the clinical commissioning group (CCG) medicines management team. They came to the practice to review medicines usage to establish whether more cost effective substitutions could be made. Staff told us changes were authorised by the GP. The practice was working with the medicines management team to reduce their antibiotic prescribing which they recognised was higher than the CCG average. They had placed information posters in reception and no longer allowed reception staff to prepare prescriptions for antibiotics for the GP to sign as had happened in the past.

We reviewed the staff files for the two new non-clinical staff who had been appointed since the inspection in February 2015. These showed that the practice had carried out appropriate checks before the staff members started work. They had introduced a checklist to provide an audit trail of the steps in the recruitment process including confirmation that proof of identity had been checked. The practice policy was to obtain DBS checks for all clinical staff before employment and for new non-clinical staff at the end of a three month probationary period. We noted this was now in place for one of the staff who had completed their probation. The other staff member had not been in post that long so their DBS check had not yet been done but they did not have unsupervised contact with patients or

Are services safe?

carry out chaperone duties. Although the process the practice had followed was satisfactory and met requirements, the written policy did not refer to the requirements set out the fundamental standards. The practice manager had checked the NHS England performers list and the General Medical Council website in respect of three locums the GP had booked to cover for their leave later in the year.

Monitoring risks to patients

There was a general health and safety risk assessment for the practice and the practice manager had liaised with the fire service regarding fire safety in the building. They had arranged for a specialist company to complete a fire safety risk assessment. Fire safety equipment was checked by the same company and this was last done in June 2014. Work identified in the risk assessment, including the installation of a new fire alarm system, had been completed apart from two issues which were in hand. Staff told us there had been a fire drill six weeks before our inspection. A new member of staff confirmed that fire safety was covered early in their induction programme. There was a fire safety poster in reception and monthly fire safety system checks were recorded in a fire log.

All items of electrical equipment were checked by an electrical contractor to ensure they were safe to use. Clinical equipment was checked by a specialist company to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents and improvements had been made since the previous inspection.

- The practice had put in place a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact

numbers for staff. The practice had a 'buddy' arrangement with another practice to ensure patients could be seen in the event of major disruption at either site.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which staff could use to alert colleagues to any emergency.
- Staff received annual basic life support training.

However we also identified some issues which were concerning.

- The GP was unable to describe the practice's arrangements for medical emergencies and major incidents.
- There were emergency medicines and oxygen available at the practice and all the staff we asked knew where these were stored. However, the adrenaline for use for severe anaphylaxis had passed its expiry date in August 2015. It was therefore uncertain whether this medicine would have the desired effect in an emergency.
- At the previous inspection on 24 February 2015 we found that the practice did not have a defibrillator. Following the inspection they carried out a risk assessment and decided they did not need one because the nearest hospital was only two miles away. Staff said they would dial 999 in an emergency.
- The GP's bag contained medicines for some medical emergencies but not others. They did not have benzylpenicillin, an antibiotic used for treating suspected bacterial meningitis (but confirmed they had subsequently obtained this). The practice did not have a risk assessment identifying how they had decided which emergency medicines it was not suitable for them to stock.
- The GP told us that they or the practice nurse checked the contents of their bag every six months but there were no records to confirm this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Since the previous inspection in February 2015 the practice had compiled a long term conditions folder containing National Institute for Health and Care Excellence (NICE) and other guidance. This was available for staff to refer to but this was of limited value because the GP and practice nurse did not discuss and review clinical guidance and reflect on how they needed to take this into account in patient care. We discussed the use of evidence based guidelines with the GP. They told us they attended local GP meetings where guidelines were reviewed but was unable to share examples. When we asked how they accessed NICE guidelines they were unable to explain this to us. They attended Clinical Commissioning Group (CCG) meetings but explained they did not engage in the discussions.

The practice nurse gave us examples of using NICE guidelines for patients with diabetes and asthma and described how they had identified that a patient had diabetes. They told us they had identified 24 additional patients with diabetes during the last year. They confirmed that they referred patients to Diabetes Education and Self-Management for Ongoing and Newly Diagnosed known as DESMOND. This is an NHS training course for people with type 2 diabetes that helps people to identify their own health risks and to set their own goals.

Management, monitoring and improving outcomes for people

The practice took part in the Quality Outcomes Framework (QOF). QOF is a voluntary system intended to improve the quality of general practice and reward good practice. The results for 2014/15 showed the practice had gained 88% of the total number of points available to the practice. This was just under 6% lower than the CCG and national averages. The practice had 5.3% exception reporting, this was 3% and 3.9% lower than the CCG and national averages. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

The practice's QOF data for 2014/15 showed -

- QOF performance for the diabetes related indicators we reviewed was mixed. Seven were between 1.5% and 17% worse than the CCG and national averages while three were between 3.9% and 10.8% better. Overall the practice achieved 74.4% of the QOF points for diabetes which was 14.9% below the CCG average.
- The percentage of patients with high blood pressure whose blood pressure readings showed this was effectively managed was 3.5% and 2.8% better than the CCG and national averages respectively.
- QOF performance for providing care plans and for recording the alcohol consumption and smoking status of patients with poor mental health was better than the national average by between 10% and 15%. However performance for carrying out blood pressure checks for these patients was 12.9% lower than the CCG average and 14.5% lower than the national average.
- The percentage of patients with a diagnosis of dementia who had received a face to face review in the preceding 12 months was 2.3% above the CCG average and 0.6% above the national average. Specific health checks had been completed for 75% of all the practice's patients with a diagnosis of dementia with no exception reporting.
- Overall QOF performance for treating patients with diagnoses of heart related conditions was lower by 16.6% and 17.2% respectively than the CCG and national averages. The numbers of patients with coronary heart disease taking blood thinning medicines was 3.9% below the CCG average and 4.1% below the national average. The numbers of patients who had had a heart attack who were being treated with relevant medicines was 30.4% below the national average and 30.6% below the England average.
- QOF performance for prevention of cardiovascular disease in patients with newly diagnosed high blood pressure by prescribing of medicines used to lower a harmful type of cholesterol in the blood was significantly lower than the national average at 99.4% and 96.8% below the CCG and national averages with 100% exception reporting.

Before the inspection in February 2015 the practice sent us two audits. These were not completed audit cycles and did not reference clinical guidance or set out how the work carried out had or would be used to improve

Are services effective?

(for example, treatment is effective)

the care and treatment of patients. The practice sent us another, different, audit before this inspection. The document contained mostly data and as in the February 2015 examples this did not set out how the practice would use the audit to improve patient care. The practice nurse believed it to be the only clinical audit the practice had ever undertaken and the GP also told us this. They did not refer back to the audits the practice sent us in February and did not tell us they had carried out a second cycle for those. The GP was unable to describe to us the basis for the audit, how they were approaching this, or how it would benefit patient care.

Because we had identified that the practice did not have robust processes to ensure patients received the care and treatment they needed we reviewed a selection of 11 patient care records.

- We noted that two patients, one with diabetes and one with chronic obstructive airways disease (COPD), had not had their care and treatment reviewed for the last three years. There was no evidence in the records to show that they had been contacted to arrange this.
- The records for five other patients with long term conditions and three taking a specific medicine which must be closely monitored showed they had all had relevant blood tests and/or reviews in the last year.

We noted that the computer records for four patients showed that the relevant entries had been made by non-clinical staff and not by the GP or the practice nurse. The practice team assured us that the actual care or treatment would have been provided by the GP, the practice nurse or an external specialist nurse in each case. They told us that the notes had been updated using the non-clinical staff members' NHS Smart card log in details. This meant that the name of the clinician who saw patients on the occasions in question were not recorded in the records and the audit trail for accountability purposes was not maintained.

The practice provided the inspection team with written information about the changes they had made to improve the ways they monitored the health, care and treatment of patients with long term conditions. However, when we asked the GP to describe how they monitored and improved outcomes for patients they were unable to give us examples.

Effective staffing

The principal GP had been revalidated during 2014. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice had one practice nurse who was employed for 29.5 hours a week had worked at the practice since 1990. When they were on leave the practice used a regular locum nurse who therefore knew the practice well. The practice nurse told us they received their clinical supervision from the GP and had last had an appraisal in December 2014. They told us they had not received other clinical supervision in the period since then. We saw evidence that they had completed necessary updates in the areas of clinical practice in which they were involved. They attended local practice nurse network meetings but had no structured practice nurse peer support.

The practice had only one GP. They were trying to recruit an additional GP either as a partner or as a salaried GP but had so far had no success. When the GP was away the practice used locums to cover. Three locums had been booked to cover for the GP's annual leave later in the year. The GP told us that the practice did not have an induction process for locum GPs. The practice manager assured us that they were working on this and that this would be available when those locums started. They had already put in place a structured induction programme for non-clinical staff which was used with the two newest staff members. We saw evidence of an established appraisal system for non-clinical staff and some of the staff we spoke with gave us specific examples of topics in their individual learning and development plan.

The number of reception staff had been increased from two to three to reflect the increased practice opening hours. The reception staff told us their staffing levels were sufficient. They all told us that because they worked part time they covered for each other's annual leave or sickness and that this worked well.

Coordinating patient care and information sharing

The practice nurse took the lead role in reviewing blood and other test results, and other hospital letters received about patients. This would normally be the responsibility of a GP or an advanced nurse practitioner who has completed additional training to enable them to broaden their scope

Are services effective?

(for example, treatment is effective)

of practice. The practice nurse referred cases to the GP if they assessed this was needed. We learned of an example where the practice had referred a patient to the hospital for a specialist view. That specialist had written to the practice to say the patient needed a referral to a different specialist. The practice nurse dealt with that letter and liaised with the practice manager who made the second referral. The practice nurse confirmed that the GP was not involved in this. The GP informed us that they reviewed hospital discharge letters, carried out patients medicines' reviews and updated their records accordingly. When patients telephoned for results the reception team confirmed whether or not results had arrived and arranged for the patient to speak with the practice nurse or GP to find out the results. The practice received information by fax about any patients who had contacted the out of hours service.

At the inspection in February 2015 we identified that the practice did not have a formal system for informing out of hours services about patients nearing the end of life. They relied on contact patients had with the district nurse or palliative care teams to liaise with hospitals and the ambulance service. At this inspection we found that the practice now provided information about those patients to the out of hours and ambulance services to help ensure their needs and wishes regarding their care and treatment were fulfilled. The practice had obtained information about the gold standards framework for end of life care so this was available for clinical staff to refer to.

The practice used the Choose and Book system for referring patients to be seen by hospital specialists. The GP told us that the practice nurse dealt with these referrals twice a week. However, information in the practice presentation at the start of the inspection stated this was done by the practice manager and they confirmed that this was what happened.

The practice took part in three monthly multidisciplinary (MDT) meetings with other professionals including district nurses and palliative care teams. The practice informed the local community matron of older patients they had concerns about. We saw minutes of the last meeting in September 2015 which the practice nurse and practice manager attended.

Consent to care and treatment

At the previous inspection we found that the GP and practice nurse had limited awareness of the Mental

Capacity Act 2005 but that the nurse was familiar with and confident in using the Gillick test. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The Gillick competence test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. At this inspection the practice informed us that training about the Mental Health Act was provided in May 2015. The practice manager confirmed they had obtained a copy of the MCA code of practice for staff to refer to. The nurse showed they understood the importance of ensuring consent was correctly obtained. In our discussions with the GP we found they were not aware what the MCA or Gillick competence were and they told us they had not completed training in respect of these.

Health promotion and prevention

The practice had a smaller than the national average number of babies and children registered and only around 3% of these fell within the standard age ranges for childhood vaccinations at 12 months, 24 months and five years. Childhood immunisation rates were comparable to the CCG averages and in a number of cases higher. Immunisation rates for the vaccinations given to under two year olds ranged from 81.8% to 100% and in all but one case were lower than the CCG average but the numbers of children were very low which would have an impact on percentages. However, the immunisation rate for all vaccinations given at five year of age was 100% which was higher than the CCG averages.

For the year 2013/14 the practice's flu vaccination rates for the over 65's were 70.04%, and for at risk groups 44.51%. These were below the national averages of 73.24% and 52.29% respectively. For 2014/15 we noted that flu vaccination rates for patients who had had a stroke were 81%. This was 10.9% lower than the CCG average and 13% below the national average. The practice had held two flu vaccination days during October and some of the patients we met told us that the practice team had actively encouraged patients to be vaccinated. We saw posters and leaflets about the benefits of flu vaccination displayed in the waiting room. The practice's figures showed they had

Are services effective?

(for example, treatment is effective)

significantly improved performance in the current flu season with 399 patients vaccinated between 1 September and 16 November 2015. This included 84% of at risk patients.

QOF data in respect of the uptake of cervical screening during 2014/15 showed that the practice was performing in line with the CCG and national average. The practice had never carried out an audit of the cervical screening and therefore had no knowledge or information regarding how many of the samples they had taken were inadequate for testing purposes.

Information from the quality and outcomes framework (QOF) showed that the practice had scored higher than the CCG and national average for recording patients who were smokers who had heart or lung conditions which increased their risk. However the practice was not achieving as well as other practices in offering support to patients to stop smoking –

- Smokers over the age of 15 offered support – 14.9% below the CCG average and 15.8% below the national average.
- Smokers at increased risk offered support – 5.1% below the CCG average and 3.7 below the national average.

The practice was addressing this by sending a member of the practice reception team on a smoking cessation advisor course. This staff member told us they were part way through the course and when completed they would offer sessions at the practice to support patients who wished to stop smoking.

The practice offered health checks for new patients and for patients between the ages of 40 and 75 which were done by the practice nurse. They did not offer health checks for patients over the age of 75 but did offer pneumonia and shingles vaccinations.

The practice offered routine travel vaccinations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we saw that all of the staff were kind, friendly and helpful to patients who telephoned or visited the practice.

- There were privacy curtains in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.
- The consultation room doors were closed during consultations and conversations taking in these rooms could not be overheard.
- Reception staff told us they would arrange to speak with patients away from the main reception and waiting room area if the patient needed to discuss sensitive issues.
- Staff contracts included a confidentiality statement. The practice manager planned to develop a more comprehensive confidentiality statement to reinforce the importance of this.
- We observed that generally staff took care in respect of patient confidentiality. This was compromised by prescribed medicines labelled with patient details being on view or used for other patients.
- The practice did not have a register or use alerts on the system to identify patients who had caring responsibilities.

Patients we met during the day spoke very highly of all the staff. They told us the practice had a very good reputation locally and that the GP had a reputation of listening to patients. The 44 patients who filled in CQC comment cards were consistently positive about the manner and approach of the GP and all of the practice team. They described them as compassionate, understanding and professional and confirmed that they were treated with dignity and respect. Several comment cards had been filled in by families who mentioned the caring approach the GP had with children which they found reassuring.

Results from the national GP patient survey were in line with national averages for questions related to listening, trust and being treated with care and concern:

- 90.2% said the GP was good at listening to them (CCG average 87.7%, national average of 88.6%.

- 83.3% said the GP gave them enough time (CCG average 85.2%, national average 86.6%).
- 91.4% said they had confidence and trust in the last GP they saw (CCG average 94.8%, national average 95.2%)
- 80.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 83, national average 85.1%).
- 98.3% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.1%, national average 90.4%).
- 82.7% said they found the receptionists at the practice helpful (CCG average 85.7%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey were lower than the national average for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 78.7% said the last GP they saw was good at explaining tests and treatments (CCG average of 84.7%, national average of 86%.)
- 74.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 78.6% , national average 81.4%)

In our conversations with the GP they unable to describe the ways they involved patients in the planning of their care and treatment. However, the patients we spoke with during the inspection were very positive about the GP making sure they understood their care and treatment needs. This was also the view of many of the 44 patients who completed comment cards. They described the GP listening to them patiently and responding to their concerns promptly by arranging any necessary tests and never making them feel rushed.

Patient and carer support to cope emotionally with care and treatment

We asked the GP about the support available to patients to understand their diagnosis and treatment options, particularly those with language barriers or sensory impairment. They told us no specific provision was made although other staff told us that interpreters could be booked if needed.

Are services caring?

Staff told us that the GP telephoned or visited families to offer support following the death of a family member. The GP told us they arranged appointments for relatives to offer support.

The practice did not have a register or use alerts on the system to identify patients who had caring responsibilities. Reception staff were unsure whether they had any patients

who were carers. However, the practice manager told us that they encouraged carers to have flu vaccinations and that the GP and practice nurse guided them towards support services. There were some leaflets in the waiting room which provided information and advice.

The practice information leaflet provided the contact details for a number of local support services and charities.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice knew their patients well because it was a small practice, the length of time many had been patients there and because the practice catchment area was so small.

- The practice had registers identifying patients with learning disabilities, long term conditions, those experiencing poor mental health and those nearing the end of life but had no specific strategies to assess and plan services for those groups.
- Referrals were made to the Recovery Partnership for patients with care and treatment needs related to drug and alcohol misuse.
- There was a ramp to the practice entrance and a removable ramp for the doorway to assist patients using wheelchairs, prams and pushchairs.
- The practice informed us that they hosted an annual visit by the retinol screening service and used this as an opportunity to carry out other health checks for patients with diabetes so they could have all their checks done on one day.
- The practice arranged for a specialist nurse to come to the practice once a year to carry out reviews for patients with chronic obstructive airways disease.
- Patient feedback from all the information we reviewed was that the practice needed another GP; some felt that a female GP was needed to offer patients choice of the gender of the GP they saw.
- Some patients gave us examples of when the GP had responded promptly to their specific health needs and taken action which had prevented their condition from deteriorating.
- The practice nurse visited patients at home (including to give vaccinations), if their health or mobility prevented them from coming to the practice.
- The practice told us they offered flu vaccinations to patients who were carers and arranged for those unable to leave their home to have blood tests carried out at home and have prescriptions delivered by the local pharmacy.

- The GP visited patients who had been discharged from hospital within two weeks and referred older patients discharged from hospital to the community matron and/or the district nurse team.
- The practice had recently registered and provided a service for a traveller family.
- The practice had assisted a family to obtain specialist medical equipment by working in partnership with the CCG medicines management team.
- The practice did not have an induction hearing loop to assist patients who used hearing aid. Staff told us they made sure they spoke clearly when dealing with patients with impaired hearing.

Access to the service

At the inspection in February 2015 we highlighted that the practice's opening hours did not meet patients' needs. This was because the practice closed at 1pm every day. In July 2015 the practice increased their opening hours to provide afternoon appointments three days a week. The General Medical Services contract for GPs requires core opening hours of 8am to 6.30pm. The practice told us they had negotiated the new hours with NHS England taking into account that they only had one GP.

The practice was open Monday to Friday between 9am and 12.30pm. They now also opened from 4pm to 6.30pm on Mondays and Wednesday and from 1pm to 3.30pm on Fridays. The practice did not provide extended hours appointments or out of hours services to their patients. Out of hours services were provided by Care UK, a national healthcare organisation. When the practice was closed the telephone diverted patients to an answering service run by Patient Care Services, part of the West Midlands Ambulance Service. This provided a recorded message telling patients to call the practice in surgery opening hours for appointments and prescriptions, to dial 999 for medical emergencies or to hold the line to speak with a member of the Patient Care Services team. The GP explained that this service transferred calls to them if a patient needed to be seen when the practice was closed during core contracted hours of 8 am to 6.30pm. They told us they often visited patients at home on these occasions. Telephone consultations were also available and the GP usually dealt with these when the practice was closed.

Are services responsive to people's needs?

(for example, to feedback?)

The practice information leaflet said they aimed to see patients on the same day but that patients would get an appointment within a maximum of three days. The practice team told us that any patient with an urgent need would always be seen on the same day either at the practice or with a home visit. During the inspection we spent time with reception staff. We observed that of three people who telephoned during the morning asking for an appointment two were booked to come to the surgery within an hour of their call and a home visit was arranged for the other. The GP did this visit as soon as they had seen the last patient of the morning. The practice provided information that the GP had carried out 96 home visits between March and November 2015.

All the patients we spoke with during the inspection told us they were always able to get an appointment or home visit on the day they asked for one as did many of the 44 patients who completed a comment card. Several patients confirmed that access had improved as did reception staff who said it was now very unusual not to be able to offer a same day appointment. Three patients who completed comment cards commented negatively on access to the practice. One said the time with the GP was rushed, one said the practice did not have long enough hours and another said a family member found the hours difficult because they worked. Others told us that whilst the recent addition afternoon and evening surgeries was welcomed locally and had been successful, there was no demand for this to be increased further.

Results from the national GP patient survey published in July 2015 about questions relating to access were collected before the practice had increased their opening hours and the size of the reception team:

- 81.8% found it easy to get through to this surgery by phone (CCG average 73.5%, national average 73.3%).

- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%).
- 83.8% said the
- 69.9% described their experience of making an appointment as good (CCG average 71.4%, national average 73.3%).
- 64.9% usually waited 15 minutes or less after their appointment time to be seen (CCG average 60.4%, national average 64.8%).

The practice provided electronic prescribing for those patients who wished to use it.

Listening and learning from concerns and complaints

The practice had a system for dealing with complaints and concerns. We saw there had been seven complaints in the last year and found that the practice had recorded information about this clearly and in line with their policy.

- The GP told us the practice responded immediately to any complaint.
- The practice manager was the designated lead for dealing with complaints.
- Information was available to explain to patients how they could go about making a complaint.
- We saw evidence that the practice acknowledged complaints promptly, addressed patients concerns and apologised where this was needed. All patients received a written response.
- We saw evidence that complaints were discussed and action taken when improvements were needed. For example, changes were made to how temporary patients were dealt with to ensure prescriptions for urgent medicines were not delayed if needed.

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

At the previous inspection we learned that the principal GP had become a partner at the practice in 1995 and took over as the sole GP in 2013. They did not have a clear vision for the future of the practice. They were aware that they needed to consider the longer term future of the practice but did have firm plans for how they would manage this.

We discussed this again at this inspection. The GP was concerned about the future and wanted to retire during 2016. They had been unable to attract either a partner or a salaried GP to join the practice to enable them to make firm plans for this. The practice had identified that a barrier to attracting another GP was the small size of the building which had no additional space for a second GP. The GP leased the building and they and the practice manager told us the owner of the building would not allow it to be extended.

Staff and patients we spoke with were aware of the difficulties with regard to attracting another GP to the practice.

Governance arrangements

During the previous inspection in February 2015 we identified a number of areas where the practice needed to make improvements. We found that the GP and practice manager were not aware of some of the requirements of current legislation or national guidance available to support them in the effective management of the practice. The GP explained to us at that time that they had little experience of the administrative and financial aspects of managing a GP practice when they took over in 2013. During this inspection we found that the practice manager had worked very hard to make changes and improvements in areas over which they had direct control.

We found that the GP had limited awareness of their responsibilities across a range of clinical and non-clinical areas. For example they were not aware of the practice's procedures for managing patient safety or of external sources of safety related information such as the Medical and Healthcare Products Regulatory Agency (MHRA). A report commissioned by NHS England in August 2015 identified that the practice manager was dealing with aspects of the management of the practice which would

normally be dealt with by GPs. Examples included identifying topics for clinical audit, managing incoming clinical guidelines and leading multi-disciplinary meetings. That report also noted that the practice manager took a lead role in dealing with financial management although they had no training in this area and were not supported by the provider's accountants.

We found that there was a lack of clarity about lead roles and responsibilities at the practice relating specifically to safeguarding, infection control and dealing with patient referrals. In respect of each of these staff gave us differing information about who the lead was.

- Staff told us the GP was the lead for safeguarding but the GP told us this was the practice manager's role.
- The GP told us the practice nurse was the lead for infection control but the practice nurse said there was no lead person for this.
- The GP told us the practice nurse dealt with making Choose and Book referrals but this was actually carried out by the practice manager.

The practice manager had been on a course in respect of staff management and was receiving buddy support from another practice manager to support them to develop their knowledge and skills in this element of their role.

The practice manager had identified that the practice needed the involvement of a new partner with appropriate business skills to assist in the financial management of the business.

Leadership, openness and transparency

Throughout the inspection we noted that staff were open and honest in their discussions with the practice team, particularly in relation to the ongoing challenges faced by the practice. Staff told us they felt very well supported by the GP and practice manager. They said there was an 'open door' policy at the practice and always someone to ask for advice or help.

We saw that the practice had prominently displayed the CQC rating poster from the previous inspection and informed patients of the Inadequate rating in a practice newsletter and on the practice website.

Are services well-led?

Inadequate



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

All of the staff told us that if they had concerns they would not hesitate in speaking with the practice manager or the GP. They emphasised that they could always speak with the GP and that the practice manager was approachable and had an open door policy.

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

The practice had informed patients of the inspection and had displayed the CQC poster about this. They had also printed leaflets for patients to ask them to let reception staff know if they wished to speak with one of the inspection team. The practice had NHS Friends and Family forms available in the waiting room and their own suggestions box for patients to use.

Since the previous inspection the practice had established a patient participation group (PPG). This was advertised on the new practice website, in the practice information leaflet and at the surgery. We met three members of the PPG during the inspection. They told us that the PPG was in its early days and that they hoped it would develop as time passed. They said it would be up to the practice how often meetings took place. They were full of praise for the service and confirmed the positive view of the practice described by patients in comment cards. They told us that the increased practice hours to include two afternoons and one early evening a week had been welcomed by patients and that they were working to publicise the information in

the area. This included displaying the new opening hours in local shops and taking copies to local community groups. The PPG members did not consider there were any significant areas for improvement at the practice although they hoped that an additional GP could soon be found.

We saw information about the action the practice had taken in response to concerns identified by patients in NHS Friends and Family survey forms between January 2015 and October 2015. For example, some patients had raised a concern about referrals not being done and the practice had identified that if the practice manager was on leave referrals were not sent. The practice now delegated this to reception staff when the practice manager was away. The common theme throughout the comments made by patients was the need for longer opening hours, afternoon appointments and an additional GP. However the majority of patients said they were either 'extremely likely' or 'likely' to recommend the practice to others.

Continuous improvement

The practice's presentation at the start of the inspection was produced by the practice manager and provided a lot of information. The practice manager had worked hard to address those aspects of the management of the practice which fell within the scope of their responsibility. This did not include clinical governance which was the responsibility of the GP. The majority of the concerns we found during this inspection related to clinical issues.

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 | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 - Safe Care and Treatment <ul style="list-style-type: none">Medicines, including those for medical emergencies, were not regularly checked, some were out of date and others were not available if needed. Medicines were not all stored appropriately and some medicines prescribed for individuals were being used for other patients. Regulation 12 (1) and (2)(f) and (g) |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 13 - Safeguarding service users from abuse and improper treatment. <ul style="list-style-type: none">The GP was unaware of the legal framework they should use in respect of patients who may lack capacity to make particular decisions for themselves. Regulation 13(2) |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services | Regulation 17 HSCA (RA) Regulations 2014 Good governance |

Enforcement actions

Treatment of disease, disorder or injury

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 17 - Good Governance

- The GP and practice nurse did not have clinical meetings to share and review clinical guidance and reflect on how they needed to take this into account in patient care.
- There was no established system of clinical audits to ensure that care and treatment was provided appropriately and outcomes for patients monitored and improved.
- The GP had limited awareness of their responsibilities across a range of clinical and non-clinical areas and was over reliant on the practice manager to support the overall management of the service.
- **There was a lack of clarity about lead roles and responsibilities at the practice relating specifically to safeguarding, infection control and dealing with patient referrals.**
- The GP was not familiar with the practice's arrangements for managing safety alerts or for managing safety at the practice including arrangements for medical emergencies and major incidents.

Regulation 17 (1) and (2) (a) and (b)