

# Phoenix Medical Group

## Inspection report


Dunelm Road  
Thornley  
Durham  
County Durham  
DH6 3HW

Date of inspection visit: 18 October 2018  
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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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

**This practice is rated as Inadequate overall.** (Previous rating March 2018 – Inadequate)

We carried out an announced comprehensive inspection at Phoenix Medical Group on 8 March 2018. We identified breaches of three legal requirements. Requirement notices were issued for two breaches and a warning notice for one breach. On 22 May we carried out an unannounced focused inspection to check whether the provider had taken steps to comply with the legal requirements of the warning notice against:

- Regulation 15 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

We found that actions had been taken to address all concerns identified in the breach of regulation.

We carried out an announced comprehensive inspection at the practice on 18 October 2018 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the other two breaches in regulations that we identified in our previous inspection in March 2018, which were;

- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

We found that actions had been taken to address the concerns for the breach of regulation 18, most of the concerns in relation to regulation 17 had been addressed, however we identified some new concerns relating to regulation 17.

This report covers our findings in relation to those requirements.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

The reports of the March and May 2018 inspections can be found by selecting the 'all reports' link for Phoenix Medical Group on our website at .

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses, however we saw these incidents were not fully investigated.
- The practice had systems to keep patients safe and safeguarded from abuse.
- The practice scored lower than the local clinical commissioning group (CCG) average in almost every question in the National GP Patient Survey.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion.
- We saw evidence of staff involving and treating patients with compassion, kindness, dignity and respect. However, patient satisfaction in this area was lower than local and national averages.
- The practice did not comply with the requirements of the duty of candour.
- We were not satisfied with the leadership at the practice and governance arrangements did not operate effectively.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure that care and treatment is provided in a safe way for patients. (See Enforcement Section at the end of this report for further detail).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes and monitored for effectiveness.
- Review the satisfaction scores on consultations with GPs in the National GP Patient Survey.

This service will remain in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

# Overall summary

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 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.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

## Background to Phoenix Medical Group

Phoenix Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately 7,500 patients from three locations;

- Thornley Practice, Dunelm Road, Thornley, County Durham, DH6 3HW
- The Surgery, Ashmore Terrace, Wheatley Hill, County Durham, DH6 3NP
- The Surgery, 2 The Green, Woodland Crescent, Kelloe, County Durham, DH6 4NU

We visited the Thornley practice as part of this inspection.

Thornley Practice is located in purpose built premises. The practice has its own car park, dedicated disabled parking bays and step free access.

The Surgeries at Wheatley Hill and Kelloe are also purpose built. They have car parking with disabled bays and level access.

The practice has four GP partners (three male and one female), all are full time. There is one full time advanced nurse practitioner, two practice nurses (WTE 1.7), a phlebotomist (WTE 0.8) and a healthcare assistant (WTE 0.6). There is a practice manager and assistant practice manager, both full time. There are 12 administration and reception staff (WTE 11.2)

The opening times at the Thornley Practice and The Surgery at Wheatley Hill are 8am until 6pm Monday to Friday. Consulting times at both surgeries are 9am until 11:30am and 2:40pm to 5:30pm.


The Surgery at Kelloe is open Monday to Wednesday 8am until 12:30pm and Thursday and Friday 8am until 12 noon. Consulting times are 9am until 11:30am.

Late evening GP appointments were available on a Monday alternating between Wheatley Hill and Thornley Surgeries. There were early morning and late evening nurse appointments.


The practice is part of a local federation of GP practices which provides extended opening hours for patients; appointments are available late evening, weekend and bank holidays. Patients can contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out of hours service provided by NHS 111.

The practice is part of NHS Durham Dales and Sedgefield clinical commissioning group (CCG). The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

Information from Public Health England places the area in which the practice is located in the second most



deprived decile. The income deprivation score for the practice is 36 compared to the CCG average of 30 and the national average of 24. In general, people living in more deprived areas tend to have greater need for health



services. Average male life expectancy at the practice is 77 years which is lower than the national average of 79. Average female life expectancy at the practice is 79 years which is lower than the national average of 83 years.

# Are services safe?

**At our previous inspection on 8 March 2018, we rated the practice as inadequate for providing safe services because;**

- **Security of the practice was inadequate.**
- **Patient records were not held securely.**
- **Controlled stationary was not held in accordance with national guidance.**
- **The practice was not following their policies in relation to recruitment, infection control and staff training.**
- **PSDs (Patient Specific Directions) had not all been signed by the appropriate healthcare professional.**
- **Health and safety risk assessments had not been carried out or were not followed by the practice.**

**Some of these arrangements had improved when we undertook follow up inspections on 22 May and 18 October 2018. However at our inspection of October 2018 we found further areas of concern;**

- **Significant events were not thoroughly investigated to ensure learning from them.**
- **There was poor communication and oversight by the team regarding the management of medicines.**
- **The system for the management of patient safety alerts was ineffective.**

**The practice is to remain rated as inadequate for providing safe services.**

## Safety systems and processes

The practice had systems in place to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At our previous inspection we saw that the practice were not following their recruitment policy, in relation to the advertising of vacancies. At this inspection we saw that the recruitment policy had been updated and was being followed in relation to the recruitment for a new member of staff.
- At our previous inspection we saw that arrangements regarding infection control were not satisfactory. At this inspection we saw that the practice had received training from the local infection control team. Improvements had been made to infection control at the practice, such as a new infection control policy and regular audits were carried out.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Previously we saw that arrangements for storing clinical waste were not suitable. At this inspection we saw that the practice had addressed this issue and clinical waste awaiting collection was stored appropriately.

## Risks to patients

There were adequate systems to monitor staffing and emergency procedures.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

## Information to deliver safe care and treatment

The correct information was not always available to deliver safe care and treatment to patients.

- There were ineffective systems in place for the management of medical correspondence relating to patient care.

# Are services safe?

- We found concerns regarding the documentation of a care record in relation to a significant event.
- We found evidence that significant events were not fully investigated.
- We found poor communication between the team regarding the steps taken to identify patients taking high risk medicines.
- We found that the system for ensuring patient safety alerts were actioned was ineffective.

## Appropriate and safe use of medicines

The practice had some reliable systems for appropriate and safe handling of medicines.

- At our inspection in March 2018 we saw that prescription pads in printers were not held securely. At our focused inspection of May 2018 we saw that this had been addressed.
- There was poor communication between the team regarding the monitoring of medicines. The deputy practice manager had set up some good fail safes on blood tests for high risk medication, however, the GPs were not aware that these were running in the background.
- At our previous inspection we saw that patient group directions (PGDs) and patient specific directions (PSDs) had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. PGDs and PSDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor. However, not all of the PSDs we looked at were appropriately signed. At this inspection we saw that all PGDs and PSDs had been appropriately signed and were in date.

## Track record on safety

The practice had improved in the area of health and fire safety.

- At our previous inspection we saw that health and safety risk assessments had not been carried out or were not followed by the practice. At this inspection we saw the practice had employed a contractor who worked with

them to provide health and safety and fire risk assessments. New measures such as a health and safety monthly checklist had been put in place. Staff had received training for health and safety and fire training.

- We saw that portable appliance testing (PAT) and the calibration of medical equipment had been carried out.
- At our inspection in March 2018 we identified security issues. We previously saw at our focused inspection in May 2018 that these issues had been addressed.

## Lessons learned and improvements made

The practice could not demonstrate that they had learned and made improvements when things went wrong.

- We saw that there was a process for capturing significant events and they were discussed, however we saw examples of where they are not looked at thoroughly to capture learning from the event.
- A significant event was raised in as the result of a request from NHS England to review the incident where a two-week wait (urgent referral) was missed. There were multiple issues with the history of referrals in the patients notes, tasks, urgent bloods not asked for and the presentation of the patient not being considered as urgent. The significant event was discussed in at a clinical meeting, the whole case was not discussed or reviewed or learning taken from it.
- A significant event was raised regarding a patient had been prescribed two ACE inhibitors, one in 2011 and the other in 2015. This was not picked up on medication review. When this was realised the patient was referred to the renal team. They were seen on a home visit and given a verbal apology but neither occurrence was recorded in the patient notes. A search was then performed by the pharmacist to identify duplicate prescriptions. Patients were identified, contacted and medication changed.
- We saw there was a process in place for receiving patient safety alerts, however it was difficult to see what actions had been carried out. For example, we asked about a recent safety alert. A search had been carried out and patients identified, but it was not clear if they had been reviewed.

**Please refer to the evidence tables for further information.**

# Are services effective?

**At our previous inspection on 8 March 2018, we rated the practice and all of the population groups as inadequate for providing safe services because;**

- **Some staff had not received appropriate staff appraisals.**
- **Some staff training was not up to date.**
- **Management were unaware of high exception reporting in the Quality Outcomes Framework.**

**Some of these arrangements had improved when we undertook a follow up inspection on 18 October 2018, however we found further areas of concern;**

- **Ineffective systems were in place for the management of medical correspondence relating to patient care.**
- **The QOF exception rate remained high.**

**The practice and all of the population groups are to remain rated as inadequate for providing effective services.**

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when clinicians made decisions about patients' care and treatment.
- Staff used appropriate tools to assess the level of pain in patients.

Older people:

- All patients over the age of 75 had been offered an annual health check to coincide with their birthday month.
- GPs and advanced nurse practitioners from the practice reviewed care plans to avoid unplanned admissions to hospital. They held a register of the frail and elderly which the GPs reviewed and visited those patients in their own homes and care homes.

People with long-term conditions:

- Patients with long-term conditions had, as far as possible, one structured annual review to check their health and medicines needs were being met. The practice nurses who are trained in chronic disease management coordinated this.
- The management of diabetes in the practice was via the GP and specialist practice nurse. The diabetic consultant from the local hospital worked closely with the GP lead for diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were above the target percentage of 95%.
- There were same day appointments for all children aged five and under.
- The smoking cessation advisors were trained to help all ages, including children from age 16.

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

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice's multi-disciplinary meetings (MDT) included discussions regarding the needs of vulnerable patients.

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



# Are services effective?

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable with the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the national average of 91%.
- The practice had a register of patients with a diagnosis of dementia. They were offered an annual review.

## Monitoring care and treatment

The practice had some quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The most recent public data for the Quality Outcomes Framework (QOF) data available to us was for 2017/18, the practice had received 98.5% of the points available to them for the 19 clinical indicators.
- The QOF exception rate was high at the last inspection in March 2018, 14% (2016/17) with cancer exception rate at 50%. At this inspection the latest but unverified figures provided by the practice showed it had reduced slightly to 13% (2017/18) with cancer reduced to 45%.
- The practice told us they had looked at their recall system in some detail and were making improvements to the way in which patients were recalled for reviews. If patients did not attend three reviews they were referred to a member of the clinical team who contacted them and encouraged them to attend.
- At our previous inspection the practice could only demonstrate that they had carried out limited clinical audits. At this inspection we saw some improvement to clinical audit. Some smaller audits had been carried out, however there was limited thought as to why these were being carried out.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- At our previous inspection we saw that staff were not receiving regular appraisals. At this inspection we saw that a programme of appraisals for staff had been carried out. We looked at five examples of the appraisals.
- At our previous inspection we saw that some staff was not kept up to date with mandatory training requirements. At this inspection we saw that staff had received the relevant training appropriate to their role.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

## Coordinating care and treatment

The protocols and audit of letters and communication needed to coordinate care and treatment were ineffective.

- The management of correspondence from hospitals was ineffective. There was no audit of the management and filing of the letters which were received by the administration staff. We found two examples where letters had been filed and not seen by the GP, one was for GP action and for the other further clarification needed to be sought.
- Faxes from hospital were being received at all three of the practice sites with no common collation point. We were concerned that some were being missed and not actioned. We saw an example where a fax requiring action was received from hospital which had been left unseen in a GP's in-tray for two weeks.
- We found A and E attendances and discharges were filed by administrative staff, they were not audited to ensure the correct action was being taken. We saw two letters regarding patients attending A and E which should have been seen for further action by a GP.
- We were told that where a patient did not attend hospital appointments the administrative members of staff telephoned the patient to ask if they want to re-book the appointment. However, the staff could not

# Are services effective?

show us any documented examples of this. We found in the case of one patient where there were multiple cases of them not attending hospital appointments, no follow up documented action was taken.

- This led to concerns about the safety and management and oversight of systems and processes in place for letters and communication received. There was no effective training for staff, protocol or audits of the system.

## Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example, through social prescribing schemes.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, tackling obesity.

## Consent to care and treatment

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

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

**Please refer to the evidence tables for further information.**

# Are services caring?

**At our previous inspection on 8 March 2018, we rated the practice as requires improvement for providing caring services because;**

- **Satisfaction scores on consultations with GPs in the National GP Patient Survey 2017 were below local and national averages.**

**When we undertook a follow up inspection on 18 October 2018 we saw;**

- **Satisfaction scores on consultations with healthcare professionals in the National GP Patient Survey 2018 were still below local and national averages.**

**The practice is rated as inadequate for providing caring services.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The results of the National GP survey for 2018 showed that the practice scored lower in all areas than the local and national averages for kindness, respect and compassion. For example, the percentage of respondents who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them the practice scored 70%, compared to the local average and national average of 89%.

## Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The results of the National GP survey for 2018 showed that the practice scored lower in all areas than the local and national averages for involvement in decisions about care and treatment. For example, the percentage of respondents who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment the practice scored 81%, compared to the local average and national average of 94%.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

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

- **Satisfaction scores on appointments in the National GP Patient Survey 2017 were mostly below local and national averages.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- There were extended opening hours, telephone appointments, online services such as repeat prescription requests and advanced booking of appointments.
- Specialist clinics were provided, including minor surgery, the practice nurse provided contraceptive advice and was trained to fit intrauterine devices (IUD) (coils).
- The practice held open flu immunisation sessions.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, practice nurses would visit housebound patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching end of life was coordinated with other services.
- There was a text messaging service for patients to be reminded of their appointments which aimed to reduce the number of 'did not attend' (DNA) appointments.

### Older people:

- Advanced nurse practitioners employed by the local federation of GPs carried out a Vulnerable Adults Wrap around Service (VAWAS) which supported vulnerable patients.
- Older patients were offered flu and shingles immunisations. The practice nurses visited the housebound and care homes early in the flu vaccine campaign.

### People with long-term conditions:

- Spirometry tests were carried out at all of the three practice sites.
- A community coronary heart disease nurse held clinics at the practice and the anticoagulation nurse attended the practice weekly to hold an International Normalised ratio (INR) clinic. INR is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose.
- Flu vaccinations were offered to patients as part of the seasonal flu campaign.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances.
- There were weekly midwife led clinics held at the practice.
- There were well-baby clinics for immunisations and baby checks every week at Kelloe Surgery and alternative weeks between Thornley and Wheatley Hill Surgeries.
- Staff had received C card training. C Card is a condom distribution scheme that provides registered young people 13-24 years with a C Card which entitles them to free condoms. It also gives young people access to sexual health information, advice and support.

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

- The needs of this population group had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. For example, late evening GP appointments were available on a Monday alternating between Wheatley Hill and Thornley Surgeries. There were early morning and late evening nurse appointments.
- On-line access and electronic prescribing is available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

### People whose circumstances make them vulnerable:

- Any patients with special needs or disabilities had this recorded on their clinical record so that help could be offered.

# Are services responsive to people's needs?

- Patients with learning difficulties were offered an annual health check. This included ensuring that where appropriate the patients had received other checks such as cervical and bowel screening.

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

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a primary care mental health specialist who held clinics on site who they could refer patients to. An in-house counsellor held clinics at the surgeries.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within reasonable timescales for their needs.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- On the day of the inspection the next available routine appointment with any GP was within eight working days.
- Every day there were appointment slots for NHS 111 staff to book patients into.
- From the four questions on the National GP Patient Survey data on appointments one question had positive scores and the other three negative.

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone was 87% compared to the local average of 76%, national average 70%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 45% compared to the local average of 71%, national average 69%.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**At our previous inspection on 8 March 2018, we rated the practice as inadequate for providing a well-led service because;**

- **Management of risks relating to the health, safety and welfare of patients and staff were ineffective.**
- **Governance arrangements did not operate effectively. For example, the practice had ineffective systems in place to identify health and safety risks. We were not satisfied with the leadership at the practice.**
- **There was overall lack of leadership, for example, managers were not aware of the reason for high exception rates for Quality Outcome Framework or that some results from the National GP Patient Survey were low.**

**We saw that some of these arrangements had improved when we undertook a follow up inspection on 18 October 2018, however,**

- **We remained concerned about the overall lack of leadership, there was a lack of systems and processes in place to support good quality care and staff did not have a good understanding of each others role in the practice.**

**The practice remains rated as inadequate for providing a well-led service.**

## Leadership capacity and capability

The leadership at the practice does not always support the delivery of high quality person centred care.

- We were not satisfied with the leadership at the practice at our previous inspection of March 2018, following this inspection, we continue to be concerned about who is accountable for managing risks and performance. We have asked that the practice management arrangements are strengthened. We have written to the practice separately about these issues.
- At our previous inspection we saw the practice did not have a business plan. At this inspection we saw that the practice had devised a business plan which was for a two-year period looking at how the practice is managed, skill mix and training.

## Vision and strategy

The priority of the practice was to deliver quality care and promote good outcomes for patients.

## Culture

The practice did not always have a culture of sustainable care.

- We saw some examples of significant events which were not investigated thoroughly and medication errors where there was no apology given to the patient. The practice therefore did not have effective systems in place to comply with the duty of candour.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Staff we spoke with told us they were able to raise concerns and that the management of the practice were approachable.
- Staff told us they had the opportunity for learning and career development conversations.
- The practice actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality.

## Governance arrangements

The governance arrangements did not always operate effectively.

- We saw some of the systems and processes in place did not support the staff to carry out their roles effectively.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.
- At our previous inspection we saw policies and procedures, such as recruitment, were not being followed. At this inspection we saw this had improved.

## Managing risks, issues and performance

The processes in place for managing risks, issues and performance still required improvement.

- We saw at our previous inspection that risks such as health and safety were not being effectively managed. At this inspection we saw these risks had been addressed but identified others, for example, there were ineffective systems in place for the management of medical correspondence relating to patient care.
- The exception rate for the Quality Outcomes Framework was still high.
- Some limited clinical audit had been carried out; however this was not linked to quality improvement in patient care.

# Are services well-led?

- The practice had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

The practice had appropriate and accurate information.

- At our previous inspection we saw that the practice had not acted upon some of the information they had which they could use to improve performance, such as QOF. At this inspection they explained that they knew some of their performance figures could be improved.
- The practice were to focus on patients who failed to attend reviews to improve their figures for patients who were exempted from the QOF figures.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, the public, staff and external partners to support their services.

- The practice had an established patient participation group which met bi-monthly. We spoke with a member of the group. They told us the practice listened to them and gained their views. The practice arranged customer service training for staff and introduced name badges following suggestions from the patient group.

- The practice had a Facebook page to connect with patients. One of the receptionists actively monitored this and was responsible for posting healthcare and practice information.
- The service engaged with stakeholders about performance.

## **Continuous improvement and innovation**

There was some evidence of staff development at the practice.

- Staff took part in protected learning time both in house and at outside venues.
- The practice hosted and mentored career start nurses and placements for student nurses from the local university.
- One of the GP's mentored a district nurse working towards their prescribing qualification.
- The practice employed apprentice administration staff who wished to gain knowledge of working in NHS environment. They employed some staff as permanent employees from the apprenticeships and others went on to other employment within the NHS.
- Staff had been upskilled to become phlebotomists and health care assistants.

**Please refer to the evidence tables for further information.**



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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered person had failed to ensure that care and treatment was provided in a safe way for patients. In particular:</b></p> <ul style="list-style-type: none"><li>• There was poor communication and oversight by the team regarding the management of medicines.</li><li>• Ineffective systems were in place for the management of medical correspondence relating to patient care.</li></ul> <p><b>This was in breach of Regulation 12 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment (a) (b)</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had failed to ensure that systems or processes were established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:</b></p> <ul style="list-style-type: none"><li>• Significant events were not thoroughly investigated to ensure learning from them.</li><li>• The system for the management of patient safety alerts was ineffective.</li><li>• The QOF exception rate remained high. There was a lack of clear leadership.</li></ul> <p><b>This was in breach of Regulation 17 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance (1) (2) (a)</b></p>