

Stockwell Lodge 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Requires Improvement

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

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

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

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement.

We carried out an announced comprehensive inspection at Stockwell Lodge Medical Centre on 18 May 2017. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months. A warning notice was served in relation to breaches identified under Regulation 12: Safe Care and Treatment. We completed an announced focussed inspection on 3 August 2017 to check on the areas identified in the warning notice and found that sufficient improvements had been made regarding these. The full comprehensive report and focussed reports of the May and August 2017 inspections can be found by selecting the 'all reports' link for Stockwell Lodge Medical Centre on our website at www.cqc.org.uk.

This announced comprehensive inspection on 18 January 2018 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

At this inspection we found:

- Processes were in place to keep patients safe. For example, the practice had effective systems for the monitoring of medicines and infection.

Summary of findings

- We found the practice to be visibly clean on the day of the inspection and that our previous concerns identified through infection control audits had been completed or risk assessed.
- There was a system in place for reporting and recording significant events. Some formal complaints which were recorded should have been considered as significant events.
- We saw evidence that information and learning was disseminated to all staff.
- Staff were aware of current evidence based clinical guidance and one of the GP's was the lead for this and discussions were recorded in clinical meetings.
- The practice staff were aware of their responsibilities regarding child and adult safeguarding with good signposting throughout the practice. All staff had undergone safeguarding training.
- Results from the Quality Outcome Framework (QoF) showed patient outcomes were comparable to the local and national averages.
- Audits had been carried out that were driving improvements in patient outcomes.
- National GP patient survey data published in July 2017 remained lower than local and national averages. However the practice had an action plan in place and were working to improve this.
- Comment cards completed by patients told us they felt they were treated with compassion, dignity and respect. However five of the 19 comment cards completed told us that they experienced difficulties in getting an appointment.
- The practice had clear leadership structure and designated lead roles in key areas.
- Formal governance arrangements were in place with policies and procedures stored on the practice intranet.
- Staff were aware of how the appointment system worked and had a comprehensive understanding of the appointments system, in particular with relation to access to emergency appointments.
- We noted that since our last inspection, the baby changing unit had been replaced and was safe to use and of a material that aids cleaning and hygiene.
- Complaints had been received and acknowledged, however there was no clear evidence or process to show actions and investigations in place for seven of those we viewed.

Importantly, the provider must:

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

This service was placed in special measures in May 2017. Following inspection carried out January 2018, whilst some improvements have been made there remains a rating of inadequate for providing a responsive service. Therefore the service will be kept under review and if needed could be escalated to urgent enforcement action. Another inspection will be conducted within six months, and if there is not enough improvement we may move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The six population groups and what we found

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

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

Stockwell Lodge 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 second CQC inspector, a GP specialist advisor and a practice nurse specialist advisor..

Background to Stockwell Lodge Medical Centre

Stockwell Lodge Medical Centre provides a range of primary care services to approximately 13,000 patients who live in Cheshunt, Waltham Cross, Hertfordshire.

- The practice population is of mixed ethnic background with a slightly higher than average male population aged between 20 to 34 years and 50 to 64 years of age and female patients this is higher for those aged between 45 and 64 years of age.
- National data indicates the area served is of low deprivation in comparison to England as a whole and has low levels of unemployment.
- The service operates from a two storey building with a preventative care unit adjacent. The reception area is

equipped with electronic patient arrival registration screens and a hearing loop for patients with a hearing impairment. There is car parking available for patients with designated bays.

- The clinical team consists of three GP partners (two male and one female), one sessional GP and one locum GP, two Practice Nurses, four Health Care Assistants (one male and three female -two of which are Trainee HCA's) and four pharmacists. The team is supported by a practice manager and a team of practice administration and secretarial staff.
- The practice is registered with the CQC to undertake a number of regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.
- The practice is open between 8am and 6.30pm Monday to Friday with extended hours appointments available on Monday, Tuesday and Wednesday mornings from 7.30am and Monday and Tuesday evenings until 8pm and 7.30pm respectively.
- When the practice is closed the out of hours service is provided by Herts Urgent Care Services for patients requiring the services of a GP. Information about this is available in the practice and on the practice leaflet, website and telephone line.

Are services safe?

Our findings

At our previous inspection in May 2017, we rated the practice as inadequate for providing safe services as patients were at risk of harm because the systems and processes in place regarding high risk medicines were inadequate, lessons learned were not communicated and trends were not identified from reporting of incidents and near misses. There was no action plan to identify when issues identified from the infection control audit would be completed. There were no risk assessments in place to monitor health and safety of the premises. One member of clinical staff had not completed formal safeguarding training relevant to their role.

These arrangements had improved when we undertook a follow up inspection August 2017 and had continued to do so at this inspection.

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed. Staff received safety information for the practice as part of their induction and training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. There was information in treatment rooms and reception that outlined clearly who to go to for further guidance.
- The practice met with the health visitor monthly to discuss safeguarding of children and adult safeguarding meetings were held monthly in the practice. We viewed minutes of these meetings.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw that the practice had highlighted concerns regarding vulnerable patients and acted accordingly. For example a patient who had a

long term condition and was pregnant had been highlighted and the patient's record had a flag to ensure this patient had access to an urgent appointment if they contacted the practice.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Personnel files for locum staff were complete and there was evidence of references and all relevant training that was required prior to employment. The files included evidence of the required indemnity and registration with the appropriate bodies.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check.
- There was an effective system to manage infection prevention and control. One of the Practice Nurses was the infection control lead. A number of the clinical staff had attended training for infection control. We saw that infection control audits were in place and actions identified were completed. The practice had worked alongside the CCG to review the infection control audit and put plans and risk assessments in place were appropriate. The practice had replaced carpeting for lino where requested and made repairs to the seating in reception. Chairs that had been identified as needed to be replaced had been.
- We saw schedules and task sheets that had been completed in relation to cleaning of equipment and the practice.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice said that they were still recruiting additional staff.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines and medical gases minimised risks. We saw that emergency medicines and equipment were checked regularly. Medicines fridge temperatures were recorded daily. The practice had recorded and investigated a significant event regarding fridge temperatures not recorded in December 2017. This had led to improvements made in the process. For example, signs were applied to plug sockets to prevent them being turned off and new processes were implemented for recording and monitoring temperatures.
- The practice kept prescription stationery securely and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited

antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice had improved their prescribing level of antibiotics to agreed satisfactory levels.

- The practice were monitoring patients on high risk medicines. We viewed records of patients and found that they were appropriately monitored with the required blood tests. Since our previous inspections the practice had employed a staff member to check that patients had appropriate monitoring. The practice completed weekly audits on these medicines to ensure that patients' health was monitored and medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was an effective high risk pathway in place.

Track record on safety

The practice had an adequate safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity, such as significant events. There were some recorded complaints which should have been investigated as significant events, however they were resolved as a complaint and learning had been shared with the team.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- A system for recording and acting on significant events and incidents was in place. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. The practice had completed three significant events since our last inspection. We saw that there were complaints received that were potential significant events and that these had not been investigated. The practice manager said that there was work to be done in training the staff on significant events and incidents to ensure that all incidents were captured and recorded.
- There were adequate policies for reviewing and investigating when things went wrong. Incidents were reviewed as they occurred and immediate actions put in place and these were then taken to meetings that the

Are services safe?

practice held. The practice learned and shared lessons and took action to improve safety in the practice. For example, an incident regarding the cold chain had led to an overhaul of the system, development of a new process for temperature monitoring and purchase of new equipment. We saw that actions taken and lessons learned were documented in minutes of meetings.

- The practice did not regularly record minor complaints or incidents which were verbally made in the practice. However, the practice advised that these were responded to at the time.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The practice had pharmacists that completed searches and took action for safety alerts. We saw a record that showed those received and completed actions in place. These were also discussed at clinical meetings.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in May 2017, we rated the practice as requires improvement for providing effective services as the knowledge of and reference to national clinical guidelines were inconsistent and there was no formal process in place to ensure that clinical staff were kept up to date with clinical guidelines. There was no evidence that audit was driving improvement in patient outcomes and there was no evidence that the practice was comparing its performance to others; either nationally or locally.

At this inspection in January 2018 we found these areas had been addressed and that the practice was now rated as good for providing effective services overall and for the population groups of long term conditions and people experiencing poor mental health.

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.

- The practice had a lead GP for evidenced based guidance and we viewed minutes where guidance was discussed at clinical meetings.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. There were procedures in place for reception staff to follow.

Older people:

- Patients over 75 had a named GP.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- The GP's completed visits to the care home where patients were residents. The care home reported that they the GP's would call when requested to see patients or would triage them to be seen at a later date if they were not urgent.
- Home visits to patients were available and the practice had access to other agencies to complete these if more urgent.

People with long-term conditions:

- Patients with long-term conditions had a review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Clinical staff were responsible for reviews of patients with long term conditions. The practice had identified leads for the areas and were developing pathways to improve care for diabetic patients and those with COPD.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women. Patients were seen by a GP to verify pregnancy prior to been referred to ante-natal. Those patients with long term conditions were given information and managed in secondary care.

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

- The practice's uptake for cervical screening was 84%, which was in line with the 80% coverage target for the national screening programme.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice had processes in place for patients who had no fixed abode.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 86% of patients with diagnosed psychoses had a comprehensive agreed care plan where the CCG average was 92% and the national average was 89%.
- 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 diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76% where the CCG average was 83% and the national average was 84%.

Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The published results (2016/17) were 92% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 96%.

Overall exception reporting in 2016/17 was 10% which was in line with the CCG and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

2016/17 data showed that indicators were still comparable with CCG and national averages. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 74% compared to a CCG average of 78% and national average of 79%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review

undertaken including an assessment of breathlessness in the preceding 12 months was 84% which was comparable to the CCG average of 91% and national average of 90%

The audits that we saw showed some improvement. Prescribing had improved for antibiotics and was in line with the CCG target. The practice had completed two cycle audits in relation to two other medicines. These were to ensure that patients were receiving the correct monitoring in line with guidance. The initial audit had shown monitoring had improved from 33% to 50%. This was still not at the standard of 100% that the practice had set. This audit led to the practice adopting a process for one of the administrative staff to check whether a blood pressure had been recorded before a prescription was issued.

Where appropriate, clinicians took part in local and national improvement initiatives. The practice was identifying patients using the frailty score and the nurse was implementing care plans for these patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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 understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop when possible. One of the reception staff had been trained to be a health care assistant.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. Three of the HCA's had completed this and one of the trainees was in the process of completing it.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

Are services caring?

Our findings

At our previous inspection in May 2017, we rated the practice as inadequate for providing caring services as the data from the national patient survey showed the patients rated the practice lower than others for many aspects of care.

At this inspection in January 2018 we found that most of the survey scores had remained lower than others. However, the practice had initiated work in relation to improving patient satisfaction.

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Of the 19 patient Care Quality Commission comment cards we received 13 were positive about the service experienced. Six of the comment cards were negative mainly regarding difficulty in getting an appointment. The positive comments reflected that the GP's were good and that improvements had been made in the last six months.

Results from the national GP patient survey showed that the practice was significantly below average for its satisfaction scores in July 2016 results. Results from the July 2017 annual national GP patient survey showed some variation from previous year and those that had increased remained significantly lower than clinical commissioning group (CCG) and national averages. 240 surveys were sent out and 88 were returned. This represented about 0.6% of the practice population. The previous survey in 2016 had represented 1% of the practice population with 126 responses from 260 surveys that were sent out. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- In 2017 59% of patients who responded said the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%. This was the same as the 2016.
- In 2017 51% of patients who responded said the GP gave them enough time, compared to the CCG average of 83% and a national average of 86%. This had increased from 46% in 2016.
- In 2017 82% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%. This had increased from 74% in 2016.
- In 2017 47% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 86%. This had decreased from 54% in 2016.
- In 2017 69% of patients who responded said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%. This had decreased from 71% in 2016.
- In 2017 74% of patients who responded said the nurse gave them enough time compared to the CCG average and national average of 92%. This had increased from 69% in 2016.
- In 2017 79% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%. This had decreased from 89% in 2016.
- In 2017 65% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%. This had decreased from 68% in 2016.
- In 2017 53% of patient who responded said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. This had increased from 48% in 2016.

The practice had an action plan in place regarding the outcome of the survey. From this it had been decided that patients would be met and greeted in the waiting room by the GP's to try and improve patient experience. Healthwatch were invited into the practice to complete an independent report on 24 November 2017 with patients

Are services caring?

and to gather feedback of those that were coming into the practice for appointments. To support the questionnaire Healthwatch left a comment box between the 27 November 2017 and 22 December 2017. Patient feedback gathered said that the GP's were good and the nurses and reception staff were friendly and helpful. Patients also demonstrated they had noticed staff in the reception team had changed, and that customer service had improved more recently.

Since the inspection the practice completed an in-house survey from 25 January 2018 to 31 January 2018. There were 151 completed surveys from which 81% said that they were satisfied with their consultation that day. This was an interim survey which was to be completed and then reviewed with the PPG.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients 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 services.

The practice proactively identified patients who were carers. This was done in two ways; staff identified carers from conversations with patients and their knowledge of the patients and the new patient registration form asked patients if they were carers. There was a designated carers information board in the waiting area asking if patients were carers and support group information was provided. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 419 patients as carers (3.49% of the practice list).

- Carers that were identified at registration had a carers health check completed.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and a sympathy card was sent. Advice was given on how to find a support service.
- If a patient suffered the loss of an infant, this was marked on the patient record to give an appointment immediately.

Results from the national GP patient survey in July 2016 showed that patient satisfaction with their involvement in planning and making decisions about their care and treatment was significantly below local and national averages for consultations. In 2017 the satisfaction results showed this had increased however they remained significantly lower than CCG and national averages. For example:

- In 2017 55% of patients who responded said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 85% and the national average of 86%. This had increased from 46% in 2016.
- In 2017 47% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. This had increased from 39% in 2016.
- In 2017 68% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national average of 91%. This had increased from 62% in 2016.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspections in May 2017 we rated the practice as inadequate for providing responsive services as the results of the national patient survey in July 2016 had showed patients were not satisfied with the responsiveness of the service and some areas the satisfaction had decreased. Staff did not understand the triage system and gave patients incorrect information and we were unable to see evidence of sharing the learning of complaints with staff.

At this inspection in January 2018 we found that there had been little improvement since the last inspection. Patient satisfaction was not showing improvement and complaints were not been handled effectively. The practice, and all of the population groups, remained inadequate for providing responsive services across all population groups.

Responding to and meeting people's needs

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

- The practice was working alongside the CCG and were involved with a local federation to improve their services.
- The practice had undertaken work in relation to its appointment system. The practice had provided triage for 95% of appointments. However following patient feedback this had been changed to 95% of appointments for booking on the day.
- Feedback from the comment cards said that appointments access were improving. However it was getting through on the telephone that was a problem. The practice had changed the phones to be answered upstairs in an office and had employed extra staff to help with this.
- The practice offered extended hours on Monday, Tuesday and Wednesday mornings from 7.30 am and on Monday and Tuesday evenings until 8pm and 7.30pm respectively, for patients who were not able to attend during normal opening hours.
- The practice had a weekly meeting to discuss any concerns that had occurred in that week to rectify any issues as soon as possible.

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There were accessible facilities, which included a hearing loop, and interpretation services available.
- Home visits were available for older patients and vulnerable patients who had clinical needs which resulted in difficulty attending the practice. The practice was part of the Home First, Acute Visiting and Rapid Response service.
- The practice offered telephone consultations which were convenient for working patients.
- There were longer appointments available for people with a learning disability and on request for other patients.
- The practice sent text message reminders of forward booked appointments and test results.

Older people:

- All patients over 75 had a named GP. Patients were supported in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs in association with another agency.
- Daily visits were made to a local care home where the practice had patients who were residents. This was on request by the care home. The care home staff we spoke with said that there were no daily visits in place. However the practice would send someone when requested if it was required.

People with long-term conditions:

- Patients with a long-term condition received reviews to check their health and medicines needs were being appropriately met.
- Diabetic reviews were completed with referrals for retinopathy screening and podiatry services for patients.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- Appointments were available outside school hours.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, the practice had regular meetings with the health visitor.
- The midwife visited the practice each week so patients could have appointments in the practice.

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 it offered to ensure these were accessible and flexible. Extended hours appointments were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments on line.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. These patients had annual health checks.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice. However this was not always within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were communicated and managed appropriately. The practice was working to improve the appointments system and had acted on changing their triage system to book on the day appointments. There was also a

process that if any patient called for an appointment when the appointments were full a form would be completed and given to the emergency doctor of the day to triage and call in if required.

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- The practice had recruited additional staff and were looking to recruit another GP to improve access.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment remained significantly lower compared to local and national averages. Five of the 19 completed comment cards mentioned that it was difficult to get an appointment and that when they did they were kept waiting. 240 surveys were sent out and 88 were returned. This represented about 0.6% of the practice population.

- In 2017 53% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 72% and national average of 76%. This had increased from 45% in 2016.
- In 2017 17% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 62% and national average of 71%. This had increased from 14% in 2016.
- In 2017 62% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 83% and a national average of 84%. This had increased from 47% in 2016.
- In 2017 54% of patients who responded said their last appointment was convenient compared to the CCG average of 78% and a national average of 81%. This had decreased from 74% in 2016.
- In 2017 34% of patients who responded described their experience of making an appointment as good compared to the CCG average of 66% and the national average of 73%. This had increased from 25% in 2016.
- In 2017 31% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%. This had increased from 23% in 2016.

Are services responsive to people's needs?

(for example, to feedback?)

An independent survey conducted by healthwatch highlighted to the practice that the feedback in relation to appointments were negative regarding the phone system. Whilst two comments said that they had a positive experience when booking an appointment. Comment cards that we gathered on the day of the inspection aligned with these views. Although patients said that there was improvement recently. Patients said once they had an appointment the clinical service was high quality. Some patients commented that they did not always get an appointment with a particular GP when they wanted one and that some found it difficult to get through on the telephone.

The survey completed following our inspection said that 63% of the 151 patients surveyed said they found it easy to make their appointment and that 81% found the receptionist they spoke with helpful.

Comments on NHS choices were mostly negative in relation to the availability of appointments. The majority of comments had been responded to by the practice manager who had invited the patients concerned to contact them to discuss the situation further, along with an apology.

The practice had reviewed all the survey results. We viewed a detailed action plan and saw that work was underway to address the concerns. The change in the appointment system to face to face bookable on the day appointments was evidenced throughout the practice as a poster to patients letting them know about the change.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously however not all were responded to appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and was easy to do so. There were information leaflets at reception and in the entrance to the practice.
- The complaint policy and procedures were in line with recognised guidance. The practice had received a high number of complaints. Since the last inspection we viewed seven complaints that had been received.
- The practice manager was the lead for complaints. The folder that contained complaints did not show when the complaint investigation was due to be completed and four of these were outside of the practices 40 working day standard. The practice manager could not show us, nor tell us if these complaints had been responded to. All complaints had been acknowledged including those received the week of the inspection.
- Previous complaints that had been investigated had been discussed at a review meeting which we saw minutes regarding. Learning from these complaints were noted and staff were aware of changes in processes regarding the complaints. Responses to patient's complaints that we viewed were comprehensive and included a response an apology where applicable.
- Three of the complaints that we viewed should have been considered as significant events. However these complaints were responded to and learning had been shared from these.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspections in May 2017, we rated the practice as inadequate for providing well-led services as there was a lack of systems and processes to operate effectively and safely. One GP was unsure of responsibilities for duty of candour. Not all staff were aware of the vision and strategy. Staff were unsure who to approach with queries and concerns. Not all staff knew how to access policies and procedures. Audits did not evidence quality improvement.

A number of these arrangements had improved when we undertook a follow up inspection on 17 May 2017.

Although at this inspection in January 2018 we found that systems had improved further, we found gaps in some areas such as access to services, patient satisfaction and effective processes to manage significant events and complaints.

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice had completed actions identified at the previous inspections and was working to improve. However, some of the governance arrangements needed improvement, for example incident reporting, complaints handling and quality improvement
- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- There had been changes in the partnership since the previous inspection. There were now three partners that had the willingness to take the practice forward.
- They understood the challenges and were addressing them. The practice had focussed on safety in regards to patients on high risk medicines, infection control and cold chain process.
- Leaders at all levels were visible and approachable. One of the GPs was the emergency doctor on the day on a rota to ensure patients that needed to be seen on the day would be.

Vision and strategy

The practice had a clear vision and ethos to deliver high quality care and promote good outcomes for patients.

- The practice ethos 'to foster an ethos of continuous improvement' was visible throughout the practice and on leaflets and correspondence.
- The main aim of the practice was to come out of special measures and continue to build on the improvements made.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice were adapting and changing its services to meet the needs of the practice population.

Culture

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice and the staff were open and transparent. There was an honest approach and a no blame culture.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. We saw that patients had been contacted regarding complaints and that patients had been informed regarding incidents that were applicable to them.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

Requires improvement 

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

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services had improved.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety.
- The practice had an intranet system where staff could easily access policies and procedures. However not all staff could show us this on the day.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through peer review of consultations, prescribing and referral decisions. Practice leaders had oversight of medicines and patient safety alerts, incidents, although it had been identified previously that further work was required regarding complaints.

- Audit had some impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality. Some audits that had been completed were in the first cycle and were due to be re-audited so that improvements could be reviewed.
- The practice had business continuity plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address identified weaknesses from QOF and for management of long term conditions.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Following previous inspections the practice had been supported

Are services well-led?

Requires improvement 

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

and worked alongside other agencies, such as the CCG, the Royal College of General Practitioners and NHS England. The practice had gained feedback from Healthwatch for the patient's views.

- There was an active patient participation group (PPG). The PPG were promoting the practice and were planning to conduct a survey to evidence improvements identified from the national patient survey. The initial survey was conducted following our inspection and interim results were forwarded.
- The PPG met regularly and were keen to assist the practice in resolving problems. There was an emphasis on customer care and ways that this could be improved.

- The practice had an action plan in place to try and improve the national patient survey scores that they had received in July 2017.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice had a consultant practice manager to take forward any further improvements and to work with the partners on a long term business plan.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• During our inspection we found that investigation dates for complaints were not always made clear. In addition, we saw that the practice did not always adhere to their policy as four complaints were not investigated within the 40 day timescale, as outlined in the practice policy <p>This was in breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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>How the regulation was not being met:</p> <p>The registered person had systems or processes in place operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Three of the complaints that we viewed should have been considered as significant events. However on the day of the inspection they had not been.• Not all staff could show us how they accessed policies and procedures.

This section is primarily information for the provider

Requirement notices

- There had been little improvement to access to patient appointments from feedback received.
- The practice did not regularly record minor complaints or incidents which were verbally made in the practice.

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