

Woodside Group Practice

Quality Report

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Date of inspection visit: 02 September 2015

Date of publication: 28/01/2016

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodside Group Practice on 02 September 2015. Overall the practice is rated as requires improvement.

We previously inspected Woodside Group Practice in October 2014, and rated it overall as inadequate. The practice was found inadequate for providing safe, effective, responsive and well-led services. They were rated good for providing caring services.

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

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

- We found the practice had made improvements since our last inspection on 06 October 2014 and they were meeting regulations relating to the protection of people against the risks of unsafe or

inappropriate care, identifying, assessing and managing risks, the management of complaints, and the secure storage of paper based patient records. However, the improvements made were insufficient and on-going partnership issues were significantly impacting on the practice's ability to provide effective and responsive care.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Data showed that clinical outcomes for patients with long-term conditions was below local and national averages and there had been a deterioration in QOF performance between 2013/2014 and 2014/2015. There was no action plan in place to address these shortfalls.
- Clinical audits had been carried out and the practice was able to demonstrate they had led to improvements in some patients' health outcomes.

Summary of findings

- Patients said they were treated with compassion, dignity and respect but respondents to the national GP survey stated they did not always feel involved in their care and decisions about their treatment.
- Information about services provided was available; however information on the provider's formal complaints process was not easily accessible to patients.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments, and they often experienced delays waiting to be seen for their booked appointments.
- The practice had a number of policies and procedures to govern activity.
- The practice had started holding meetings with various areas of focus, such as significant events, complaints reviews and multi-disciplinary clinical meetings, but these were not being held at the regularity the practice had planned.

Whilst the practice had made improvements since our last inspection, there are still areas where further improvements are needed. The provider must:

- Ensure there are systems in place to monitor and improve the quality of services provided and mitigate against any risks, including the impact of the on-going partnership issues.

- Review and improve the current telephone system and accessibility to ensure patients can access appointments in a timely manner.
- Ensure plans are put in place to improve outcomes relating to asthma, chronic heart disease, chronic kidney disease, diabetes and flu vaccinations for at risk groups.

The provider should:

- Ensure complaints information is readily available.
- Ensure patients are involved in decisions about their care, and that treatments and tests are explained.
- Ensure carers are identified and appropriately supported.

The provider was rated as inadequate overall and for all population groups at our previous inspection in October 2014. At this inspection, we found that the provider had failed to make sufficient improvements in all areas and has been rated as inadequate for well-led and for patients with long-term conditions. Where a practice has previously been rated as inadequate and continues to be rated as inadequate for any key question or population group, they are placed into special measures. Therefore, we will place this provider into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Since our last inspection, meetings were now being held for discussion and learning from significant events and safeguarding cases.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Patient records were now securely stored.

Good



Are services effective?

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

During our last inspection of October 2014, we rated the practice inadequate for providing effective services because care and treatment was not always delivered in line with current legislation and best practice, there was a lack of monitoring of the services provided, specifically learning from audits, medication reviews and engagement with other practices, and there was a high turnover of staff.

During this inspection, we found that staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity to make decisions about their care and treatment.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

However, data showed that clinical outcomes for some patient groups were below local and national averages and there had been a deterioration in performance between 2013/14 and 2014/15 and improvements were needed.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and efforts were made to maintain confidentiality.

Are services responsive to people's needs?

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

During our last inspection of October 2014, we rated the practice inadequate for providing responsive services because patients found it particularly difficult to access the practice by phone and the appointments system was not meeting patients' needs, with many having to wait for over two weeks for a routine appointment. The responses from the latest GP patient survey information available at the time also aligned with these findings. We also found that complaints were not appropriately handled.

During this inspection, feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. Patients told us that getting through to the practice by telephone remained difficult and that they regularly experienced long waiting times before being seen for scheduled appointments. Plans to make improvements to the telephone line had not been agreed by all the GP partners.

The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements for all of the areas identified. The practice had an active patient participation group (PPG). The practice had good facilities and was well equipped to treat patients and meet their needs.

We saw that learning from complaints had been shared with staff, and that the practice responded quickly to issues raised. Information about how to complain was available on the practice website, but was not displayed in the practice premises.

Requires improvement



Are services well-led?

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

The practice had a vision and a strategy and staff was aware of this and their responsibilities in relation to it. There was a leadership structure, but there were on-going issues in the practice partnership which was having a profound impact on the effectiveness and

Inadequate



Summary of findings

responsiveness of the service. However, staff told us they felt supported by management and that morale in the practice had improved since their last CQC inspection. Staff knew who to approach with issues.

The practice had a number of policies and procedures to govern activity. Various meetings were held to support the governance and operation of the practice, including significant events, complaints reviews, practice and clinical meetings. However these were not being held at the regularity as stated in the provider's action plan in response to our previous inspection.

The practice sought feedback from patients and had an active patient participation group (PPG). Staff had received inductions, regular performance reviews or attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. We found the practice to require improvement for providing effective and responsive, and inadequate for providing well led services. The issues identified affected all patients including this population group. There were, however, examples of good practice.

Nationally reported data showed that outcomes for patients were slightly higher than national averages for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and provided a range of enhanced services including dementia care.

Prompt access, home visits, telephone consultations and longer consultations were available for older patients with enhanced needs. Patient needs were assessed through regular health screening and medication reviews. We saw that regular multi-disciplinary team meetings were held with healthcare professionals such as district nurses, hospice workers and social services representatives, where individual patients were discussed and care packages agreed for them.

There were named GPs for patients aged over 75. The practice was proactive in preventing disease by providing influenza and shingles immunisations for older patients, and by invitations for health checks. Patients we spoke with told us that they had received written invitations for health checks.

Requires improvement



People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions.

Clinical outcomes for conditions such as asthma, coronary heart disease, chronic kidney disease and diabetes were significantly below average and needed to be improved. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments, telephone consultations and home visits were available for patients who needed them.

All these patients had a named GP, however not all of them had a personalised care plan or structured annual review to check that

Inadequate



Summary of findings

their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice ran regular diabetes clinics, planned annual influenza vaccination clinics and a dedicated weekly smoking cessation service. It arranged for district nurses to visit housebound patients to administer flu vaccinations.

Families, children and young people

The practice is rated as requires improvement for families, children and young people. We found the practice to require improvement for providing effective and responsive, and inadequate for providing well led services. The issues identified affected all patients including this population group. There were, however, examples of good practice.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice ran an enhanced service for childhood immunisation and vaccination. Immunisation rates were good for all standard childhood immunisations.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were suitable for families. Baby changing facilities were available in one of the female toilets. Young patients with enhanced needs were referred to the appropriate external services.

Appointments were available outside of school hours and the premises were suitable for children and babies. Family planning was available to families, alongside prenatal and postnatal care. The practice was engaged in joint working with community midwives.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). We found the practice to require improvement for providing effective and responsive, and inadequate for providing well led services. The issues identified affected all patients including this population group. There were, however, examples of good practice.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.

Requires improvement



Summary of findings

For example, the practice had extended its opening hours on Wednesdays due to patient demand. The practice was proactive in offering telephone consultations, online services such as appointment booking and ordering repeat prescriptions. There was a good range of accessible health promotion material available throughout the practice.

The practice offered travel, Hepatitis and influenza vaccinations and carried out screening which reflected the needs of this group. There was a good uptake for health screening, with 83% of eligible patients receiving cervical screening in the previous 6 months.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. We found the practice to require improvement for providing effective and responsive, and inadequate for providing well led services. The issues identified affected all patients including this population group. There were, however, examples of good practice.

The practice held a register of patients living in vulnerable circumstances such as those with a learning disability. It had carried out annual health checks for people with a learning disability but not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met. Longer appointments were available for patients with learning difficulties.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The practice held a register of patients with poor mental health but not all of these people had received an annual physical health check and review. For the year ending 31 March 2015, QOF indicators relating to the care of people with dementia showed that 68% of eligible patients had had their care reviewed in the preceding 12 months. In addition, only 50% of patients with a new diagnosis of

Requires improvement



Summary of findings

depression in the preceding 12 months had received a review within 10 to 56 days of their diagnosis. In the same period, 48% of patients on the mental health register had had a comprehensive care plan documented in the preceding 12 months.

However the practice was performing well in the cervical screening of women with mental health needs, as 83% had had a cervical screening in the preceding five years.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations and referred patients to secondary care mental health services where needed. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 04 July 2015 showed the practice was performing below local and national averages. Three hundred and eighty-one survey forms were distributed. There were 98 responses and a response rate of 25.7%.

- 33% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 74.4%.
- 32.9% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54.2% and a national average of 60.5%.
- 70.2% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.6% and a national average of 85.4%.
- 47.5% describe their experience of making an appointment as good compared with a CCG average of 71.8% and a national average of 73.8%.
- 34.9% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 58.2% and a national average of 65.2%.
- 34.3% feel they don't normally have to wait too long to be seen compared with a CCG average of 50.1% and a national average of 57.8%.

The practice was rated better in other areas:

- 88% find the receptionists at this surgery helpful compared with a CCG average of 86.4% and a national average of 86.9%.

- 85.1% say the last appointment they got was convenient compared with a CCG average of 90.7% and a national average of 91.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were mostly positive about the standard of care received. The majority of comments highlighted that staff were caring and helpful.

We spoke with 11 patients during our inspection. They told us that staff were caring and the GPs and nurses listened to them during consultations. They were less satisfied with telephone access and availability of appointments.

We also spoke with the chair of the practice's patient participation group (PPG). They told us that the practice manager and one doctor regularly attended the meetings and that they felt listened to. They told us their general experience of the practice was caring and one that was trying hard to provide the best service for their patients.

Results from the practice friends and family test (FFT) survey carried out between January and July 2015 showed that out of 61 patients, 32 were likely or extremely likely to recommend the practice to family and friends, 23 were unlikely or extremely unlikely to do so, and six were neutral.

Woodside Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a pharmacist inspector, a practice manager specialist adviser and an expert by experience.

Background to Woodside Group Practice

Woodside Group Practice operates from a single location in Woodside; about two miles from Croydon town centre and has a list size of approximately 13,000 patients. The surgery is based at Woodside Health Centre, which also houses another GP practice, a community clinic run by Croydon Health Services NHS Trust as well as the district nursing teams.

The practice came into being in 2008 following a merger of two practices. The practice has undergone another merger in April 2014 where it took on the staff and patient list of another practice whose principal GP had retired. It is no longer a teaching practice for trainee GPs.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; maternity and midwifery services; surgical procedures; and diagnostic and screening procedures at one location.

The practice has a PMS contract (Personal Medical Services(PMS) agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of essential, additional and enhanced services including maternity services, child and adult

immunisations, family planning clinic, contraception services, minor surgery and substance misuse management. The surgery is also a registered yellow fever vaccination centre.

The practice is currently open five days a week, Monday to Friday from 8:00am to 6:30pm. In addition, the practice offers extended opening hours from 7:30am to 8:00am and 6:30pm - 8:00pm every Wednesday.

The practice had a higher than average percentage of patients under 18 years of age and in the 45-49 year age group. The Croydon general practices data 2012 showed that the practice also had a higher proportion of patients from Other Black ethnic backgrounds than Croydon as a

whole (2011 census data for the Croydon borough).

Woodside Group Practice has three partners and two salaried GPs, four long term locum GPs, two practice nurses and a health care assistant. The practice also has a practice manager, an assistant practice manager, and a reception team of 10 whole time equivalent staff along with administrative staff.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We last inspected this practice in October 2014, and rated it as inadequate overall. In line with our methodology, we carried out this inspection to check improvements had been made since our last inspection.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

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

- Older people

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 02 September 2015.

During our visit we spoke with a range of staff (GPs, nursing staff, practice management, reception and admin staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

During our last inspection we found that significant events were not appropriately recorded, reviewed and discussed.

During this inspection, we found there was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

The practice carried out analyses of the significant events, and quarterly significant events meetings were held. At our last inspection in October 2014, we found that there was minimal discussion and learning from significant events. During this inspection, we reviewed safety records, incident reports and minutes of meetings and saw evidence that significant events and incidents were discussed in order to prevent any recurrence.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident was recorded where an agency nurse administered the wrong vaccine to a child. The nurse realised the error immediately, and informed the senior GP, NHS England and vaccine manufacturer for advice. The practice was open and honest with the mother about the error made. Another incident was recorded following changes to the reporting of test results from a local hospital. The practice fed back the error that had occurred to the hospital which led to them reverting back to their previous results reporting format.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. This was an improvement from our previous inspection, where we found no evidence of safeguarding meetings or discussions about vulnerable patients.
- A notice was displayed in the waiting room, advising patients that nursing staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Appropriate standards of cleanliness and hygiene were not always followed. Whilst annual infection control audits had been undertaken, they had failed to identify certain short-comings, such as curtains in clinical areas not being changed at the required frequency. We observed the premises to be generally clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Periodic legionella testing was undertaken by the premises landlords.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Our last inspection found that people requiring repeat prescriptions were not receiving regular medication reviews. During this inspection, we found that the practice now had a system in place to ensure they did: a duty doctor was given protected time each day for the authorisation of repeat prescriptions, receptionists were trained to flag up with the GPs any issues in relation to prescription requests, and patients who were due medication reviews had appointments booked for them when they collected their repeat prescriptions.
- Four staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- During our last inspection we found some paper-based patient records were not securely stored. During this inspection, the practice had made arrangements to have shutters fitted to the records cabinets behind their reception area, and the area was only accessible to authorised staff.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. However, the practice's QOF performance had deteriorated between 2013/14 and 2014/15. In 2013/14 the practice scored 94% of total points available but this had decreased to 71% for 2014/15. Data from the year ending 31 March 2015 showed:

- The practice performance for indicators relating to the care of people with asthma ranged between 71% and 91%. However only 49% of patients with asthma had had a review in the preceding 12 months.
- For cancer patients, 92% of patients newly diagnosed in the preceding 15 months had received a review within six months of the practice receiving confirmation of their diagnosis.
- Indicators relating to the care of patients with coronary heart disease (CHD) showed the practice performance varied between 77% and 91%.
- Indicators relating to the care of patients with chronic kidney disease (CKD) showed the practice performance varied between 53.7% and 78.6%.
- Performance for diabetes related indicators was variable. For example, 82.5% of patients with diabetes had their blood pressure checked in the previous 12 months, which was comparable to the national average

of 78.5%. However, 63.3% of patients with diabetes had their blood sugar level checked in the previous 12 months, which was lower than the national average of 77.7%.

- The practice performed well against indicators relating to the care of people with heart failure, for example achieving 87.5% for echocardiograms being completed three months before and 12 months after diagnosis.

The practice cited recent organisational changes having affected their QOF performance over the last year. They took over the patient list of a single handed GP who retired in March 2014, and have had staff changes and vacancies in their own team over the same period. However, there were no plans in place to improve outcomes for patients where performance was below average.

At our previous inspection we found no evidence that clinical audits were being completed or used to drive improvement. At this inspection the practice showed us two cycle clinical audits in relation to vitamin D deficiency and another on inhaled steroids in childhood. All relevant staff were involved to improve care and treatment and people's outcomes. The audits led to improvements being implemented and monitored. The practice also participated in applicable local audits, national benchmarking, and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- There had been many staff changes since our last inspection. A new practice manager had been in post since January 2015.
- The practice aims to provide approximately 50 GP sessions per week, which they have found provided sufficient appointments to meet the needs of their patient population. However these sessions are only achievable through the provision of 45% of these sessions using locum GPs. Whilst the practice has ensured they continue to meet their commitment to their patients in terms of GP sessions provision, the current arrangements affected continuity of care and the practice was aware of the need for more permanent GPs. The partnership had not agreed to invest in the recruitment of an additional permanent GP.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. There were arrangements in place for staff to have annual appraisals.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment

was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to local area averages. For example, childhood immunisation rates for the vaccinations given to children aged two years or younger ranged from 80.6% to 94.1% (compared to the CCG average of 86.6% and 93.9%), and five year olds from 62.1% to 96.4% (compared to the CCG average of 73.7% and 92.2%). The practice performance for some vaccinations recommended at five years of age was below the local area average.

Flu vaccination rates for the over 65s and at risk groups were 63.7% and 35.7% respectively, which were lower than national averages of 73.2% and 52.3%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

One out of 11 patients we spoke with raised concerns over a lack of confidentiality over discussions of a sensitive nature at the reception desk. We observed that some conversations at the reception desk could be overheard in the waiting area when microphones were in use. The practice manager told us they were aware of this problem but there were limitations to changes that could be made in the reception area because they did not own the building. Reception staff we spoke with told us they made patients aware that a private room could be requested.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. These results were mostly similar to local area and national averages. For example;

- 90.2% of patients said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 91%.
- 91.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.8% and national average of 95.3%
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 86.4% and national average of 86.9%.
- 83.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.5% and national average of 90.4%.

- 75.9% said the GP gave them enough time compared to the CCG average of 82.7% and national average of 86.8%.
- 71.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.7% and national average of 85.1%.

Ten of the 11 patient CQC comment cards we received were positive about the service experienced, with an emphasis on staff being very caring, helpful and polite. One patient we spoke to highlighted that their GP responded compassionately and provided support by calling to check on their partner in the evenings during a period of very ill health.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and supported by staff and they felt involved in decision making about the care and treatment they received. They told us that health issues and treatments were discussed with them but were not always fully explained. Although some patients felt that consultations were occasionally rushed, the majority told us they had sufficient time.

Results from the national GP patient survey we reviewed showed patients rated the practice as average at involving them in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 75.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.9% and national average of 86.3%.
- 63.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76.9% and national average of 81.5%

Staff told us that translation services were available for patients who did not use English as a first language and for those who had hearing difficulties. We saw notices in the reception areas informing patients that these services were available.

A system was in place to inform patients when clinicians were running late, but this was not formalised and was not always used. Electronic display screens used to call patients in for consultations were not always in operation or clearly visible.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice had a system in place to alerted GPs if a patient was a carer or had caring needs. There was a practice register of all people who were carers. However, only 29 patients had been identified as carers and only 13 of these patients had received the seasonal flu vaccination during the winter of 2014/2015. We did not see evidence

that additional support was available to them, for example, by offering health checks and referral for social services support. We did not see that information was available for carers in to ensure they understood the various avenues of support available to them.

Patients told us that if they had suffered bereavement or required counselling, their usual GP gave them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our previous inspection we found the practice was responsive to some patients' needs and had systems in place to maintain the level of service provided. The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. One of the GPs was a clinical lead for dermatology and mental health in the local CCG.

The practice had an active patient participation group (PPG), which met regularly and had brought about some changes in the practice, most notably having organised the redecoration of the waiting area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours once a week and a walk-in clinic daily.
- There were longer appointments available for people with a learning disability, asthma, diabetes and for patients experiencing poor mental health.
- Home visits were available for older patients and patients who had enhanced needs.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, sign language and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm on Monday to Friday. Appointments were available from 8.00am every morning and 6.30pm daily. A morning walk-in clinic was available from Monday to Friday. Extended hours surgeries were offered from 7.30am to 8.00pm on Wednesdays. Daily urgent appointments and telephone consultations were available in addition to pre-bookable appointments that could be booked up to four weeks in advance. At our previous inspection, we found that patients had to wait over two weeks for a routine appointment. During this inspection, we saw that this had improved as the next routine appointment was available within a week.

However, results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was low compared to local and national averages. For example:

- 33.74% found it easy to get through to the surgery by phone compared to the CCG average of 74% and national average of 74.4%.
- 47.6% patients described their experience of making an appointment as good compared to the CCG average of 71.8% and national average of 73.8%.
- 34.9% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58.2% and national average of 65.2%.

The survey showed that patients' satisfaction with the practice opening hours was higher;

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 75.7%.

All of the patients we spoke with on the day found it difficult to get through to the practice by telephone. Half of the patients told us they were dissatisfied with waiting times, which were up to 35 minutes, and many experienced difficulty getting appointments when they needed them, with many preferring to attend the morning walk-in clinic rather than book an appointment in advance.

We discussed this feedback with the practice and they stated they had made some changes to accommodate patient preferences and address their complaints. These included the recruitment of additional reception staff in response to a high number of complaints over telephone access. Plans to install improved lines had been discussed in order to reduce telephone waiting times and were awaiting approval from all the GP partners. At the time of our inspection, there were no plans for these improvements to be made.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Staff told us that a complaints protocol and form was given to patients who wished to complain. The practice website informed patients of the complaints procedure but we saw

Are services responsive to people's needs?

(for example, to feedback?)

that there was no information available in the waiting area or reception desk to help patients understand the complaints system. Patients we spoke with were not aware of the formal complaints process; however they told us they would report any complaint to practice staff in the first instance.

We looked at three complaints received in the last 12 months and found these were dealt with appropriately, with transparency and in a timely way. Apologies were made where appropriate. The practice dealt with informal verbal complaints on the day, and these patients were

offered an acknowledgement of their complaint in writing after the complaint had been resolved. One patient we spoke with told us that a formal complaint they made a few months prior to the inspection had not been responded to.

During our last inspection we found that complaints were not being regularly reviewed to ensure learning and improvement. During this inspection, meeting minutes showed the practice discussed complaints in practice meetings. Lessons were learnt from concerns and complaints. Action plans were recorded but were not always comprehensive. The practice had also held two complaints review meetings since our last inspection.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

At our previous inspection we found there was no shared vision or strategy and staff morale was low. At this inspection we found the practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff knew and understood the practice values.

There was a leadership structure, but there were on-going issues within the practice partnership which were profoundly impacting the effectiveness and responsiveness of the service. The partners were in negotiations with NHS England to cease their partnership as it currently stood. However, staff told us they felt supported by management and that morale in the practice had improved since our last inspection.

We found that there was no written practice partnership agreement in place. A partnership agreement is a contract between the partners and should be kept up to date at all times in order to be valid and thus effective. The British Medical Association's General Practice Committee urges practices and GPs to seek the specialist advice of accountants and independent lawyers in relation to the more detailed aspects of their partnership agreements, including drafting and the application of tax and accounting. This is especially important where advice is required on whether the arrangement is appropriate to an individual GP or practice's needs.

Leadership, openness and transparency

Whilst improvements had been made to some of the systems and processes since our previous inspection, the on-going partnership issues were significantly impacting on the practice's ability to provide effective and responsive care to its patients. Patients reported via the national GP survey and directly to us on the day of our inspection, that accessing the practice by telephone and making appointments remained difficult. Whilst proposals had been made to improve the telephone line, the partnership had failed to come to an agreement and so no action had been taken since our last inspection. In addition, some clinical outcomes for patients remained poor. The on-going partnership dispute had also impacted on the practice's ability to recruit more permanent clinical staff as the partnership had not agreed on the investment.

The partners were visible in the practice and staff told us that they were approachable and always takes the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Governance arrangements

The practice had an overarching governance framework and whilst improvements had been made in some areas since our previous inspection, more needed to be done and the on-going issues within the partnership were affecting the practice's ability to do so. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, there were no partners' meetings where all three partners were present, which affected their ability to sufficiently monitor the quality and performance of the service.

- Practice specific policies were implemented and were available to all staff.
- There was an understanding of the performance of the practice, but clinical outcomes in some areas were significantly below local and national averages. There was no action plan in place to improve in these areas.
- Clinical audit cycles had now been completed and these were being used to make improvements. There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice's own internal infection control audit had failed to identify some short-comings and it had failed to take action to mitigate against the risk of poor access to appointments.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and

Are services well-led?

Inadequate 

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

engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to:</p> <ul style="list-style-type: none">·Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors, due to a lack of effective governance systems.·Identify where quality and/or safety was being compromised relating to long term conditions and flu vaccinations for at risk groups, and to respond appropriately to improve outcomes.·Take action to address issues regarding difficult telephone access and lack of timely access to appointments. <p>This was in breach of Regulation 17(1) (2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>