

Dr Sukumaran and Partners

Quality Report

Third Avenue Health Centre
Third Avenue
Canvey Island, Essex
SS8 9SU

Tel: 01268 682758

Website: www.thirdavenuehealthcentre.nhs.uk

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 4 November 2015, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe and well-led services, requires improvement for providing effective services and good for providing caring and responsive services. As a result of the inadequate rating overall the practice was placed into special measures for six months.

At this time we identified several areas of concern including:

- The building was in a poor state of repair.
- Recruitment checks were incomplete.
- Significant events were not recorded in detail.
- Some staff acting as chaperones had not received a disclosure and barring service check (DBS).
- Most staff had not received any infection control training.
- Prescriptions were not stored securely.

- There was insufficient evidence of a programme of continuous audit to demonstrate improvement.
- The Quality and Outcomes Framework showed practice performance and patient outcomes were below average.
- National patient survey data showed patient satisfaction was below average.
- Complaints were not always discussed or shared with staff to drive improvement.
- There was a lack of leadership from the GP partners.

Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report so we carried out an announced comprehensive inspection at Dr Sukumaran and Partners on 22 July 2016 to check whether sufficient improvements had been made to take the practice out of special measures. Overall the practice is rated as inadequate.

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

Summary of findings

- There had been significant improvements to the building; this included work to the roof, new windows and doors, new lighting and new emergency lighting. Clinical waste was now stored securely and security measures had been put in place. There had also been improvements carried out in some of the clinical rooms which included new flooring and general decoration.
- There was no significant event policy available. Records of significant events were incomplete.
- There was no robust system in place to ensure medicine and patient safety alerts were actioned.
- Risks to patients were assessed and well managed, with the exception of those relating to health and safety.
- Some members of the clinical team had not received an appropriate level of safeguarding training.
- Data showed patient outcomes were low compared to the national average. We were told the practice was aware of this but little had been done to improve this data.
- A programme of clinical audit had been started.
- The practice did not regularly meet with other health and social care professionals in order to deliver a multidisciplinary approach to patient care. There had only been one palliative care meeting in the last 12 months.
- Patients we spoke with said they were treated with compassion, dignity and respect and felt cared for, supported and listened to.
- The national GP patient survey results were mixed.
- There was a low number of patients who had been identified as carers.
- Information about how to complain was available but not easily accessible.
- We found patients who complained got an adequate response; however this was not always in the timeframe set in the practice policy. Complaints were not routinely discussed.
- The practice was able to offer weekend appointments, at an alternative location, through the local GP Alliance.
- Online services such as appointment booking were not available.
- The practice had a number of policies and procedures to govern activity, but some were not dated and did not have review dates in place.

- There was no business plan in place to address the practice's concerns for the future.
- There was a lack of leadership in place from the GP partners.

The areas where the provider must make improvements are:

- Ensure significant events are recorded adequately and actioned appropriately.
- Implement a robust system to acknowledge and action medicines and patient safety alerts.
- Carry out a health and safety risk assessment.
- Ensure all clinical staff have received an appropriate level of safeguarding training.
- Ensure complaints are dealt with in line with the practice policy and that complaints are analysed and discussed to drive improvement.
- Ensure there is robust leadership in place to run the practice.

In addition the provider should:

- Address areas of poor performance relating to patient outcomes highlighted through the Quality and Outcomes Framework.
- Address areas of patient satisfaction identified as below average via the national GP patient survey.
- Increase engagement with other health and social care providers to deliver a multidisciplinary approach to the care of patients with complex needs.
- Continue to identify carers and offer additional support.
- Consider the need for online services to improve access for patients.
- Review and update policies as required.

This service was placed in special measures in January 2016. Insufficient improvements have been made such that there remains a rating of inadequate. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if

Summary of findings

there is not enough improvement we will 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 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 requires improvement for providing safe services.

- The practice did not have a policy in place to advise staff on how to recognise or report incidents. We saw evidence of significant events being identified but the records were incomplete and did not demonstrate actions taken to prevent the incident happening again. There was no evidence of patients receiving a verbal or written apology.
- Most risk assessments carried out were done so by the landlord; however there was no health and safety risk assessment available.
- There was no robust system in place to ensure safety alerts were received and actioned. We found evidence of some patients being treated with medicines contrary to advice issued in a patient safety alert.
- Staff had received infection control training and had a new policy in place for the safe storage of vaccines which was implemented by the nursing staff.
- Most staff had received adequate safeguarding training; however the healthcare assistant and associate practitioner had only completed level one training.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed some patient outcomes were low compared to the national average.
- Knowledge of and reference to national guidelines were inconsistent. We found evidence of patients being treated against the advice issued in patient safety alerts.
- The practice had started to use clinical audits to identify areas for improvement and to implement change.
- Multidisciplinary working was not taking place, apart from two emergency meetings which were not documented in full.
- There had only been one palliative care meeting in the last 12 months.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care including consultations with GPs.
- Patients we spoke to on the day of our inspection told us said they were treated with compassion, dignity and respect and felt cared for, supported and listened to.
- The practice had identified approximately 1% of the patient list as carers and had a dedicated notice board in the waiting area to provide information on support groups.

Are services responsive to people's needs?

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

- The national patient survey data, published in July 2016, showed that patient satisfaction for access to appointments was below average. Patients we spoke with on the day told us they could access appointments when they needed them. There was no online booking facility.
- Patients could get information about how to complain; however this was not always easy to find. Complaints were not always responded to in the timeframe set out in the practice policy. There was no evidence that learning from complaints had been regularly shared with staff and there was no analysis of trends to help drive improvement.
- Facilities were provided for all patient groups including children and babies. There was no hearing loop available for patients who may need assistance.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice did not have a clear vision and strategy.
- There was no clear leadership structure and some staff did not feel supported by management.
- The practice had a number of policies and procedures to govern activity; however there was still no significant event policy and many policies were not dated and did not have review dates in place.
- Some risks to staff and patients had been identified but there was no health and safety risk assessment and risks to patients in relation to medicines and patient safety alerts were not being managed effectively.
- The practice had begun to hold clinical and practice meetings although these were not always being held to within the agreed timeframes.

Inadequate



Summary of findings

- The practice had sought feedback from staff or patients and had an active patient participation group.
- All staff had received an annual appraisal.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people.

- The practice offered personalised care to meet the needs of the older people in its population.
- Medicines and patient safety alerts were not being reviewed in line with guidance.
- Some clinical staff had not received an appropriate level of safeguarding training for vulnerable adults.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example; 87% of patients with atrial fibrillation at risk of stroke, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015, this was below the CCG average of 97% and the national average of 98%.

Inadequate



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance for diabetes indicators was comparable to local and national averages. For example; 84% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG average of 85% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP.
- The practice had not worked with multi-disciplinary teams in the case management of people with long-term conditions including those needing palliative care.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people.

Inadequate



Summary of findings

- 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.
- Some clinical staff had not received an appropriate level of child safeguarding training.
- Immunisation rates were slightly below average for many standard childhood immunisations. For example, 90% of children under five years old received the PCV booster compared to the CCG average of 96%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were comparable to local and national averages; 84% of women aged 25-64 had a cervical screening test performed in the preceding 5 years (01/04/2014 to 31/03/2015) compared to the CCG average of 87% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative location.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.
- Appointments could only be booked by telephone as online booking was not available.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

- The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, most staff had received appropriate training; however the healthcare assistant and associate practitioner had only received level one training.
- Only 1% of patients had been identified as carers.

Inadequate



Summary of findings

- The practice had carried out less than 50% of annual health checks for people with a learning disability in 2015/2016.

People experiencing poor mental health (including people with dementia)

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

- The practice had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- Practice performance for mental health indicators within the Quality and Outcomes Framework was below average. For example; only 9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), this was below the CCG average of 77% and the national average of 88%.
- When we discussed this data with the practice we were told that they were aware of it, that data for 2015/2016 would not show any improvement and that no actions had been taken in response to this data.
- Staff told us they would follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Some staff had received training on how to care for people with mental health needs but no evidence of dementia training was provided.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 288 survey forms were distributed and 118 were returned. This represented a 41% return rate.

- 67% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 48% of patients usually get to see or speak to their preferred GP compared to the CCG average of 66% and the national average of 59%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, of which 21 were positive about the standard of care received by clinical and non-clinical staff. The remaining 10 comment cards raised concerns regarding access to appointments.

We spoke with ten patients during the inspection. All of patients we spoke with said they were satisfied with the care they received and thought staff were approachable, committed and caring although some patients told us of difficulties in accessing appointments.

Areas for improvement

Action the service **MUST** take to improve

- Ensure significant events are recorded adequately and actioned appropriately.
- Implement a robust system to acknowledge and action medicines and patient safety alerts.
- Carry out a health and safety risk assessment.
- Ensure all clinical staff have received an appropriate level of safeguarding training.
- Ensure complaints are dealt with in line with the practice policy and that complaints are analysed and discussed to drive improvement.
- Ensure there is robust leadership in place to run the practice.

Action the service **SHOULD** take to improve

- Address areas of poor performance relating to patient outcomes highlighted through the Quality and Outcomes Framework.
- Address areas of patient satisfaction identified as below average via the national GP patient survey.
- Increase engagement with other health and social care providers to deliver a multidisciplinary approach to the care of patients with complex needs.
- Continue to identify carers and offer additional support.
- Consider the need for online services to improve access for patients.
- Review and update policies as required.

Dr Sukumaran and Partners

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 and a practice manager specialist adviser.

Background to Dr Sukumaran and Partners

Dr Sukumaran and Partners, otherwise known as Third Avenue Health Centre, is located within a purpose built premises in a residential area in Canvey Island, Essex. The practice has parking available for staff and patients.

The practice are tenants of the building which is owned and managed by NHS Property Services. The practice hold a general medical services (GMS) contract.

Dr Sukumaran and partners was inspected in November 2015, rated as inadequate overall and placed into special measures. Since this inspection, the practice has been supported by NHS Property Services and the CCG to improve the premises, for example, significant repairs to the roof, new windows and doors, new lighting and emergency lighting as well as some internal refurbishment.

At the time of our inspection the practice had approximately 7,300 patients. Of these patients there is a higher than average percentage of patients aged 10 to 24 and 50 to 74 years old, and a lower than average percentage of patients aged between 25 and 39 years old.

There are three GP partners, two male and one female, a nurse practitioner, practice nurse, associate practitioner and a healthcare assistant. There is a practice manager, a senior receptionist and a team of seven receptionists.

The practice is open between 8.30am and 6.30pm Monday to Friday. As a member of the local GP Alliance, the practice is also able to offer patients weekend appointments at an alternative location. Patients requiring a GP outside these hours are directed to an external out of hours service via 111, both of which are provided by Integrated Care 24.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 July 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse practitioner, a practice nurse, the practice manager and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was not effective.

- There was no policy in place to provide staff with information regarding how to recognise or report significant events.
- We saw 21 significant event forms with brief details of an event but most of the records were incomplete; they did not detail discussions, learning points or actions taken.
- We were not provided with written evidence to demonstrate that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology or were told about any actions to improve processes to prevent the same thing happening again, although we were told this was done informally.
- We saw limited evidence of some significant events being discussed at staff meetings but this was inconsistent.
- The practice had not carried out an analysis of the significant events.

There was no robust system in place to ensure patient safety and medicines alerts were actioned to protect patient safety. We were told the practice manager emailed out relevant alerts to clinicians who were expected to take appropriate action, we found no evidence of these actions being taken and found evidence of patients being treated against current guidelines. For example, an MHRA alert from 2012 was issued highlighting the risk of the contraindication of two particular medicines. A search of the practice computer system identified nine patients still being prescribed these medicines.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead and deputy

lead member of staff for safeguarding who were named in the policy and had a clear understanding of safeguarding legislation. Most staff had received training on safeguarding children and vulnerable adults relevant to their role, for example GPs were trained to child safeguarding level 3. The associate practitioner and healthcare assistant had only received child safeguarding level 1 training not the recommended level 2 training.

- The practice had a chaperone policy in place. A number of notices in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had recently had an update to this training. All chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Considerable work had taken place since the last inspection to improve the appearance of the practice and to improve infection control, for example some consulting rooms had been refurbished. One treatment room which was highlighted in our last report as having an offensive smell had been taken out of use. There had also been considerable work to the exterior of the building which included repairs to the roof and new windows and doors. Security measures had also been put in place to protect the practice, its staff and patients.
- The nurse practitioner was the infection control clinical lead with the support of the practice manager. Both members of staff had recently attended an infection control training course. The infection control policy had been updated since the previous inspection and annual infection control audits were undertaken. Since our last inspection, clinical waste security had been improved with appropriate storage bins being chained to a wall.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local medicines management

Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there was a basic system in place to monitor their use. The nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The associate practitioner and the health care assistant were trained to administer vaccines and medicines against a patient specific direction from a prescriber. These were checked and found to be signed and those in use were in date.

- A cold chain policy had recently been updated, we found that vaccines were suitably stored, daily fridge temperatures were recorded and a backup thermometer was located inside the fridges to monitor temperatures whilst the practice was closed. Staff we spoke with knew what action to take if the cold chain was ever breached.
- We reviewed six personnel files. There had not been any staff recruited for several years. Since our last inspection the practice had applied for appropriate checks through the Disclosure and Barring Service. Clinical staff had evidence of their registration with the appropriate professional body. Whilst some attempt had been made to seek proof of identification, not all staff had provided this.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were some 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 which identified the practice manager as the local health and safety representative; however there was no health and safety risk assessment available. 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 had a fire risk assessment carried out on behalf of the landlord however this was out of date. The practice had carried out fire drills in the last 12 months. The practice had a legionella risk assessment in place and regularly monitored water temperatures as recommended (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty and a staffing level risk assessment was available.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Since our last inspection, all staff had received annual basic life support and anaphylaxis training.
- The practice had a defibrillator available on the premises. Oxygen was also available with an adult mask. There was no child mask available but one was ordered immediately. A first aid kit and accident book were 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 stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and contactors.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were told the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There was no system to distribute new NICE guidelines and clinicians were responsible for their own knowledge and awareness of these. We found no evidence of these guidelines being monitored through risk assessments, audits or random sample checks of patient records. A single search of the practice computer system highlighted patients being treated with medicine combinations which were contraindicated.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 were 81% of the total number of points available. The practice had 5% overall exception reporting in comparison to the CCG average of 7% and the national average of 9%. (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).

This practice was an outlier for some QOF clinical targets. Data from 2014/2015 showed:

- Only 9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), this was below the CCG average of 77% and the national average of 88%.
- 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the CCG average of 83% and the national average of 90%.

- 73% of patients with hypertension had their last blood pressure reading measured in the preceding 12 months as 150/90mmHg or less (01/04/2014 to 31/03/2015), this was below the CCG average of 79% and the national average of 84%.

The practice performed better in some areas:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 77% of patients with diabetes, on the register, had their last blood pressure reading (measured in the preceding 12 months) as 140/80 mmHg or less (01/04/2014 to 31/03/2015), this was comparable to the CCG average of 72% and the national average of 78%.

When we spoke to the staff regarding the clinical targets which had not been met, we were told there may have been coding issues on the computer system and that GPs did not always have time to conduct reviews.

The practice had started a programme of clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. One new audit had been commenced.
- The practice participated in local medicine audits and met with the local medicines management team to monitor prescribing.

Effective staffing

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

- The practice had an induction checklist for all newly appointed staff; however there had not been any staff recruited for several years so this had not been used at the time of our inspection. We spoke with a locum GP who felt they had been provided with adequate information to enable them to work at the practice.
- Clinicians ensured they were up to date with their own role-specific training, for example for those reviewing patients with long-term conditions, by attending external training and peer review sessions. The practice did not have a robust system in place to monitor staff training. This made it difficult to ensure staff were all up to date with mandatory and role specific training. Healthcare assistants did not have adequate safeguarding training.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attendance at university training days, access to on line resources and discussion at peer review meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff told us they felt supported in their training needs and all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as dedicated Time to Learn sessions held by the CCG.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were able to provide examples of using this guidance to inform their decisions.
- Practice specific consent forms were available, used when appropriate and scanned into the patient record.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff had a good understanding of Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service or offered additional support by clinical staff within the practice.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 87% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. National data showed that breast screening rates at this practice were comparable to local and national averages but that bowel cancer screening rates were below average.

Childhood immunisation rates for the vaccinations given were slightly below CCG averages. For example:

- The percentage of childhood Pneumococcal Conjugate Vaccine (PCV) vaccinations given to under one year olds was 92% compared to the CCG percentage of 97%.
- The percentage of childhood Meningitis C Booster vaccinations given to under two year olds was 95% compared to the CCG percentage of 97%.

Patients had access to appropriate health assessments and checks which were carried out by the nursing staff. These

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We were told that multidisciplinary meetings with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment did not take place. We saw evidence of two emergency meetings that had taken place to discuss two patients but these were not documented in sufficient detail to enable staff to be aware of decisions made or actions taken.

We saw limited evidence of palliative care meetings to discuss patients receiving end of life care; there had only been one meeting in the last 12 months.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous, polite and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We did note that the nurse's treatment room had two adjoining cubicles which were often used simultaneously and staff acknowledged this meant confidentiality was difficult to maintain.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered a good service and staff were caring and treated them with dignity and respect.

We spoke with eight members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected by all staff. Comment cards highlighted that staff were friendly and polite and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the CCG average of 86% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was aware of this data and had discussed it informally but no specific actions had been taken to address areas for improvement.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey, published in July 2016, showed patients responses to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages with regards to GPs but responses were more positive with regards to nurses. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 70% of patients 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%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

Are services caring?

- Staff told us that telephone translation services were available for patients who did not have English as a first language; reception staff had information available on how to access this service.
- A variety of information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

A wide range of patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Since our last inspection, the practice had identified 79 patients as carers which represented 1% of the practice list. A specific notice board in the waiting area provided information about support services available to carers.

The practice had a bereavement policy in place; families who had suffered bereavement were sent a sympathy card and were highlighted on the computer system to inform clinicians of the bereavement to enable them to offer additional support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had engaged with NHS Property Services, the NHS England Area Team and Clinical Commissioning Group (CCG) since our last inspection to secure improvements to the premises.

The practice had limited arrangements to demonstrate their responsiveness to people's needs:

- The practice was a member of the local GP Alliance which offered patients weekend appointments at an alternative location.
- There were longer, flexible appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- At the time of our inspection, online services were limited and services such as booking appointments were unavailable.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available at various times during these hours. The practice was also a member of the local GP Alliance which offered patients weekend appointments at an alternative location. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

Whilst many patients we spoke with on the day of our inspection were satisfied with the availability of appointments, some patients told us they found it difficult to access routine appointments but were normally able to access urgent appointments. Many of the comment cards we received also highlighted difficulties in getting appointments.

The practice offered home visits to patients who needed them; however the urgency of the need for medical attention was not assessed and there was no system in place to triage and prioritise home visits. When we discussed the patient safety alert relating to home visits published in March 2016, staff were not aware of it. Staff did tell us that if a patient was complaining of chest pain urgent medical help would be arranged.

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; however we found the practice were not always responding to complaint within the time constraints set out in their own policy.
- The practice manager handled all complaints in the practice.
- There was limited information available to help patients understand the complaints system; we found some information on the website and within the practice but this information was difficult to locate.
- Verbal, informal complaints were dealt with but were not recorded.

We looked at five complaints received in the last 12 months and found that whilst patients had received an adequate response, they had not been responded to in the time limits set out in the practice's own policy. We did not find any evidence of complaints being routinely discussed and there was no annual analysis of trends.

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

The GP partners told us of their desire to offer caring services to their patients. The partners acknowledged that the practice has faced some difficulties and continues to do so, especially with GP recruitment. The practice did not have a business plan in place to provide a structured, supportive approach for the future.

Governance arrangements

The practice manager had addressed some concerns identified in our first inspection; however due to the focus having been on the improvements to the building, the governance framework was still not robust:

- There were still some practice specific policies missing such as a significant events policy. Not all policies were dated or had review dates in place.
- A comprehensive understanding of the performance of the practice was not maintained, whilst the practice was aware of some areas of performance that were below average, little action had been taken to improve.
- A programme of continuous clinical and internal audit had begun.
- There were arrangements for identifying, recording and managing some risks although a health and safety risk assessment had not been undertaken and the system for implementing patient safety and medicines alerts was not effective.
- Some clinical members of staff had not received the appropriate level of training for their role.

Leadership and culture

On the day of inspection we were told by some staff that the partners in the practice did not always demonstrate the strong leadership skills required to run the practice. It appeared that the GPs worked in a degree of isolation from other staff; when we discussed this with the senior partner he told us that he communicated with staff via the computer system.

We received positive feedback from staff regarding the practice manager; however we saw that systems implemented by the practice manager were not always implemented by the GPs to ensure patient safety.

When we discussed areas of concern with the GP partners, it became apparent they were not fully aware of the practice's performance.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice told us that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and an apology; however this communication was not always recorded in writing.

The practice had started to hold meetings between staff since our last inspection and ensured these were documented.

- There were clinical meetings and nurses meetings for clinicians to discuss relevant information.
- We saw minutes of a practice meeting from February 2016 in which it was agreed that practice meetings would be held quarterly but this had not been fulfilled.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager and felt confident and supported in doing so. Some staff we spoke with did not feel there was as much opportunity to raise concerns with the GP partners.
- Staff said they felt respected by the partners in the practice; however some staff did not always feel fully supported when implementing change.

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

The practice encouraged feedback from patients, the public and staff, however data from the national GP patient survey had not been acted on.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through national data and complaints received. The PPG met two to three times a year to discuss issues affecting the practice. The practice were aware of the national GP patient survey data which was mixed with regards to patient satisfaction; however there had not been any action taken in response to this data.

Are services well-led?

Inadequate 

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

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the practice manager but did not have many opportunities to give feedback to the GP partners.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	We found that the registered person had not
Maternity and midwifery services	protected patients against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare.
Surgical procedures	There had not been a health and safety risk assessment completed.
Treatment of disease, disorder or injury	This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	We found that the registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.
Maternity and midwifery services	There was insufficient leadership and clinical oversight to ensure areas of poor performance with regards to patient outcomes and patient satisfaction were addressed.
Surgical procedures	The complaints policy was not always being adhered to.
Treatment of disease, disorder or injury	Patient feedback was not always addressed.
	Significant events were not recorded in sufficient detail to provide evidence of the event or actions taken.
	There was no robust system in place to ensure medicines and patient safety alerts were acknowledged or actioned.
	Not all clinical staff had appropriate levels of safeguarding training.
	This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014