Drs. Zachariah, Lee, Acheson & Sinha

Quality Report

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

Ratings

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

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

At our previous comprehensive inspection on the 11 November 2016 we rated practice as requires improvement overall. We carried out a follow up inspection to review the area of safe, responsive and well-led on the 21 August 2017 and found the practice had made some improvements, however the overall rating remained as requires improvement and we found the practice remained requires improvement for safe, responsive and inadequate for well-led. We issued a warning notice that required the practice to make improvements to their governance.

At this inspection on the 5 March 2018 we found the rating for the overall practice as requires improvement.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement.

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

Older People – Requires Improvement.

People with long-term conditions – Requires Improvement.

Families, children and young people – Requires Improvement.

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

People whose circumstances may make them vulnerable – Requires Improvement.

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

We carried out an announced comprehensive inspection at Drs Zachariah, Lee, Acheson and Sinha on the 5 March 2018. 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 was now 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

At this inspection we found:

- The governance structure had led to a gap in ensuring that the infection control, emergency equipment, and management of medication guidelines were adhered

Summary of findings

to. For example, the practice did not have a robust system in place to ensure the security of blank prescription forms against theft and misuse. In addition, it did not store all of the medicines safely.

- The practice had clear systems to keep patients safe and safeguarded from abuse.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instruction.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.
- The practice had made some improvements to the premises to enable it to comply with infection control standards and staff had completed infection control training.
- The practice had systems to keep clinicians up to date with current evidence-based practice.
- Staff had the skills, knowledge, and experience to carry out their roles.
- Staff worked together and with other health and social care professionals to deliver effective care and treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Forty-two patients completed the CQC comment cards; many commented that the receptionists were friendly and caring. All but one had made positive comments about the doctors and nurses. We spoke with 11 patients, ten told us the overall attitude of staff was good and they were treated with respect.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Following the previous inspection, the practice manager carried out monthly and quarterly audits to identify and follow up the non-attendance of appointments. For example, for shingles, coil recalls, surgical biopsies return from the laboratory, child immunisation, and annual health checks. The doctor had carried out a clinical audit regarding the prescribing of patient's antipsychotic drugs, and a two cycle audit for minor surgical procedures
- The practice manager following the previous inspection had encouraged the start-up of a patient participation group (PPG). At present it had five members and further members were encouraged to join on the practice website. The PPG held their first meeting on the 9 January and minutes were produced and circulated.

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

- Ensure care and treatment is provided in a safe way to patients. In particular there was no proper and safe management of medicines and staff had not adhered to the infection control and waste management recommendations.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are: [include as needed]

- Review the recruitment procedure to ensure that staff do not commence work without a current DBS check.
- Review the procedure for checking the defibrilator to ensure it meets the Resuscitation Council guidance.
- Review the storage of patient medicines to ensure that it is auditable.
- Review the procedure for cleaning the treatment room and consultation room curtains to ensure it meets The Health and Safety Executive guidance.
- Provide patients with information about how to access the services offered.
- Review the policies and procedures to ensure staff capture the system for recording and responding to test results and the Duty of Candour. In addition to ensure all staff are aware of any lessons learnt from significant events.

Key findings

- Review the organisational structure to ensure the nursing staff participate in clinical meetings and receive clinical support and supervision.

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

Summary of findings

The six population groups and what we found

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

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

Drs. Zachariah, Lee, Acheson & Sinha

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a second inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Drs. Zachariah, Lee, Acheson & Sinha

Drs. Zachariah, Lee, Acheson & Sinha, also known as:

The Green Wood Practice

89 Gubbins Lane

Harold Wood

Romford

Essex

RM3 0DR

and

Ardleigh Green Surgery

Ardleigh Green Surgery106

Ardleigh Green Road

HornchurchEssexRM11 2LP

The provider is responsible for providing GP services for 11,390 (5,621 male, 5,769 female) patients. The practice is also responsible for providing GP services to 30 patients at a local care home. Services are provided under a General Medical Services (GMS) contract with NHS England London and the practice is part of the Havering Clinical Commissioning Group (CCG).

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice has three GP partners and three salaried GPs (two male and four female GPs).

The GPs provide 19 appointment sessions Monday to Friday. The clinical staff are supported by the practice manager and a team of receptionists and administration staff. The practice is an approved teaching practice, supporting second year undergraduate medical students. Staff may work at either location.

The practice is open Monday to Friday and appointments are available from 9am to 12pm. Evening appointments are available on a Tuesday and Wednesday from 4pm to 5.30pm and Monday and Friday 5pm to 6.30pm. The practice had recently commenced afternoon appointments on a Tuesday. The practice is closed on a Thursday afternoon.

Nurses hold a walk in clinic each morning from 9am to 12 midday. Other GP led clinics are generally held in the afternoons. If a patient was unable to attend the practice staff offered telephone appointments in the afternoon.

Detailed findings

The practice is part of the GP hub that offers out of hours appointments between 6pm and 10pm on week days and between 8am to 8pm on weekends. Patients are also advised to use the emergency services for example 111 when the GP hub is closed.

Requires improvement

Are services safe?

Our findings

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

The practice was rated requires improvement safe services because:

At our previous inspection on 11 November 2016, and 21 August 2017 we rated practice as requires improvement for providing safe services. At this inspection, we found the practice had addressed the issues raised at the previous inspections such as improvement of fire safety, infection control training for administration staff and the premises. However, we found the systems regarding medicines storage and prescriptions requires improvements. In addition, staff should make further improvements in infection control practices.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff had reviewed the policies and these were accessible to all staff. They clearly outlined whom to go to for further guidance. Staff identified patients at risk using a computer alert system.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken for clinical staff prior to starting work. (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). We checked four staff files and found for a member of staff, who commenced work in 2017, the practice had accepted a copy of a DBS from the staff's previous employment in 2011. This would not have included whether the member of staff had obtained a criminal record from 2011 to 2017. Following the inspection, the practice manager informed CQC that they had applied for a DBS check for the member of staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The nursing staff acted as chaperones.
- The staff had carried out an infection control audit for both sites on 23 February 2018. The practice had identified the need for new flooring and taps to minimise the risk of the spread of infectious diseases. We saw the practice had replaced and was in the process of replacing flooring, and had contacted contractors to change the taps, and remove the overflow outlets in sinks. The practice employed a cleaner who completed a cleaning schedule daily and for high level cleaning, they instructed a deep cleaning team monthly. Staff had completed infection control training. However there were area where the practice required improvements for example:
- Staff took the doctors and treatment room curtains home to wash at 40 degrees centigrade. However, The Health and Safety Executive guidance recommends linen should be washed with detergent using the hot wash cycle of a domestic washing machine to a temperature of at least 80 degrees centigrade. Or dry cleaned at elevated temperatures, or dry cleaned cold followed by steam pressing.
- The practice had a clinical waste contract to remove clinical waste weekly. However, we found areas where the practice had not followed the Healthcare Technical Memorandum (HTM) 07-01 'Safe Management of Healthcare Waste'. This requires waste bags and bins to be correctly segregated and labelled. For example, the clinical waste bags in the clinical waste bins in the consulting and treatment rooms were not distinguishable from the normal waste bags. Staff had not correctly labelled the large clinical waste bags in the outdoor clinical waste bin and some of the waste bins in the practice.
- On the day of the inspection, we observed a box of patient specimens, waiting to be collected, had been placed outside of the building by a rear door that was not a patient entrance. We discussed this with the

practice manager who told us this was not normal practice and they would raise it as significant event and inform us of their findings. Following the inspection, the provider sent CQC details of the investigation and the outcome. This demonstrated the incident occurred due to a new specimen collection service and was not normal practice by the staff.

- Staff used single use equipment but we found a drawer containing date expired syringes (August 2017).
- The practice carried out surgical procedures but did not have any sterile surgical gloves. The practice manager explained that staff had ordered the incorrect sterile packs. The GPs informed us that when fitting IUCDs and Contraceptive Implants they use a 'no touch' techniques.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instruction. Equipment had been calibrated to ensure its accuracy in April 2017.
- An independent contractor had carried out legionella risk assessments in 2017. (A legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.)

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The systems for managing emergency medicines minimised risk.
- However, the systems for other medicines, prescriptions, vaccines, and emergency equipment did not always minimise risks. For example:-
- Staff had completed basic lifesaving training. The sites had an automated external defibrillators (AED) and oxygen, which staff checked monthly. However, the Resuscitation Council guidance states that a AED should have a process in place for it to be checked regularly and frequently (ideally daily) to see if it is indicating any warning signs of malfunctioning.
- The practice did not have a robust system in place to ensure the security of blank prescription forms against theft and misuse. For example, although staff recorded and locked blank prescriptions in a cupboard when they received them from the supplier, once in the building blank prescriptions were distributed to unlocked

printers, including those belonging to staff that rarely used them. In addition, the provider occasionally used external staff to clean the premises that would have had access to the printers.

- In response to patient preference , the nurses stored some patients' own medication by injections at the practice. We found although patients handover their medication and could request it back at any time the practice did not have a system in place to track the medicines once they had agreed to store them.
- We saw other medication in the practice was stored inappropriately, for example the vaccine fridge at Greenwood Practice was overstocked and the general medication was stored in a locked cupboard under a sink by the waste pipe. We asked the practice manager to contact the local Clinical Commissioning Group to review the vaccines. Following the inspection the practice manager informed us that they had arranged for storage of the excess vaccines with a local pharmacy.

Track record on safety

- There were risk assessments in relation to safety issues. The practice had an health and safety policy and a emergency procedures protocol.
- Staff had ensured the practice had an electrical installation check and portable electrical wiring testing in December 2017 for both premises. Staff had responded to recommendations made.
- The practice had a fire risk assessment carried out November 2017 and an action plan in place that staff had implemented. For example, staff had completed fire training, and fire wardens were trained and in place at both sites. Independent contractors had carried out fire equipment checks in 2017 and staff carried out fire alarm testing and drills monthly.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. In the last twelve months the practice had four significant events that covered medication, prescribing and blood results. However, when we spoke with some of the non-clinical staff we found they were unaware of significant events procedures.
- There were adequate systems for reviewing and investigating when things went wrong. The practice manager and GPs learned lessons and took action to improve safety in the practice. For example, an administrator saw that the practice had issued a patient with the wrong eye medicine; the investigation demonstrated that the practice had not recorded which hospital doctor had prescribed it. The learning from this incident ensured that when the practice issued a new drug the administration staff had to document clearly where the authorisation to commence the drug came from.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones from 1 July 2016 to 30 June 2017 was 9.8% which was comparable with both than the CCG average of 11.7% and the national average of 8.9%.
- The average daily quantity of hypnotics prescribed per specific therapeutic group from 1 July 2016 to 30 June 2017 was 0.8% comparable with both the CCG average of 0.8% and the national average of 0.9%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used the National Pain Score system to assess pain.
- The GPs had carried out a clinical audit following the last inspection regarding the prescribing of patient's antipsychotic drugs, a re-audit of glycaemic control in patients with type two diabetes mellitus and a two cycle audit for minor surgical procedures. However, these would have benefited from more detail and the dates they occurred. The practice manager carried out monthly and quarterly audits to identify and follow up the non-attendance of appointments. For example for shingles, coil recalls, surgical biopsies returns from the laboratory, child immunisation and annual health checks. The practice manager provided a schedule of clinical audits for 2017 to 2018, these included diabetes, scans, and osteoporosis.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- 66% of older patient over the age of 65 had taken up the offer of a flu vaccination, in the last twelve months.
- The practice carried out an audit of the re-admission of patients to hospital, which the GPs reviewed in the weekly practice meetings.
- The practice provided support to a local care home, in the hope that the offer of consistent treatment and care would prevent unnecessary hospital admissions.

People with long-term conditions:

- The percentage of patients with diabetes on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 75%, this was comparable with the CCG average of 75% and the national average of 90%. However the exception rating was considerably higher 19% compared with the CCG average of 14% and the national average of 13%.
- The percentage of patients of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 85%, this was better than the CCG average of 74% and the national average of 80%. However, the exception rating was considerably higher 26% compared with the CCG average of 14% and the national average of 12%.
- The practice manager explained the high number of exceptions was because there was a high proportion of patients that were exempt because they care was managed in the hospital setting.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months from 1 April

Good

Are services effective?

(for example, treatment is effective)

2016 to 31 March 2017 was 80% which was comparable to the CCG average of 88% and the national average of 90%. The exception reporting of 9% was comparable to the CCG and national average.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 82% of patients with diabetes had taken up the offer of a flu vaccination.
- Staff referred newly diagnosed diabetic patients for retinal screening and to the structure diabetic education programme.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in not line with the target percentage of 90% or above from 1 April 2015 to 31 March 2016. For the four areas reviewed for children under the age of two they scored between 80% and 86%. However, the most recent data for 2016 to 2017 showed that this had improved. For children under 12 months the practice had immunised 96% for pneumococcal conjugate vaccine and 100% for hepatitis B vaccine. For children from 12 months to two years the practice scored over 90% for three areas, with one area for Hib/Men C Booster at 88.6%.

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

- The practice's uptake for cervical screening was 72%, which was lower than the 80% coverage target for the national screening programme, but comparable to the CCG average of 74% and the national average of 72%. From the 1 April 2017 to the 26 March 2018 the average for the practice increased to 83%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. From 1 January 2017 to 31 December 2017 the practice had carried out 383 health checks.

People whose circumstances make them vulnerable:

- The practice followed the gold standard framework for end of life care. The practice had commenced sharing information with secondary care providers and met quarterly with the community end of life care nurse.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 83% and national average of 84%.
- 71% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is lower than the CCG average of 91% and the national average of 90%. However, the practice had a lower exception rate of 4% compared to the CCG average of 10% and the national average of 13%. During the inspection, the practice provided CQC with evidence that the most recent figures as of the 3 March 2018 showed improvements to 97%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 72%; CCG 90%; national 90%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 95%; CCG 95%; national 95%). During the inspection, the practice provided CQC with evidence that the most recent figures as of 3 March 2018 showed the advice given to the number of patients given about alcohol consumption had increased to 100%.

Good

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 14%, which was slightly higher than the CCG and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice manager explained the slightly higher exception reporting could be due to exempting patients who were on insulin and treatment managed by the hospital.

- The practice was actively involved in quality improvement activity. For example, the nursing home alignment scheme, integrated case management , diabetes and gynaecology local incentive schemes.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with annual, coaching and mentoring, clinical supervision and support for revalidation. However, the nurses did not have a formal system in place to review their clinical work.

Coordinating care and treatment

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

- Staff completed the single point of access form or used the 'choose and book' NHS system to refer patients to secondary care.
- Test results were actioned daily and the practice manager carried out a monthly audit of all biopsies to ensure the appropriate referrals. However, the practice used a paper system for the receipt and action of test results and we observed that there was a risk of losing documents. The practice manager explained the practice was moving to a computerised system in the next month.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- From the 1 January 2017 to 31 December 2017, the practice had made 439 urgent referrals 425 were seen by the hospital consultant within two weeks. Ten patients had refused the referral to the hospital or did not attend the appointment.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example smoking cessation where staff had given advice to about smoking to 1,888 patients.
- Staff supported national screening programmes. For example, bowel and breast screening.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- People experiencing poor mental health (including people with dementia):

Good

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced; many commented the staff treated them with respect.
- The patients commented that the practice nurses visited older patients in their homes to ensure they had a flu vaccination in the winter.

Results from the July 2017 annual national GP patient survey demonstrated the practice was mostly comparable with other practices for its satisfaction scores on consultations with GPs and nurses. (255 surveys were sent out and 108 were returned, which represented about 0.95% of the practice population). For example:

- 79% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time compared with the CCG average of 83% and national average of 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw, compared with the CCG average of 94% and national average of 96%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared with the CCG average of 81% and the national average of 86%.
- 95% of patients who responded said the nurse was good at listening to them, compared to the CCG average of 90% and the national average of 91%.
- 92% of patients who responded said the nurse gave them enough time, compared to the CCG average of 91% and national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw, compared to the CCG 97% and the national average of 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and national average of 91%.
- 75% of patients who responded said they found the receptionists at the practice helpful, compared to the CCG average of 86%.
- Forty two patients completed the CQC comment cards; many commented that the receptionists were friendly and caring. All but one had made positive comments about the doctors and nurses. We spoke with 11 patients, ten told us the overall attitude of staff was good and they were treated with respect. The practice carried out a patient survey in November 2017, the practice received 300 responses (2.6% of the practice population). Two hundred and eighty six patients that responded stated the receptionists were good, very good or excellent at treating them well. Two hundred and ninety four patients stated the doctor listened to them and 284 said they treated them with concern either excellently, very good or good and 279 stated the doctor spent enough time with them.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language.
- Staff helped patients and their carers find further information and access community services.

Good

Are services caring?

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (over 1% of the practice list).

- Staff told us that if families had experienced bereavement, their usual GP contacted them if applicable and offered a patient consultation.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care, compared to a CCG average of 77% and a national average of 82%.
- The practice carried out a patient survey in November 2017, the practice received 300 responses. Two hundred and eighty one stated the doctor was good, very good or excellent at explaining tests to them.
- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments, compared with the CCG average of 89% and the national average of 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice opened Monday to Friday and appointments were available from 9am to 12pm. Evening appointments were available on a Tuesday and Thursday from 4pm to 5.30pm and Monday and Friday 5pm to 6.30pm. Clinics were generally held in the afternoon and the practice had recently commenced afternoon appointments on a Tuesday. Nurses also held a walk in clinic each morning from 9am to 12 midday. All urgent appointments or children under the age of five were offered a appointment on the day. If a patient was unable to attend staff offered telephone appointments in the afternoons.
- Repeat prescriptions and booking for appointments was available on line.
- For routine appointments, patients could book in advance but if unable to wait, staff encouraged them to phone for a urgent appointment on the day.
- Patients could ask for an appointment at either site.
- The facilities and premises were appropriate for the services delivered.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. For example, the practice nurse's had offered older patients flu vaccinations at home.
- The practice supported 30 patients in a local care home.

People with long-term conditions: :

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held quarterly meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who did not attend appointments.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, evening appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was also part of a GP hub service that offered evening and Saturday appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients involved with domestic violence are supported and signposted to appropriate services and are then reviewed and monitored closely.
- The practice enabled travellers to register at the service
- To meet the needs of children who become distressed at busy times in the surgery. The practice had arranged out of hours appointments.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- To offer a consistent approach to patients the practice had a GP specific lead for patients experiencing poor mental health.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients mostly had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients could access appointments in a timely way.

Results from the July 2017 annual national GP patient survey, demonstrated the practice was mostly comparable with other practices for its satisfaction scores on consultations with GPs and nurses. Two hundred and fifty five surveys were sent out and 108 were returned, this represented about 0.95% of the practice population. For example:

- 45% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 62% of patients who responded said they could get through easily to the practice by phone; which was above the CCG average of 65% and comparable to national average 71%.
- 79% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, which was comparable to the CCG average of 81% and the national average of 84%.
- 70% of patients who responded said their last appointment was convenient, which was above the CCG average of 77% and the national average 81%.
- 62% of patients who responded described their experience of making an appointment as good, which was comparable to the CCG average of 69% and the national average of 73%.
- 68% described the overall experience of this surgery as good compared to the CCG average 70% of and the national average of 77%.

In response to the GP survey, the practice carried out a patient survey in November 2017 and developed an action plan. The practice received 300 responses to the survey. This found 190 stated the opening times were good to excellent, a further 65 stated they were fair. The practice asked patients when they should offer additional opening hours, and patients mainly requested weekends, afternoons, and evenings. When asked how soon the doctor the majority of patients 92%, indicated they had been seen within one week. We received 42 comment cards and found four had made comments about the difficulty in making appointments. Three patients we spoke with during the inspection also raised this. In response, the action plan stated the practice would inform patients about the opportunities to see other health professionals and the hub service.

Listening and learning from concerns and complaints

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

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

The practice learned lessons from individual concerns and complaints and also from analysis of trends. The practice manager and the GPs discussed the complaints at the weekly practice meetings. .

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

At our previous inspection on 11 November 2016 we rated the practice as requires improvement for providing well-led services. On 21 August 2017 we carried out a follow up inspection and rated the practice as inadequate for well-led services and issued a warning notice requiring the practice to have made improvements by 11 January 2018. At this inspection, we found the practice had addressed the issues raised at the previous inspection regarding infection control training, patient involvement and feedback and clinical and management audit. However, there continued areas where recommendations and guidelines had not been adhered to, for infection control, emergency equipment, and management of medication due to the practice's governance structure and the lack of formal meetings between staff teams.

Leadership capacity and capability

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The provider had recently appointed a deputy to support the practice manager.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Such as the large number of patients that did not attend appointments, the withdrawal of smoking cessation by the local authority, long waiting lists for physiotherapy and limited services at the local hospital.
- The GPs and the practice manager worked across both sites, so were visible and approachable.

Vision and strategy

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

- There was a clear written mission statement that contained the practices vision and values.
- The practice had a realistic strategy and supporting business plans dated from 2016 to 2019.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice manager monitored progress against delivery of the plan.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour but this was not included in the complaints or serious indcidents policy.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

- The administration staff were clear about their responsibilities, roles and systems of accountability to support good governance and management. The GPs and practice manager had clear roles and responsibilities.
- However, we found that the governance structure and lack of formal staff team meetings had led to a gap in ensuring that the infection control, emergency equipment, and management of medication guidelines

Are services well-led?

Requires improvement

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

were adhered to. For example, the practice held weekly meetings that the GPs and practice manager attended. They had also commenced six monthly full practice meetings that all staff attended. However, nursing and administration staff described other meetings as informal and the nurses did not hold nurse-led meetings or attend the weekly clinical meeting with the GP and practice manager.

- The practice manager has responded promptly to the issues found during the inspection. For example, the DBS check, the storage of vaccines and raising the significant event following the findings of the specimens left outside the entrance.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Following the previous inspection, the practice manager carried out monthly and quarterly audits to identify and follow up the non-attendance of appointments. For example, for shingles, coil recalls, surgical biopsies return from the laboratory, child immunisation, and annual health checks. The doctor had carried out a clinical audit.
- The practice manager monitored and reported on the outcomes of the QOF in the weekly practice meetings. The practices response to mental health patients had improved, at the previous inspection the 2015 to 2016 figures showed 42%, at this inspection the published 2016 to 2017 figures were at 71% and the practice showed us current figures of 97%.
- The practice manager had established some policies and procedures. However, we found that the staff used a paper system to respond and act on test results and there was no documented standard operating procedure. This meant staff could follow an inconsistent approach and this could delay of lose test results test results. The practice manager explained the practice had purchased a new computer software system that would enable the practice to work towards a paperless system.

Managing risks, issues and performance

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have processes to manage current and future performance for nursing staff. Performance of employed nursing staff could not be demonstrated through audit of their consultations and referral decisions. This was because the nurses did not attend clinical meetings with the GPs, did not have formal supervision and their annual appraisals were carried out by non- clinical staff.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents and a business continuity plan.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- At the previous inspection, staff said they did not have enough computer equipment to respond to patient appointment needs. At this inspection, we saw three staff acted as receptionists and each had use of a computer. In addition, the practice was implementing new software to ensure the safety of patient information and improve its ability to share patient information with secondary care services.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice was implementing further information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Requires improvement

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice manager following the previous inspection had encouraged the start-up of a patient participation group (PPG). At present, it had five members, further members were encouraged to join on the practice website. The PPG held their first meeting on the 9 January 2018 and minutes were produced and circulated. A PPG member spoke enthusiastically about the group and told us how the practice manager and the GP had been responsive to the issues raised.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The practice was a member of the local GP federation.
- The practice had participated in quality improvement projects.
- Staff knew about improvement methods and had the skills to use them.
- The practice carried out a patient survey in November 2017 in response to the feedback from the GP survey and created an action plan in response to the comments made.
- Staff told us they felt involved in the practice and could speak with the practice manager if they had any issues or concerns.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Ensure care and treatment must be provided in a safe way to patients. How the regulation was not being met: There was no proper and safe management of medicines. In particular: • The practice did not have a robust system in place to ensure the security of blank prescription forms against theft and misuse. There ware gaps in the assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: • Staff used single use equipment but we found a drawer containing syringes past the safe use by date (August 2017). • The practice had a clinical waste contract to remove clinical waste weekly. However, we found areas where the practice had not followed the Healthcare Technical Memorandum (HTM) 07-01 'Safe Management of Healthcare Waste'. This requires waste bags and bins to be correctly segregated and labelled. For example, the clinical waste bags in the clinical waste bins in the consulting and treatment rooms were not distinguishable from the normal waste bags. Staff had not correctly labelled the large clinical waste bags in the outdoor clinical waste bin and some of the waste bins in the practice. Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

How the regulation was not being met:

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

- The governance structure and lack of formal meetings between staff teams had caused the infection control, emergency equipment, and management of medication guidelines not being adhered to.
- The practice did not have policies in place to reflect their practices. For example, the protocol for the management of patient test results.

Regulation 17 HSCA (RA) Regulations 2014 Good governance