Dr Ayoola Makanjuola

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?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Bicknoller Practice (Dr Ayoola Makanjuola) on 9 December 2015. Overall the practice is rated as requires improvement. We previously inspected the practice in October 2014 and found the practice to be rated inadequate. The practice was placed into special measures in April 2015.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Data showed patient outcomes were average for the locality. Audits had been carried out, and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice recorded low rates for flu immunisation which the practice was addressing.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity; however action plans following risk assessments had not been developed and some safety checks on clinical equipment had not carried out in accordance with practice policy.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- The practice must ensure that there is an effective system of recalling patients for health checks and routine vaccinations.
- Review evidence of patient outcomes and produce an action plan on how to improve.

Summary of findings

- The practice must ensure that there is enough nursing provision to meet the demand of patients and to offer a full service.
- Provide long term conditions training for the practice nurse.

In addition the provider should:

- Produce an action plan and follow up actions from the infection control audit.
- Undertake regular electrical equipment checks.
- Consider employing further clinical staff to ensure there is enough support for the practice nurse to carry out routine health checks and recalls.
- Make provision for patients to have access to a female GP.
- Ensure that nurse appointments are managed to ensure patients are being seen effectively.

I confirm that this practice has improved sufficiently to be rated 'Requires improvement' overall. The practice is to remain in special measures and will be inspected in six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration if they do not improve.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. People did not always receive a verbal and written apology.
- Staff had received the appropriate training to undertake chaperone duties and all staff had received a Disclosure and Barring Service (DBS) check.
- All staff had received basic life support training and emergency medicines were available.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had not implemented a safeguarding register at the time of inspection. However evidence was provided after the inspection.
- The practice had not produced an action plan to follow up issues following the infection control audit. However an action plan was produced with the help of the Royal College of GPs (RCGP) regarding cleaning.
- Electrical equipment had not been tested to ensure it was safe for use.

Are services effective?

Inadequate

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

- Data showed patient outcomes were low compared to the locality and nationally. For example the practice achieved 53% of their total QOF points for diabetes related indicators compared to the CCG average of 88% and the national average of 77%
- The practice had achieved 75% of their QOF figure for cervical smears for the period 2014 to 2015.
- The practice nurse had limited capacity to undertake routine health checks.
- There was an ineffective patient recall system.

Summary of findings

- There was evidence that audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with the GP due to the open access service provided by the practice and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- Staff kept up to date with current guidance.
- There was a documented leadership structure and staff felt supported by management.However some confusion was still present over the long term conditions management which was identified at our last inspection carried out on 14 October 2014.

Summary of findings

- The practice had a number of policies and procedures to govern activity. However the practice had not followed up on all risk assessments and electrical equipment tests had not been undertaken in line with these policies.
- The practice had an appropriate system in place to provide staff training.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff had received inductions and regular performance reviews. Staff attended regular staff meetings.

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

The provider was rated as requires improvement for safe, and well-led services, inadequate for effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included a direct telephone number to bypass the main switchboard.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 had a named GP.
- The practice offered annual check-ups for older people, including patients up to the age of 74 with no chronic disease as an effective preventative tool.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, and well-led services, inadequate for effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The GP and practice nurse had joint roles in the provision of chronic disease management and patients at risk of hospital admission were identified as a priority.
- 47% of patients with diabetes had had an annual influenza immunisation which was lower than the national average of 52.29%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, and well-led services, inadequate for effective services. The issues identified as requiring improvement overall affected all patients including this population group.

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. The practice did not have a register to identify children that were at risk. However evidence of this was provided post inspection. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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)

Requires improvement 

The provider was rated as requires improvement for safe, and well-led services, inadequate for effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified. Appropriate services were offered for this group.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement 

The provider was rated as requires improvement for safe, and well-led services, inadequate for effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

- The practice had provided training for staff on the practice chaperone list. All staff had received a Disclosure and Barring Service (DBS) check.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, and well-led services, inadequate for effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia in connection with a local care home.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and thirty two survey forms were distributed and 108 were returned. This was 5.4% of the patient population.

- 87.9% found it easy to get through to this surgery by phone compared to a CCG average of 63.4% and a national average of 73.3%.
- 91.2% found the receptionists at this surgery helpful (CCG average 82.6%, national average 86.8%).
- 88.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.2%, national average 85.2%).
- 97.5% said the last appointment they got was convenient (CCG average 89.6%, national average 91.8%).
- 87.6% described their experience of making an appointment as good (CCG average 67.7%, national average 73.3%).
- 42% usually waited 15 minutes or less after their appointment time to be seen (CCG average 33.5%, national average 27.1%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients said that they were happy with the friendly service provided by the staff at the practice and the open access system was useful.

We spoke with five patients during the inspection. All of the patients we spoke with said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- The practice must ensure that there is an effective system of recalling patients for health checks and routine vaccinations.
- Review evidence of patient outcomes and produce an action plan on how to improve.
- The practice must ensure that there is enough nursing provision to meet the demand of patients and to offer a full service.
- Provide long term conditions training for the practice nurse.

Action the service SHOULD take to improve

- Produce an action plan and follow up actions from the infection control audit.
- Undertake regular electrical equipment checks.
- Consider employing further clinical staff to ensure there is enough support for the practice nurse to carry out routine health checks and recalls.
- Make provision for patients to have access to a female GP.
- Ensure that nurse appointments are managed to ensure patients are seen effectively.

Dr Ayoola Makanjuola

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 advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Dr Ayoola Makanjuola

The Dr Makanjuola practice is a surgery located in the London borough of Barnet. The practice is part of the Barnet Clinical Commissioning Group (CCG) which is made up of 69 practices. It currently holds a GMS contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract) and provides NHS services to 2090 patients.

The practice serves a diverse population group and many patients do not speak English as their first language. The practice does not have a large older population (14% of the patient list) with 41% between the ages of 18 and 65.

The practice was open between 8.00am and 6.30pm Monday to Friday. The practice runs an open access clinic each day between 9am and 11am and between 5pm and 6.30pm. The practice is closed on a Thursday afternoon and patients are directed to the out of hour's service provider. Pre bookable appointments are available between 4.30pm and 5pm each afternoon except Thursday. Appointments for the practice nurse are available on a Monday morning and afternoon, Wednesday morning and Thursday morning. The practice runs an extended hour's clinic on a Monday between 6.30pm and 7.30pm. The GP provides telephone consultations and home visits each day for those unable to attend the practice. The practice has opted out of out of hour's provision and refers patients to the local out of hour's provider.

The practice staff comprised of one male GP (9 sessions per week), a part time female practice nurse who came into post in May 2015 (3 days per week), practice manager and reception staff. There was no arrangement in place to provide a female GP for any patient that requested one. The practice employs a full time chaperone who helps in reception when needed.

The practice is situated within a purpose built health centre and shares facilities with three further health providers. Consulting rooms are on the ground floor with wide doors to allow wheelchair access.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury. However the practice does not currently undertake any surgical procedures.

The practice provides a range of services including child immunisation, smoking cessation advice and clinics for those with long term conditions.

We inspected Dr Ayoola Makanjuola's practice as part of our new comprehensive inspection programme on 23 October 2014. The practice was rated overall as inadequate and placed into special measures in April 2015 for a period of for six months.

At the inspection the practice was found non-compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and compliance actions were issued in relation to the following regulations:

Detailed findings

- Regulation 9 – Care and welfare of people who use services.
- Regulation 10 – Assessing and monitoring the quality of service provision
- Regulation 12 – Cleanliness and infection control.
- Regulation 13 – Management of medicines.
- Regulation 21 – Requirements relating to workers.

Why we carried out this inspection

We carried out a comprehensive inspection on 9 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to follow up on the non-compliance of the previous inspection and to check whether the provider is 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.

How we carried out this inspection

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

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

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

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

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

At our inspection on 23 October 2014 we found that not all significant events were being recorded and staff showed little awareness of the significant event reporting process. When things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated to support improvement.

At this inspection we found that there was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a significant event occurred where the water supply to the premises was cut off. Staff were advised to only take emergency patients until the water had been restored in line with the practice business continuity plan. The matter was discussed at a staff meeting and staff were reminded of the process to follow in the event of such an occurrence in the future.

Overview of safety systems and processes

At the inspection on 23 October 2014 we found that although risks to patients who used the service were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. This included inadequate fridge temperature gauges and poor temperature record keeping, no Disclosure and Barring Service (DBS) checks for chaperones, lack of infection control training, missing adrenaline from the emergency medicines bag and a failure to carry out full pre-employment checks including obtaining references.

At the inspection on 9 December 2015 we found that the practice had developed their systems, processes and practices to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and practice nurse had received child protection training and were trained to Safeguarding level 3. However the practice did not currently hold a register of children at risk. The GP informed us that the practice was developing the register. Evidence of the register was provided following the inspection day.
- A notice in the waiting room advised patients that reception staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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 clean and tidy. We were provided with copies of up to date completed cleaning schedules and cleaning log. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken but no action plan had been produced for the practice to work through. However action plans had been established following the last inspection facilitated by the Royal College of GPs (RCGP) for cleaning. The practice had a system to log the expiry dates of disposable equipment (blood bottles, testing strips and hand gel). All disposable surgical equipment was in date.

Requires improvement

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice had purchased new medicines fridges with the appropriate temperature gauges. We were provided with temperature check sheets for the past four months which were completed fully. All temperatures were within the recommended range.
- The practice had adopted a new recruitment procedure following the previous inspection where it was found that pre-employment checks such as employment references were not obtained. We reviewed the personnel file for an employee appointed since the last inspection and found that appropriate recruitment checks had been undertaken prior to employment. This included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were generally well assessed and well managed. However we found some areas to be addressed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area. The practice had up to date fire risk assessments and carried out regular fire drills. Medical equipment had been calibrated in February 2015. We found no evidence that electrical equipment (for example computers, portable lighting and heaters) had been checked to ensure the equipment was safe to use. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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. Staff ensured that they consulted other staff members when taking holiday so that there were staff present to cover. In times of sickness, the practice used locums.

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 and panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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.

- The practice had adopted a system to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

At our inspection on 23 October 2014 we found that data showed that patient outcomes were at or below average for the locality. Knowledge of and reference to national guidelines was inconsistent. There were no completed audits of patient outcomes. We saw no evidence that audit was driving improvement in performance to improve outcomes. Multidisciplinary working was taking place but was generally informal, however evidence was provided of minutes of a meeting with the Clinical Commissioning Group (CCG) in November 2015.

At the inspection on 9 December 2015 we found that the practice used the information collected for the Quality 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 were 75.9% of the total number of points available, with 1.9% exception reporting. This figure was lower than the previously published figure (2013 – 2014) which showed that the practice achieved 91% of the total points available. This practice was an outlier for diabetes QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was below the CCG and national average. The practice achieved 53.6% compared to the CCG average of 88.5% and the national average of 77%
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average. The practice achieved 83.9% compared to the CCG average of 81.9% and the national average of 83.6%.
- Performance for mental health related indicators was below the CCG and national average. The practice achieved 80.8% compared to the CCG average of 96.3% and the national average of 92.8%.
- The dementia diagnosis rate was below the CCG and national average. The practice achieved 71.4% compared to the CCG average of 72.2% and the national average of 74.7%.

The practice was aware of the low QOF figures and were in the process of developing a recall system to ensure more patients attended for routine screening. However this was dependent on the capacity of the clinical staff to undertake this.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of codes used to identify patients on the computer system for patients with asthma was undertaken to ensure that patients were being correctly coded and receiving an appropriate service. The audit in August 2014 showed that 118 patients were registered as having asthma, of that 65 (55%) had received a review and 4 (3%) had received an inhaler technique check. The practice reviewed their records to ensure that patients were correctly coded and then repeated the audit in August 2015. The repeated audit showed that 126 patients were registered as having asthma, of that 69 (55%) had received an annual review and 11 (9%) received an inhaler technique check.The audit showed that the practice was consistent despite the low figures called for review. The practice were in the process of developing a recall system to ensure that more patients were called for review.

We found that the practice currently had ineffective recall systems where patients requiring flu vaccinations and long term condition testing were only being recalled on an ad hoc basis when staff had the time to go through the

generated list rather than on a regular weekly basis. The system was managed by the Practice Manager and administrative staff who used a system of telephone calls to patients. The practice provided evidence of a COPD review recall search dated 29 January 2016 after the inspection. However staff stated that there was limited time to do this.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings and appraisals. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice nurse was unable to do many of the basic checks for example new patient and NHS health checks due to the hours employed and the workload undertaken. This meant that they were either being left or the GP would undertake them. The practice nurse was also in need of updated long term conditions management training. The practice was in need of a further member of clinical staff to share the practice nurse's workload to ensure that all routine health monitoring was effectively undertaken. The practice responded to this by stating that they had taken advice and had employed the correct number of nursing staff for the number of patients on the practice list. We highlighted the training issues which were still to be addressed by the practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Inadequate

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 75%, which was below the national average of 81.88%. The practice had developed a policy since the last inspection to offer telephone reminders for patients who did not attend for their cervical screening test. The practice were aware of the low figure and the nurse was attempting to recall patients for this, however this depended on the amount of time that was available to the nurse to contact patients. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72.4% to 90% (CCG average range from 36.6% to 80.8%) and five year olds from 64.7% to 97.1% (CCG average range from 64.2% to 91.1%). Flu vaccination rates for the over 65s were 49.1%, and at risk groups 47.7%. These were also below the national averages of 73.2% for patients over 65 and 52.2% for at risk patients.

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

Good

Are services caring?

Our findings

The practice was placed into special measures following the inspection in October 2014 but there was no breach of regulation in the previous rating.

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 27 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 81.4% said the GP was good at listening to them compared to the CCG average of 87.3% and national average of 88.6%.
- 83% said the GP gave them enough time (CCG average 83.7%, national average 86.6%).
- 95.1% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 95.2%)
- 80.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.8%, national average 85.1%).
- 99.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.9%, national average 90.4%).
- 91.2% said they found the receptionists at the practice helpful (CCG average 82.6%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us 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 on the comment cards we received was also positive and aligned with these views.

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 although results were below local and national averages. For example:

- 76.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75.2% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.3%, national average 81.4%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was placed into special measures following the inspection in October 2014 but there was no breach of regulation in the previous rating.

Responding to and meeting people's needs

- The practice operated a walk in clinic each day. Patients could attend the practice and be seen by the GP at the next available appointment if prepared to wait.
- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and any other patients who would benefit from these. For example patients on the long term conditions register or with multiple illness which prevented them from attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Each patient over 75 received a named GP and access to a direct telephone line which bypassed the main appointments switchboard. However there was no provision for patients to see a female GP.
- The practice offered annual check-ups for older people, including patients up to the age of 74 with no chronic disease as an effective preventative tool. However this was a limited service due to the capacity of the practice nurse. The practice were unable to provide figures for this service.
- The practice provided follow up appointments for patients that had been discharged from hospital.
- The practice worked with community midwives and health visitors and attended multidisciplinary meetings.
- The practice worked with two care homes in the advanced care planning for patients with dementia and attended case reviews to discuss individual cases.
- The practice worked with the local mental health team, attended multidisciplinary meetings and signposted patients to organisations for further support.
- The practice offered online booking of appointments.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. The practice ran an open access clinic each day between 9am and 11am in the morning and between 5pm and 6.30pm each afternoon except Thursday when the practice was closed for appointments. Patients had telephone access on a Thursday afternoon. Pre-bookable appointments were available between 4.30pm and 5pm. Extended hours surgeries were offered on a Monday between 6.30pm and 7.30pm. This service was also on an open access basis. Pre-bookable appointments could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 79.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 74.9%.
- 87.9% patients said they could get through easily to the surgery by phone (CCG average 63.4%, national average 73.3%).
- 87.6% patients described their experience of making an appointment as good (CCG average 67.7%, national average 73.3%.
- 18.7% patients said they usually waited 15 minutes or less after their appointment time (CCG average 57.4%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had an effective 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a poster in reception and a complaints leaflet explaining the policy and how a patient can make a complaint.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at four complaints received in the last 12 months and found that they had been dealt with in a timely way and in line with the practice policy. The complaints had been discussed within the practice team meeting to provide learning from the issues that arose.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

At the inspection on 23 October 2014, we found that the practice did not have a clear vision and strategy and staff were unclear over the plans for the future development of the practice. There were no plans in place to achieve the vision and strategy.

At the inspection on 9 December 2015 we found that the practice had developed a clear mission, vision and values statement to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the inspection on 23 October 2014, we found up to date policies and procedures with responsible persons assigned to areas of clinical governance. We found that there was a lack of clarity about authority to make decisions and there was confusion between staff over responsibility for some areas of clinical governance. For example infection prevention and control and long term conditions management.

At the inspection on 9 December 2015 we found that the practice had developed an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Guidelines over the responsibility for long term conditions management had been defined including a new job description for the practice nurse, however when talking to the nurse, there was confusion between the GP and nurse regarding the new lines of responsibility that had been established, including the sharing of responsibility for long term conditions management.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but were inconsistently applied.

There was a system of recall using telephone calls and text messaging. However the process only occurred when staff (including the practice nurse) had the time and was often left due to time constraints.

Leadership, openness and transparency

The Practice prioritised safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. A new nurse had recently been employed and there was a need for more clarification from the GP regarding work that was to be carried out by the nurse, especially as the nurse was part time and the GP undertook this work in her absence.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was clear leadership from the GP and practice manager and staff felt supported by management.

- Staff told us that the practice held regular monthly team meetings but we noted that these were not always minuted.
- Staff told us that there was an open culture within the practice. We also noted that the staff team had an away day following our previous inspection to discuss the vision and future development of the practice.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager.

Are services well-led?

Requires improvement

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG discussed the issue of only having a male GP. The practice agreed that this was an area of concern that they were looking into but had a female nurse. However the PPG and patients we spoke with were happy with the current arrangement.
- Staff were able to provide feedback through their appraisal and a recent away day. Staff told us if asked, they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However staff were unable to give specific examples.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to establish and operate effective governance systems and processes. They had failed to identify the risks associated with not having an effective recall system for routine health checks and vaccinations. This was in breach of regulation 17(2)(b) of the Health and Social Care Act (RA) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were employed. The practice had failed to effectively deploy the practice nurse. The practice had not provided long term conditions management training for the practice nurse in order for the nurse to fulfil all duties of the role. This was in breach of regulation 18(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.