Dr Binoy Kumar

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Binoy Kumar, also known as St Paul's Surgery, on 25 July 2017. This was to check that the practice had taken sufficient action to address a number of significant concerns we had identified during our previous inspections in June 2016 and August 2015. Following the inspection in August 2015, the practice was rated as inadequate for providing safe and well-led services, and as requires improvement for providing effective, responsive and caring services. Overall the practice was rated as inadequate. We issued a warning notice and two requirement notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and placed the practice in special measures as a result.

At our inspection in June 2016, we saw that the practice had taken action to meet the actions needed for the warning notice and requirement notices, however, we found that there were still areas that required improvement. We rated the practice as inadequate for providing effective services, requires improvement for providing caring, responsive and well-led services and good for providing safe services. Overall the practice was then rated as requires improvement and remained in special measures.

At this most recent inspection we saw that the practice had taken steps to address most of the concerns identified at our previous inspection, however, some significant concerns remained and we saw evidence that concerns regarding the safe recruitment of staff previously identified at our inspection in August 2015 had re-occurred. We also identified new concerns related to the clinical care of patients.

Overall the practice is now rated as inadequate.

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

- The practice had not followed the practice recruitment policy in the recruitment of three new staff. There had

Summary of findings

been insufficient checks made for the practice nurse on recruitment, key staff documents were missing from staff files and the use of the staff confidential health questionnaire had been discontinued.
- Processes for the safe monitoring of some patients taking high-risk medicines were lacking and patients were being prescribed these medicines without timely review.
- The practice had not engaged patients in the national screening programmes for breast and bowel cancer. Figures showed a lower uptake for breast screening at 49% compared with 65% locally and 73% nationally and bowel screening was also low; 36% compared with 58% both locally and nationally. These figures had dropped when compared to 2014/15 figures of 52% for breast screening and 40% for bowel screening.
- We saw evidence that knowledge of and reference to national guidelines and guidance for patients' clinical care was lacking.
- There was evidence that patient treatment records had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient medical history and clinical signs. We saw that a referral to another service lacked detail.
- Although some audits had been carried out, none of the audits that we saw were completed audits, where improvements were implemented and monitored.

However:

- The practice had improved the number of patient medicines reviews undertaken in a timely fashion. Unverified data from the practice showed that 89% of reviews had been undertaken for any patient who was taking medication.
- The practice had streamlined appointments for patients with long-term conditions and we saw evidence that these were being undertaken in a timely way.
- The practice maintained care plans for vulnerable patients and these were updated following patient reviews.
- Cervical screening uptake had significantly improved. As the result of work by the practice nurse to increase uptake, we saw unverified data that figures had increased from 50% in 2015/16 to 72% at the time of our inspection (practice unverified data).
- The improved, open and transparent approach to safety and effective system for reporting and recording significant events had been maintained since our last inspection.
- There were regular staff meetings with standing agenda items although some minutes lacked detail, for example for identifying which significant events had been discussed.
- The practice had recruited a female locum GP to provide one surgery each week so that patients could access a female clinician. They had also increased administration staff.
- There was evidence of an improved staff appraisal process and training needs were more clearly identified.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Enable sufficient records to be kept for discussion in meetings to allow learning to be shared.
- Review the timescale for new staff mandatory training, in particular safeguarding training.
- Improve the system for monitoring quality improvement in the practice, particularly in the area of clinical audit.

This service was placed in special measures in 2015 and remained in special measures following an inspection in June 2016. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe, effective and well led services. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration with the Care Quality Commission.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

At our previous inspection in June 2016, we rated the practice as good for providing safe services. At this inspection, we saw that although the practice had generally maintained these safe systems, some needed improvement.

- Improvements in the management of significant events had been sustained. From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- All significant events were discussed at practice meetings although they were not always clearly identified in meeting minutes.
- Practice staff were trained appropriately in safeguarding adults and children although mandatory training for new staff was only required to be completed within one year of recruitment.
- The practice had several systems, processes and practices in place to minimise risks to patient safety, although the practice recruitment policy had not been followed. There had been insufficient checks made for the practice nurse on recruitment. The practice supplied us with copies of most of these before the end on the inspection and told us that they would obtain any other missing documents following our inspection.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. However, we saw that these processes had not always been followed and that some patients taking these medicines still lacked timely review.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements are required.

Summary of findings

At our previous inspection in June 2016 we rated the practice as inadequate for providing effective services. At this inspection, we saw that while improvements had been made in some areas, there were further significant improvements needed.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average and had improved from results published at the time of our last inspection. Reviews of patients with long-term conditions were better managed. However, some patients taking high-risk medicines were not appropriately monitored.
- The practice had increased the number of medication reviews done in a timely fashion. Practice unverified data showed that the percentage of patients taking four or more medications who had had medication reviews was 93% and, for any patient taking medication, 89% had been reviewed.
- Practice achievement for the number of women who were screened for the presence of cervical cancer had improved from 50% to 72% (practice unverified data). However other screening data showed the practice had a lower uptake for breast screening at 49% compared with 65% locally and 73% nationally. Bowel screening was also low; 36% compared with 58% both locally and nationally. These figures had dropped when compared to 2014/15 figures of 52% for breast screening and 40% for bowel screening.
- Knowledge of and reference to national guidelines was lacking. Four out of seven patient records that we randomly selected evidenced that treatment had not followed best practice guidelines. All of the consultation notes on these seven records had insufficient details to give assurance that an adequate clinical assessment of the patient had been made as there was a lack of recording of the patient medical history and clinical signs.
- As at the previous inspection, there was little evidence that audit was driving improvement in patient outcomes. None of the audits that we saw were completed audits where the improvements made were implemented and monitored. They were insufficiently recorded and there were no documented lessons learnt, review of actions taken or ongoing audit plan.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs although a clinical referral that we saw to another service lacked detail.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

At our inspection in June 2016 we rated the practice as requires improvement for providing caring services. At this inspection we saw that improvements had been made in providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care, however, these results had generally improved over previously published results and patients we spoke to expressed positive views.
- Comments from patients that we received said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had recruited a female locum GP for one session a week to enable patients to access a female GP.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 94 patients as carers (4.7% of the practice list) and provided information on the various avenues of support available.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice was rated as requires improvement for providing responsive services at our previous inspection in June 2016. At this inspection, we saw that this had improved.

- Since our inspection in June 2016, the practice had recruited a new practice nurse who was providing additional nursing hours and two more administration staff.
- Since our last inspection, the practice had worked to streamline reviews for patients with more than one long-term condition.
- The practice understood its population profile and had used this understanding to meet the needs of its population. There were late appointments available until 7pm on Mondays for working patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

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- Patients we spoke with said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day. Patient access to appointments had improved when compared to our previous inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Inadequate

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

We rated the practice as requires improvement for being well-led at our last inspection in June 2016. We found at this inspection that while this had improved in some areas of governance, there were further improvements needed.

- Governance arrangements for the practice had improved since our last inspection, however the overall clinical management of patients still evidenced a lack of adherence to best practice guidance and guidelines, and clinical recording of consultations for these patients was insufficient to give assurance that an adequate assessment of the patient had been made.
- The practice recruitment policy had not been followed in the recruitment of three new staff members.
- The practice had improved the clinical governance of patients and was able to evidence better management of patients with long-term conditions, patient medication reviews and cervical screening.
- All staff had received inductions and had received regular performance reviews that clearly identified training needs.
- The practice had addressed staffing provision and had recruited a new locum female GP and two additional administrative staff.
- There were regular staff meetings although meeting minutes sometimes lacked sufficient detail to share information effectively.

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

Inadequate

The practice is rated as inadequate for the care of older people. The issues identified as a concern affected all patients including this population group.

- As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place.
- We continued to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of all patients.
- Consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient's medical history and clinical signs.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice held multidisciplinary meetings on a monthly basis where patients with complex needs were discussed to ensure they were being cared for appropriately.
- Where older patients had complex needs, the practice shared summary care records with local care services including the out of hours service.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The issues identified as a concern affected all patients including this population group.

- As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place.
- We continued to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of all patients.

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- Consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient's medical history and clinical signs.
- Care and treatment of patients with long-term conditions did not always reflect current evidence-based practice.
- There was evidence of insufficient monitoring of some patients who were taking high-risk medicines for long-term conditions.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The issues identified as a concern affected all patients including this population group.

- Care and treatment of children did not always reflect current evidence-based practice. We saw records of prescribing for two children that were not in line with the British National Formulary (BNF) for prescribing for children.
- Consultation notes on the patient records for three children that we sampled had insufficient details to give assurance that an adequate assessment of the patient had been made. Records of who attended with the child were not made and in one case, an urgent referral made to the hospital lacked detail.
- As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place.
- We continued to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of all patients.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The issues identified as a concern affected all patients including this population group.

- As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place.
- We continued to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the

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practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of all patients.
- Consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient's medical history and clinical signs.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The issues identified as a concern affected all patients including this population group.

- As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place.
- We continued to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of all patients.
- Consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient's medical history and clinical signs.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers and those with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The issues identified as a concern affected all patients including this population group.

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- The practice system for monitoring repeat prescribing for patients receiving medicines for mental health needs was insufficient.
- As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place.
- We continued to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of all patients.
- Consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient's medical history and clinical signs.

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What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 July 2017. This showed that the practice results were lower than local and national averages. A total of 369 survey forms were distributed and 97 were returned (26%). This represented 5% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) and national average of 85%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards none of which were all negative about the standard of care received. One card said only "average" and one card questioned CQC inspection methodology. Patients said that staff were helpful and professional and commended the staff for their friendly and caring nature.

We spoke with five patients during the inspection, four of whom were members of the patient participation group (PPG). All five patients said they were satisfied with the care they received and thought staff were approachable, committed and supportive. Patients had been registered with the surgery for a considerable number of years and praised the continuity of care from the same GP. Patients from the PPG said that the service that they received from the practice was excellent and that they never had any problems getting an appointment.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Enable sufficient records to be kept for discussion in meetings to allow learning to be shared.
- Review the timescale for new staff mandatory training, in particular safeguarding training.
- Improve the system for monitoring quality improvement in the practice, particularly in the area of clinical audit.

Dr Binoy Kumar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and an Inspection Manager.

Background to Dr Binoy Kumar

Dr Binoy Kumar (the provider), also known as St Pauls Surgery is situated at 36-38 East Street, Deepdale, Preston, PR1 1UU. The surgery is located close to Preston city centre and the premises are purpose built and offer appropriate access and facilities for disabled patients and visitors. There is time-limited, on-street parking available and easy access to public transport.

The practice is part of the NHS Greater Preston Clinical Commissioning Group (CCG) and services are provided under a general medical service (GMS) contract with NHS England.

Dr Kumar is a single handed male GP supported by one regular female locum GP. There are also a practice nurse, a practice manager and five reception and administration staff. The practice uses a locum GP when required to cover leave or sickness, for continuity of service and support for their patients.

The practice opens from Monday to Friday from 8.30am until 6.30pm. There are extended hours each Monday evening until 7pm. When the practice is closed patients are advised to contact NHS 111. Out of hours service is provided by GotoDoc, based at the local NHS hospital

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits.

The practice provides services to 2008 registered patients. Data shows the practice population is made up of a lower proportion of patients aged 65 years and above compared to the national average The practice also has a slightly higher percentage of working age patients compared with the national average.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 79 years compared to the local and national averages of 78 years and 79 years respectively. Female life expectancy in the practice area is 83 years compared to 82 years locally and 83 years nationally. There are 53% of patients with a long-standing health condition, the same as the national average. A total of 13% of patients are unemployed compared to the national average of 4%.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Binoy Kumar, also known as St Pauls Surgery, on 17 February 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, responsive and well-led services and requires improvement overall.

In order to check that the practice had addressed the concerns identified at this inspection, we carried out a further comprehensive inspection on 19 August 2015. The

practice was rated as inadequate for providing safe, effective and well-led services, and as requires improvement for providing responsive and caring services. Overall the practice was rated as inadequate. We issued a warning notice and two requirement notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and placed the practice in special measures as a result.

We carried out a further comprehensive inspection on 14 June 2016. The inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures. We found that the practice had made improvements in some areas and rated the practice as good for providing safe services and requires improvement for providing caring, responsive and well-led services; however we rated the practice as inadequate for providing effective services. The practice was rated as requires improvement overall. The practice remained in special measures for a further period of time.

The full comprehensive reports on all the previous inspections can be found by selecting the 'reports' link for Dr Binoy Kumar on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Dr Binoy Kumar on 25 July 2017. This was to check that the practice had taken sufficient action to address a number of significant concerns we had identified during our previous inspections in June 2016 and August 2015.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 July 2017. During our visit we:

- Spoke with a range of staff including the principal GP, the practice nurse, the practice manager and three members of the practice administration team.
- Spoke with five patients who used the service four of whom were members of the practice patient participation group (PPG).
- Observed how staff interacted with patients in the waiting area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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.

Inadequate

Are services safe?

Our findings

At our previous inspection in June 2016, we rated the practice as good for providing safe services. At this inspection, we found that although the practice had generally maintained these safe systems there was evidence of the lack of adherence to the practice policy for the recruitment of new staff. We also found new evidence that the management of patients prescribed high risk medicines was insufficient.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events although events discussed at meetings were not always clearly identified in meeting minutes.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when vaccines delivered to the practice had been inappropriately stored in a vaccine refrigerator, staff were reminded of safe storage protocols for different vaccines.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise the risks associated with patient safeguarding.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 and there were contact telephone numbers displayed on reception office and treatment room walls. ---The principal GP was the lead member of staff for safeguarding. From the documented example that we reviewed, we saw evidence of good safeguarding procedures in place.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and most had received training on safeguarding children and vulnerable adults relevant to their role. Two new non-clinical staff who started work at the practice in March and April had not yet been formally trained in safeguarding although they were familiar with safeguarding procedures. We were told that formal training would take place within one year of starting at the practice. The GP was trained to child protection or child safeguarding level three as was the practice nurse.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice continued to maintain appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The GP and practice nurse were identified as the infection prevention and control (IPC) clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There had been an IPC audit conducted by the local authority IPC specialist nurse in March 2017 which had identified no actions necessary for improvement.

Inadequate

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not manage all of the risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions. However, there was no procedure in place for the management of some patients who were taking some high-risk medication. We saw that the management of one of the two practice patients who were taking lithium was insufficient. (Lithium is used for the treatment of some patient mental health problems and patients' lithium levels should be monitored every three months). We saw that the patient had been monitored in September 2014, March 2015 and January 2017 and was still getting a prescription for lithium from the practice. We also saw that of the three practice patients who were taking methotrexate, two patients had not been monitored appropriately. (Methotrexate is a medicine used to suppress the immune system and patients taking it should be monitored every three months). We saw that one patient had been monitored in December 2015, June 2016 and May 2017 and another patient in October 2013, June 2016, October 2016 and June 2017. Both patients were continuing to be prescribed methotrexate. The latest results from blood tests for all patients were within acceptable levels.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

We reviewed five personnel files including that of the principal GP and a locum GP, and found that proof of appropriate recruitment checks undertaken prior to employment was sometimes missing. We found that for two new administration staff, there were some missing documents that the practice recruitment policy required were held in staff files. One file was missing a CV and a copy of the practice confidentiality agreement, signed by the staff member, and the other had no proof of identity for the employee. We also saw that the file for the new practice nurse employed in October 2016 lacked proof of identity, a CV, a record of immune status, proof of professional membership and proof of updated training in clinical competencies. We were told that this nurse was also employed at another practice and that these documents were all held there. The practice obtained copies of these during our inspection. All staff had had a DBS check, however, the practice had only obtained a standard check for the nurse when an enhanced check was required. We were told that there was an enhanced check in place at the other surgery where the nurse worked and that the practice would obtain a new updated enhanced check following our inspection. We also saw that the file for the locum GP lacked details of the relevant checks required before employment and indicated that safeguarding training was out of date. The practice told us that they would obtain the necessary information for the file following our inspection.

The practice recruitment policy indicated that a confidential health questionnaire would be given to all new staff employed by the practice. At our last inspection, we saw that this was happening, however, this had not happened for the last three staff employed. The practice told us that they had ceased doing this because of a cost issue associated with a previous employee.

The practice had enlisted the support of an external employment specialist company in 2016 in order to help with matters related to staff employment.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and the practice had conducted regular risk assessments for the building and staff working.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had improved staffing provision since our last inspection and had recruited two new non-clinical staff.

Arrangements to deal with emergencies and major incidents

The practice had sustained their arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive disaster plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was available electronically and also in the contingency plan box kept in reception.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in June 2016, we found that while systems had been put in place to ensure that clinicians had access to best practice guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines, there was evidence that care and treatment was not being delivered in line with these. We saw at this inspection that this had not improved. We also found that consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made. There was evidence of insufficient monitoring of some patients taking high-risk medicines.

In June 2016 we found that although clinical audit had improved after our inspection in August 2015, audits were still limited and did not yet demonstrate improvement. At this inspection, we saw that clinical audit was still lacking and was mainly limited to one-cycle medicines management searches.

At this inspection we noted an improvement in practice achievement for information collected for the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). We also noted an improvement in the number of women who were screened for the presence of cervical cancer and in the number of timely medication reviews that had been conducted. There were improvements in the way that patients were called for review of long-term conditions. Our previous inspection noted a low prevalence of patients diagnosed with coronary heart disease and figures for this had increased at this inspection. The practice also demonstrated an improvement in the staff appraisal process. However, we saw at this inspection that numbers of patients attending bowel and breast screening had decreased following our last inspection in June 2016.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had ensured that clinicians had access to national guidance and guidelines and we saw that they were discussed in documented practice clinical meetings.

However, looking at the practice computerised clinical system we saw that care and treatment was not always provided to patients in line with NICE guidelines and current evidence-based standards. We looked at five random patient consultations from the GP surgery on the day before our inspection and two other random consultation and found that four of them evidenced that treatment had not followed best practice guidelines. There was evidence of two instances of prescribing that did not follow best practice guidelines as indicated by the British National Formulary (BNF) for prescribing for children, one example of insufficient prescribing for an asthmatic patient and one example of a diagnosis of hypertension that had been made following inadequate monitoring of patient blood pressure. Consultation notes on all of the patient records we viewed had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient's medical history and clinical signs. We saw that when a baby attended surgery the day before our inspection, there was no record made of the person who brought the baby to the practice, no detailed examination of the patient recorded, and the urgent referral made to the hospital lacked detail. We asked the practice to make enquires of the hospital to ensure that an appointment had been given and saw that provision had been made for the baby to be seen that day.

When we asked regarding the recording of clinical details on patient notes, we were told that the GP knew the patients and so only recorded significant findings. We found that the GP was unaware of guidance offered by the BNF for children. When we discussed further detail that was recommended to be recorded on patient consultation records, the GP added detail as comments without reference to the date of recording or to the fact that it was days after the consultation.

We saw evidence that some patients taking some high risk medications had not been monitored appropriately by the practice according to best practice guidelines. There were gaps in patient records of monitoring by the practice and there was no record that the practice had assured itself that monitoring had been completed by secondary care services at these times.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against

Inadequate

Are services effective?

(for example, treatment is effective)

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%.

Overall exception reporting for 2015/16 was 6.7% which was higher than the local CCG level of 5.9% and national average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Clinical exception reporting was also higher than CCG and national averages at 12.1% compared to 9.6% locally and 9.8% nationally.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than the local and national averages. For example, blood measurements for diabetic patients (IFCC-HbA1c of 64 mmol/mol or less in the preceding 12 months) showed that 88% of patients had well controlled blood sugar levels compared with the CCG and national average of 78%. The practice had exception reported 32% of patients for this indicator compared to the CCG average of 11% and national average of 13%. We looked at a random sample of five patients who had been exception reported and saw that there were valid reasons for their exclusion. Also, the percentage of patients with blood pressure readings within recommended levels (140/80 mmHG or less) was 82% compared to the CCG average of 80% and national average of 78%. Exception reporting for these patients was also higher (11%) than the CCG average of 8% and the national average of 9%.
- Performance for mental health related indicators was higher than local and national averages. For example, 100% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 82% and national average of 89%. The practice had not exception reported any patients for this indicator. Also, 90% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 86% and national average of 84%. The practice had exception reported 17% of patients for this indicator compared to 5% locally and 7% nationally.

At our previous inspection in June 2016, we identified concerns with the timely review of patients taking medications. The practice told us that they had worked to improve this. They had looked at streamlining patient appointments so that those with multiple long-term conditions were reviewed at one appointment rather than being called into the practice for each condition separately. We saw unverified data that the percentage of patients taking four or more medications who had had medication reviews was 93% and for any patient taking medication, 89% had been reviewed.

There was little evidence of quality improvement including clinical audit:

- We were shown six clinical audits commenced in the last year, none of them were completed audits where improvements were implemented and monitored. They were mainly searches run on patients taking certain medicines where exceptions to best practice guidance were identified and addressed or changes in practice prescribing were demonstrated. For example, an audit of practice prescribing of antibiotics demonstrated a reduction in prescribing over a nine-month period in 2016. The practice had responded to a patient safety alert regarding the prescribing of a certain medication to women of childbearing age and had identified 20 women needing review. The practice had invited them to the practice and discussed the safety alert with them face to face.
- Audits were not generally recorded appropriately and there were no documented lessons learnt, review of actions taken or ongoing audit plan.
- The practice also audited other areas of service such as the practice telephone ring-back service, patient attendances at the hospital A & E department and appointment availability although there was no evidence of system change as a result of audit or quality improvement work.

Our previous inspection in June 2016 showed that data for prevalence rates for Coronary Heart Disease (CHD) showed

Inadequate

Are services effective?

(for example, treatment is effective)

a large variance from local and national averages (0.4 compared to the CCG and national averages of 0.7). At this inspection, we saw that prevalence in 2015/16 had risen to 0.6 so now was comparable to 0.8 locally and 0.9 nationally.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This 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. For example, for those reviewing patients with long-term conditions. The practice nurse was regularly updated in providing advice and vaccination for patients travelling abroad and non-clinical staff had trained in customer care and conflict resolution. The practice gave protected time for staff training within normal working hours.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidating GP and nurse. Staff had received an appraisal within the last 12 months or a performance review after three months for new staff. The practice had improved the appraisal process to provide a formal record of identified training needs and an action plan for the coming year.
- The GP had undergone an appraisal in June 2017.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house and external training. However, we were told that key training for new staff, including safeguarding training, would be completed within one year of the start of employment.

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. We were told that since a national care planning agreement had finished, vulnerable patients were no longer identified proactively for care planning. However, the practice produced and updated care plans for patients who were known to be vulnerable.
- From the documented example we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, information on the referral that we viewed was lacking in sufficient detail to allow appropriate management decisions to be made.
- Special patient notes for those patients with complex needs or end of life care were sent to the out of hours (OOH) provider and the ambulance service by secure fax. This included when a do not attempt cardiopulmonary resuscitation (DNACPR) order was in place.
- There was a communications book in the practice reception for communicating with the district nursing team and health visitors.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Inadequate

Are services effective?

(for example, treatment is effective)

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.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice nurse was aware of relevant legislation when patients were under the age of 16 years such as the Gillick competency and Fraser Guidelines. (Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent and to help assess whether a child has the maturity to make their own decisions).

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients experiencing memory loss.
- Smoking cessation advice was available from a local support group.

At our inspection in June 2016, we saw that the practice uptake for the cervical screening programme was 52% compared with the CCG average of 80% and the national average of 82%. This was based on QOF results from 2014/15. Data published since the inspection for 2015/16 showed that this had dropped further to 50% compared to local and national averages of 81%. At this inspection, we were told that the practice had made considerable efforts to engage with women who had not attended for screening including offering three extra cytology clinics of 12 appointments in each. Attendance had been very low for these and only eight patients attended. However, we saw unverified data on the practice computer system that screening figures had increased to 72%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice told us that they encouraged its patients to attend national screening programmes for bowel and breast cancer. However screening data showed the practice had a lower uptake for breast screening at 49% compared with 65% across the CCG and 73% nationally. Bowel screening was also low; 36% compared with 58% both for the CCG and nationally. These figures had dropped when compared to 2014/15 figures of 52% for breast screening and 40% for bowel screening.

Childhood immunisation rates for the vaccinations given remained comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 90%, the same as the national average and for five year olds 89% compared to 88% nationally.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same gender. Since our last inspection, the practice had recruited a female locum GP to work in the practice one day a week.

All of the 39 patient Care Quality Commission 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. Many of the patients had been with the surgery for over 20 years and commented that staff went above and beyond to help.

We spoke with five patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. We heard examples of when patients had been supported by the practice at times of bereavement and patients told us that the principal GP and staff knew both them and their families well.

Results from the national GP patient survey published in July 2017 generally showed lower satisfaction scores on consultations with GPs and nurses when compared to local and national averages, but with higher satisfaction scores than the previous year. For example:

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages but had generally improved when compared to previous year's results. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Previous results had been reported as 65% at the last inspection.

Good

Are services caring?

- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Previous results had been reported as 62% at the last inspection.

- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

Previous results not reported at the last inspection.

- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Previous results had been reported as 84% at the last inspection.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. The practice told us that they discouraged patients to bring their family or friends to appointments unless the patient wished to do so, to maintain patient confidentiality.
- Information leaflets were available in easy read format and there was a resource pack in reception for patients with a learning disability.
- The Referral Management or Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (4.7% of the practice list). These patients were invited for an annual health review and for 'flu vaccinations. Written information was available to direct carers to the various avenues of support available to them and there was a pack of information available in reception.

Staff told us that if families had experienced 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

Responding to and meeting people's needs

Since the last inspection the practice had worked to secure improvements to the service and clinical outcomes including cervical screening rates, improved review processes for patients with long term conditions, medication reviews, and higher Coronary Heart Disease prevalence indicated that improvements had been made in responding more proactively to meet people's needs.

- The practice offered extended hours on a Monday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice reminded vulnerable patients and those with memory problems of appointments. These patients were highlighted each day on the practice computer system so that staff could telephone before appointments were due.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.
- The practice held a register of patients who were asylum seekers so that their needs could be accommodated.
- A podiatrist for diabetic patients visited the practice monthly.
- A midwife offered antenatal appointments fortnightly.
- The practice had employed a new female locum GP for one surgery each week.
- There was a new practice nurse who offered increased practice nursing hours for patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 10.30am to 1pm every morning from Monday to Thursday and from 9.30am to 1pm on Friday morning. Afternoon appointments were every weekday from 4pm until the surgery closed, for urgent appointments. Extended hours appointments were offered on Monday evening until 7pm. Pre-bookable appointments could be booked for an unlimited time in advance and could be booked over the telephone, online or face-to-face. There were also telephone appointments available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed when compared to local and national averages although they generally showed an improvement when compared to the published data from our last inspection.

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.

Previous results had been reported as 69% at the last inspection.

- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 71%.

Previous results had been reported as 74% at the last inspection.

- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and the national average of 84%.

Previous results had been reported as 73% at the last inspection.

- 77% of patients said their last appointment was convenient compared with the CCG and the national average of 81%.

Previous results had been reported as 88% at the last inspection.

- 82% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Previous results had been reported as 67% at the last inspection.

- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Previous results had been reported as 50% at the last inspection.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and that they never needed to wait too long to be seen. We saw that the next pre-bookable appointment with the GP was for 1 August 2017 (in five working days) and with the nurse on 2 August 2017 (in six working days).

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had provided guidance for staff in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit and alternative emergency care arrangements were clearly documented. Clinical and non-clinical staff were aware of

their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.
- The GP was the designated responsible person who handled all complaints in the practice assisted by the practice manager.
- We saw that information was available to help patients understand the complaints system. There were leaflets available and information about how to complain on the practice website.

We looked at three complaints received since our last inspection and found they had been dealt with in a timely way and with openness and honesty. Both written and verbal complaints were recorded. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, the GP was reminded to ensure that all information regarding a new patient's medicines was known to the surgery before any further new medication was prescribed.

Are services well-led?

Inadequate

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

Our findings

At our last inspection in June 2016, the practice demonstrated some improvements in governance arrangements and action had been taken at that time, to meet the requirements of the warning notice issued at our inspection in August 2015. At this inspection, we saw that these improvements had generally been sustained, however, we identified additional concerns and areas for improvement that needed to be addressed. Some of these concerns had been identified at previous inspections prior to June 2016 and actions taken following that inspection had not been maintained.

Vision and strategy

The practice mission statement was to:

"provide the highest standard of patient care whilst incorporating a holistic approach towards diagnosis and management of illness"

"treat all patients with dignity and respect"

"provide an appropriate and rewarding experience for our patients whenever they need our support"

The practice had also produced a five-year supporting business plan prior to our inspection in June 2016 which reflected the vision and values. This included a statement about succession planning and had been reviewed in May 2017.

Governance arrangements

As with our previous inspections, at this inspection the practice failed to demonstrate that there were strong, sustainable governance arrangements in place. Although the practice had maintained most of the improvements in practice governance noted in our last inspection and had taken appropriate action to meet the requirements of the warning notice issued at that time, we identified further concerns and areas of improvement that needed to be addressed.

We found that issues that affected the delivery of safe and effective care had not been identified or adequately managed.

- The overall clinical management of patients continued to evidence a lack of adherence to best practice guidance and guidelines, and clinical recording of consultations for these patients was insufficient to give assurance that an adequate assessment of the patient had been made. The principal GP told us that he did not record detail as he knew the patients well.
- There was still no system in place for the routine monitoring of patients on high-risk medicines and the practice had not sought assurances that patients had been monitored elsewhere. Routine repeat prescriptions were being issued monthly without these assurances and there was no policy in place for the management of these patients.
- At our previous inspection in June 2016, we saw that there was a comprehensive recruitment policy in place and that this had been followed appropriately in the recruitment of new staff. However, at this inspection, the practice recruitment policy and procedure had not been followed in the recruitment of three new staff members. For example, the practice had ceased using the staff confidential questionnaire for reasons of cost even though the recruitment policy indicated that it was still being used.

At this inspection we noted that improvements had been made in the following areas:

- The review of patients with long-term conditions had improved and there was better management of patients with more than one of these conditions.
- The practice was carrying out more medication reviews than at our previous inspection and had increased the percentage of annual reviews undertaken.
- The practice had proactively addressed the low cervical screening rates and had increased them from 50% at the lowest figure to 72% (practice unverified data).
- A staff development plan that identified training needs had been introduced to the staff appraisal process.
- The practice had provided access to a female GP for one session a week and had recruited two additional administration staff. There was also increased availability with the practice nurse.
- The practice told us that they had proactively encouraged members of the patient participation group (PPG) to suggest improvements to the practice although there had been none suggested. Members of the PPG told us that they had made no suggestions as there were no improvements needed.

Governance arrangements that had been sustained since our last inspection ensured that:

Are services well-led?

Inadequate

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection, staff told us they prioritised safe, high quality and compassionate care, however our inspection did not substantiate this. Staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff. They told us that they were a small team who worked well together.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a leadership structure and staff said they felt supported by management. However, as at previous inspections, we continue to have serious concerns that the leadership lacked the necessary capability and knowledge to lead the practice effectively. Action needed to mitigate continued identified risks was either not taken or not sustained. This was resulting in risk to overall safe care and treatment of patients.

However:

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social care workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view although some minutes lacked detail, for example for identifying which significant events had been discussed.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff.

- They sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and were asked to submit proposals for improvements to the practice management team. There had been no proposals made but the four members of the PPG who we spoke to told us that there were no improvements needed and that they valued the education that the meetings gave them.
- The latest practice patient survey was undertaken in May 2017 and responses from patients were received and collated and an action plan produced.
- The practice promoted the NHS Friends and Family test in the patient waiting area and on the practice website although very few responses were received.
- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice was working with other practices in the locality to form a group of 11 practices to review the GP Forward View plan. They were discussing the provision of extended hours appointments and services that could be offered using this group model of care for patients.

There was no evidence of quality improvement in the practice.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice must comply with Regulation 17(1). Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **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 practice did not carry out safe processes and procedures in the recruitment of staff. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice must comply with Regulation 12(1). Care and treatment must be provided in a safe way for service users to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Processes for the safe monitoring of some patients taking high-risk medicines were lacking and patients were being prescribed medicines without timely review. • Care was not always delivered in line with national guidelines and guidance. • Patient treatment records had insufficient details to give assurance that an adequate assessment of the patient had been made and there was a lack of recording of the patient medical history and clinical signs. • Patient details were not always shared with other services appropriately • The registered person did not do all that was practicable to proactively seek initiatives that could potentially increase the uptake of national breast and bowel screening programmes.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.