

Dr NG Newport's Practice

Quality Report


Aegis Medical Centre,
568 Whitmore Way,
Basildon
Essex SS14 2ER
Tel: 01268 520641
Website: www.aegismedicalcentre.nhs.uk

Date of inspection visit: 16 June 2016
Date of publication: 17/08/2016

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

Ratings

Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Inadequate 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	12
Background to Dr NG Newport's Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr NG Newport's Practice on 16 June 2016. Overall the practice is rated as inadequate.

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

- Patient safety and medicines alerts were shared amongst the clinical team but not consistently actioned. Some patients remained on medicines contrary to guidance and some medication reviews had not been appropriately authorised. The practice was an outlier within Basildon and Brentwood CCG for their management of medicines.
- The practice had an appointed safeguarding lead and staff had received appropriate training. However, there was no clear system to alert members of staff to potential patient vulnerabilities. The practice told us they followed up with parents and guardians of children who had not attended hospital appointments in order to identify whether they were at risk. However, we found no entries on the clinical system to support this.
- The practice had a below local and average clinical performance in QOF achieving 71% of the points available. They also had high accident and emergency attendance rates and low patient screening rates for bowel and breast cancer.
- There was no documented induction programme for new staff and some members of clinical staff had not received disclosure and barring service checks. Other members of the practice team were found to be reviewing and prioritising clinical information without clinical oversight.
- Patients reported they had trust and confidence in their GPs but experienced difficulties obtaining appointments with them. We found there was a lack of available GP appointments for patients and high rates of patients failing to attend for appointments.

Summary of findings

- The practice had a complaints policy and procedure that was consistent with guidance and best practice. We found complaints were responded to and investigated in a timely and appropriate manner.
- The practice had a shared commitment and vision to providing high standards of care. Staff and the PPG spoke highly of the professionalism of the practice manager.

The areas where the provider must make improvements are:

- Ensure clinical staff are DBS checked prior to commencing independent clinical duties.
- Ensure appropriately trained and supervised clinicians receive and review all clinical information.
- Improve the monitoring of patients subject to safeguarding concerns, including following up children who do not attend for their hospital appointments.
- Monitor and work to improve patient outcomes in QOF. For example, in relation to patients with long term conditions and those suffering with poor mental health.
- Implement formal governance arrangements including systems for assessing, monitoring and mitigating risks and ensuring the quality of the service provision such as through the appropriate actioning of patient information, medicine and safety alerts and conducting medicine reviews in a timely manner by an authorised person.

The areas where the provider should make improvement are:

- Ensure sufficient staffing to maintain clinical duties in a staff members absence.

- Ensure staff receive an induction to undertaking their role and responsibilities and this is documented.
- Review attendance by their patients at out of hours, accident and emergency and walk in service to identify trends and use it to inform the delivery of their services.
- Respond to patient feedback in relation to the availability of GP appointments.
- Continue to monitor and improve prescribing patterns.
- Increase the uptake of patients attending for the national screening programme for breast and bowel cancer.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate 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 to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were found to be inappropriately reviewing and prioritising clinical information without clinical oversight.
- Patient safety and medicine alerts were shared amongst the clinical team but not consistently actioned. Patients remained on medicines contrary to guidance and there was no system in place for the ongoing monitoring of alerts they received.
- The practice had an appointed safeguarding lead and staff had received appropriate training. However, the system in place to alert any member of staff to vulnerable patients was not effective and the practice did not evidence follow up with children who failed to attend for hospital appointments in order to identify whether they were at risk.
- Some patients failed to receive timely and/or appropriate medicine reviews by an authorised clinician.
- A member of the clinical team had not obtained a DBS check prior to commencing independent clinical duties.
- The practice nurse duties were not sufficiently covered during their absence with patients unable to obtain cervical screening or child immunisations.
- Staff were able to recognise and reported significant incidents. These were investigated and lessons learnt identified and shared during practice management meetings attended by all staff.
- The practice was clean and tidy and staff had reviewed infection prevention control and cleaning policies.
- Emergency equipment and medicines were stored safely and securely and the location known to all staff.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- There was high patient attendance at accident and emergency services for ambulatory care conditions. The practice had not reviewed the data to identify the reason and to use it to inform and improve the delivery of their services.
- The practice was an outlier in a number of areas of QOF performing below the local and national averages and had low screening rates for cancer.

Inadequate



Summary of findings

- The practice was an outlier in ten of the 12 local prescribing performance areas. The practice told us they had discussed their prescribing behaviour and made improvements, some of which were evident.
- The practice did not hold multi-disciplinary team meetings but coordinated care through the patient record system tasking and responding to requests from other professionals.
- There was no documented induction programme for new staff.
- All staff had received appraisals and training and development within their roles.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to other practices within their CCG. Patients reported higher levels of satisfaction with the practice nursing team and that they had trust and confidence in their GPs.
- Patients told us staff were helpful, finding time to assist and support them. They were consistently treated with kindness, dignity and respect.
- Information for patients about the services available. Staff arranged appropriate translation services for patients who did not speak English as a first language or who had hearing impairments.
- Carers were identified and supported to access services and receive appropriate vaccinations.

Are services responsive to people's needs?

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

Requires improvement



- Patients reported difficulties obtaining appointments with the GP.
- There was a lack of available appointments for patients. The practice only permitted patients to book one week in advance for the GP consultations.
- The practice experienced high rates of patients failing to attend for appointments.
- The practice had a complaints policy and procedure that was consistent with guidance and best practice. We found complaints were responded to and investigated in a timely and appropriate manner.

Summary of findings

Are services well-led?

- The practice is rated as inadequate for being well-led. There was a lack of effective governance at the practice and risks to patients were not being identified and acted on.
- The practice had a shared commitment and vision to providing high standards of care but accepted improvement was required to achieve this.
- There was no recorded business plan or staff consultation regarding the proposed development of the practice.
- The practice had not reviewed the overall performance of the practice or recognised the significance of inadequate clinical governance systems compromising the safety of patients.
- There was a programme of clinical audit used to monitor quality and to make improvements. However, there was an absence of understanding of the importance of providing accessible services.
- There was a leadership structure and the partners attended practice meetings. However they had not attended either of the meetings with the PPG members.
- The patients and PPG members told us they felt valued by the practice manager and wider practice team. We saw they were inclusive encouraging all patients to have an active voice in the running of the practice.
- The practice were engaging with and registering interest in external improvement pilot programmes.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

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

- Housebound patients were known to the service and allocated a lead GP to conduct their reviews within their homes.
- The practice worked with their appointed social worker. They advise and assisted the practice with the coordination of health and social care needs for patients over 65 years of age.
- The practice nursing team provided phlebotomy services.

Inadequate



People with long term conditions

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

- Longer appointments and home visits were available when patients needed them.
- Structured annual reviews were scheduled and undertaken by the practice nurse. Patient reported positively on this and felt supported by the practice. However, the practice had achieved below the local and national averages for their monitoring of asthma patients.
- The practice nursing team provided phlebotomy services.

Inadequate



Families, children and young people

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

- The GPs told us they contacted patients and their families who failed to attend hospital appointments. However, we found these were not consistently recoded on the patient record system and could find no evidence to support that this was being done.
- Immunisation rates were comparable or above local and national rates for standard childhood immunisations.

Inadequate



Summary of findings

- Patients told us that children and young people treated in an age-appropriate way.
- Antenatal weekly clinics were held at the practice.
- The practice's had a good uptake for the cervical screening programme achieving 80%, which was comparable with the local (82%) and national average of 82.

Working age people (including those recently retired and students)

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

- Appointments could be booked by telephone or online. However, there were early appointments available at 7.45am on a Monday but no extended opening hours for patients who worked or students and patients reported difficulty making appointments.
- Patients had access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- The practice promoted health screening. However, they had below the local and national rates for screening of breast and bowel cancer.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.

Inadequate



People whose circumstances may make them vulnerable

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

- The practice did not maintain a register of patients living in vulnerable circumstances but coded them on their patient record system. However this had not been activated in a way that identified these patients to clinicians. The practice did not hold multi-disciplinary team meetings but coordinated care through the patient record system tasking and responding to requests from other professionals.

Inadequate



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. They knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.
- Hour long health checks for people with learning disabilities were scheduled in advance and reminders sent to improve attendance.
- The practice worked with a homeless resource centre to accommodate people who need urgent health care but are not registered with a GP. They plan to enhance their services to this population group providing blood pressure monitoring, health checks and dietary checks in July 2016.

People experiencing poor mental health (including people with dementia)

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

- The practice knew patients who experienced poor mental health or those with dementia. Clinicians and staff had contact details for mental health crisis teams.
- The practice did not hold multi-disciplinary team meetings but coordinate care through the patient record system tasking and responding to requests from other professionals.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations.
- The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Dementia reviews were schedule and monitored. However, the practice achieved 46% as opposed to the local average 87% and the national average 84% for patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months. We checked the practices most recent clinical performance and found an improvement.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing similar to local and national averages. 310 survey forms were distributed and 97 were returned. This represented a response rate of 31% of those asked.

- 65% of respondents found it easy to get through to this practice by phone compared to the local average of 72% and the national average of 73%.
- 93% of respondents said the last appointment they got was convenient. This is better than the local average of 91% and the national average 92%.
- 83% of respondents described the overall experience of this GP practice as good compared to the local average 82% and the national average of 85%.
- 73% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards for patients which were all positive about the standard of care received. They told us how consistently welcoming and helpful staff were whilst maintaining their confidentiality.

We spoke with seven patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They spoke highly of the reception and nursing team. However they also told us they experienced difficulties obtaining appointments and some people found a GP had poor interpersonal skills.

The practice had received 83 responses to the NHS Friends and Family tests. 80 stated they were extremely or likely to recommend the practice. The remaining three responses stated they were neither likely nor unlikely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure clinical staff are DBS checked prior to commencing independent clinical duties.
- Ensure appropriately trained and supervised clinicians receive and review all clinical information.
- Improve the monitoring of patients subject to safeguarding concerns, including following up children who do not attend for their hospital appointments.
- Monitor and work to improve patient outcomes in QOF. For example, in relation to patients with long term conditions and those suffering with poor mental health.
- Implement formal governance arrangements including systems for assessing, monitoring and mitigating risks and ensuring the quality of the

service provision such as through the appropriate actioning of patient information, medicine and safety alerts and conducting medicine reviews in a timely manner by an authorised person.

Action the service **SHOULD** take to improve

- Ensure sufficient staffing to maintain clinical duties in a staff members absence.
- Ensure staff receive an induction to undertaking their role and responsibilities and this is documented.
- Review attendance by their patients at out of hours, accident and emergency and walk in service to identify trends and use it to inform the delivery of their services.
- Respond to patient feedback in relation to the availability of GP appointments.
- Continue to monitor and improve prescribing patterns.

Summary of findings

- Increase the uptake of patients attending for the national screening programme for breast and bowel cancer.

Dr NG Newport's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr NG Newport's Practice

Dr NG Newport's Practice is also known as Aegis Medical Centre. They have approximately 4458 patients registered with the practice. There are two male GP partners, who are supported by a full time female practice nurse, two health care assistants, reception/administrative team, cleaner and overseen by the practice manager

The practice is open a range of times, varying each day. However, they are open every day between 8am and 6.15pm closing between 12.30pm and 2pm most days. Appointments were available 7.45am until 12.20pm and 3.30pm to 5.50pm on Monday and either 9am or 9.30am until 5.50pm Tuesday, Wednesday, Thursday and Friday.

Drop in surgeries are provided twice a week on Monday and Thursday mornings. The practice did not offer extended hours appointments. Appointments were permitted to be booked one week in advance with the GPs.

The practice is located in a deprived residential area of Basildon. The local population has a lower life expectancy for males and females than the local clinical commissioning group and national averages.

When the practice is closed patients are advised to call the surgery and be directed. Alternatively they may call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.

The practice has a comprehensive website providing details of services and support agencies patient may find useful to access.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016. During our visit we:

- Spoke with a range of staff (practice manager, GPs, practice nurse, health care assistant, and reception team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice had recorded eleven incidents within the last 12 months. 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). We reviewed two significant incidents related to the registration of a patient and confusion over patient data and communication between hospital and practice. In both incidents the events had been appropriately recorded, investigated and learning identified. Where appropriate a full explanation was provided to the patient and an apology given. The practice also praised their staff for their fast and appropriate response to a patient whose health had deteriorated whilst in the practice.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We saw that both GPs maintained individual MHRA alert folders confirming sight and actioning of information. We checked patient records and found some patients had been continued to prescribe medicines contrary to guidance.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place. However, not all processes were sufficiently established or robust to keep patients safe and safeguarded from abuse, which included:

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice failed to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were insufficient processes in place for handling repeat prescriptions which included the review of high risk medicines. The practice did not actively monitor patients to ensure they prescribed within guidelines. For example, we checked monitoring of patients receiving high risk medicines. We found 16 patients had not had appropriate kidney function

checks over the last five years to authorise the safe continuation of the treatment. We also found a medicine review for a patient with a long term condition had been conducted by a member of the nursing team, not an approved clinical prescriber. The practice accepted this was not appropriate

- The practice told us they had reviewed their prescribing behaviour and this had improved since March 2016. The March 2016 data showed the practice were outside the prescribing objectives set by their clinical commissioning group in ten of the 12 performance areas.
- We found some prescribing of medicines that was not in line with clinical guidance. For example, we found 14 patients had been inappropriately prescribed cholesterol lowering medicine which conflicted with another of their medicines. We found the medicines were proposed primarily for short term use but found to be on six patient's repeat long term prescriptions. There was an absence of clinical details recorded on their patient record to justify the clinical decision. We also found one patient who was being prescribed multiple medicines presenting the same high clinical risks for cardiac arrhythmia (irregular heart beat). Both medicines were intended for short term use but had been prescribed for long-term use.
- Blank prescription forms and 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 nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We found that the arrangements in place to safeguard children and vulnerable adults from abuse required improvement. There was a lead GP for safeguarding. However, we found safeguarding icons had not been activated on their patient system to advise clinicians of the identity of vulnerable children and this was therefore an ineffective system in use. Policies had been reviewed and were accessible to all staff including how to escalate concerns. The GPs provided reports where necessary for other agencies. We spoke to staff who demonstrated an awareness of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The clinical team were trained to child protection or child safeguarding

Are services safe?

level 3. The GPs told us they called the parents and guardians of children who failed to attend hospital appointments but we could find no entries on the clinical system to support this.

- 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 by the practice nurse 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 was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. Staff signed the policies to show they had read and understood them. The practice nurse was the infection control clinical lead who liaised with the GPs. Regularly audits were conducted on the practice cleaning and we saw evidence that action was taken to address any improvements identified as a result. Staff were encouraged and supported to receive appropriate vaccinations for flu and hepatitis B (a blood borne disease).
- We reviewed three personnel files for clinical and administrative staff. We found appropriate recruitment checks had not been undertaken for all staff prior to employment. For example, a member of the clinical team did not have an up to date check through the Disclosure and Barring Service prior to undertaking clinical duties and no risk assessment had been undertaken.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had conducted health and safety assessments to ensure their staff were kept safe and their welfare needs met. For example; the introduction of headsets for the reception team to reduce potential neck, back and head pain from staff holding and speaking on the phone for long periods.
- The practice had conducted their annual fire risk assessment and had subsequently reviewed their fire safety policy in April 2016. Staff had received awareness training and fire safety marshals had been appointed to

ensure patients and staff were escorted safely from the building in the event of an incident. Regular fire drills were conducted and fire equipment including smoke detectors had been monitored and last maintained in June 2016.

- All electrical equipment had been checked in March 2016 to ensure the equipment was safe to use. Clinical equipment had been checked in June 2016 to ensure it was working properly. The practice 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). The practice legionella assessment showed them to be at low risk.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure enough staff were on duty. The GPs covered for one another to provide continuity of care and the healthcare assistants were able to undertake some immunisations in the absence of the practice nurse. However, not all the practice nurses duties were covered during their absence such as child immunisations and cervical screenings. Therefore, patients had to wait for their return to access these services.

Arrangements to deal with emergencies and major incidents

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

- We found there was an instant messaging system on the clinical computer system 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they were in date and stored securely.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Each individual clinician was responsible for their own professional learning such as relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We conducted checks of the patient system and found clinicians had not consistently implemented NICE guidance for the management of medicines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published showed the practice achieved 71% of the total number of points available. Their exception reporting was 5.4% which was below the local average by 1.5% and the national average by 3.8%. (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).

Data from 2014/2015 showed this practice was an outlier for QOF (or other national) clinical targets in the following areas;

- The practice achieved below the local and national average for their asthma reviews of patients. For example, 59% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that includes an assessment of asthma control. The local and national average was 75%.
- The practice were high prescribers for antibacterial medicines prescription items They were also high prescribers for hypnotic medicines for patients with poor mental health. The practice was aware and were trying to address poor historical prescribing behaviour. This was being achieved through medicine reviews to determine patients clinical needs.
- The practice had below the local and national averages for blood pressure monitoring for patients with hypertension in the preceding 12 months. They achieved 67% as opposed to the local average of 82%

and the national average of 84%. The practice had showed an improvement against the recent performance indicators but this data was yet to be verified.

- The practice had low review rates for their percentage of patients with COPD (including an assessment of breathlessness using the Medical Research Council dyspnoea scale) in the preceding 12 months. The practice achieved 78% in comparison to the local average of 88% and the national average of 90%.
- The practice achieved below the local and national averages for the percentage of patients they diagnosed with dementia and had held a face to face review in the preceding 12 months. The practice achieved 46% as compared to the local average of 87% and the national average of 84%. We checked the practices most recent data and found an improvement but this data was yet to be verified.
- The practice had below the local and national averages for their monitoring of alcohol consumption for some patients with poor mental health (schizophrenia, bipolar affective disorder and other psychoses) in the preceding 12 months. The practice achieved 46% in comparison to the local average of 89% and the national average 90%. We checked the practice most recent data and found they had made improvements in their screening of patients but this data was yet to be verified.
- The practice had below the local and national averages for recording comprehensive care plans in the preceding 12 months for patients with poor mental health (schizophrenia, bipolar affective disorder and other psychoses). The practice achieved 44% in comparison with the local average of 86% and the national average 88%.

The practice told us they attributed their poor performance in QOF to high rates of non-attendance by patients. However, we found the practice had not implemented a strategy to improve attendance.

The practice had higher than the local and national average for accident and emergency admissions for ambulatory care sensitive conditions. The local Ambulatory care sensitive conditions are those which it is possible to prevent and reduce the need for hospital admission through active management, such as vaccination; better

Are services effective?

(for example, treatment is effective)

self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension.

The practice told us they had not reviewed their accident and emergency data. They believed the high rates may be attributable to being located close to the accident and emergency department and a consequence of patients experiencing delays in obtaining an appointment.

The practice showed two completed cycled clinical audits on minor surgery and hypothyroidism. The practice nurse had also conducted an annual cervical cytology. Where improvements were needed we found changes had been implemented and monitored.

Effective staffing

We found not all staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had no formal induction programme for all newly appointed staff. However, newly appointed members of the team were supported by a colleague until they felt able to undertake roles independently. On appointment all staff commenced training, covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how some of their staff had received role-specific training and updating for relevant staff. For example, the practice nurse attends local practice management meetings; mental capacity training and cervical screening and immunisation update training.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice had systems in place to ensure the timely sharing of information via their patient record system.

However, we found that electronic information received by the practice such as out of hours consultations, test results and hospital letters were been screened and prioritised by non-clinicians. Therefore, there was no assurance that the GPs were reviewing all patient information to ensure that patients were receiving the most appropriate care and treatment.

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. The practice tasked other healthcare professionals and responded to their requests through the patient record system. The practice accepted their current arrangements were insufficient and a multidisciplinary meeting was scheduled for 21 July 2016. However, none had taken place since July 2015.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had undertaken training in 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided practical advice and signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the local (82%) and national average of 82%. The practice told us they called and wrote to patients who failed to attend appointments scheduled by health organisations.

The practice reported a comparable prevalence of new cancer diagnosis within their patient population when compared to local and national averages. They encouraged their patients to attend national screening programmes.

Are services effective?

(for example, treatment is effective)

However, data from the National Cancer Intelligence Network showed the practice had lower rates of screening for their patients when compared with the local and national averages. For example;

- The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 63% in comparison with the local average 67% and the national average 72%. They also had low screening rates for women within the same age band for attendance within six months of their invitation achieving 50% in comparison with the local average of 71% and the national average of 73%.
- The practice uptake for screening patients aged 60-69 years of age for bowel cancer within 6 months of their invitation was below the local and national average achieving 48% as opposed to 54% locally or 55% nationally.

The practice were not monitoring their patient screening rates and had no strategy in place to follow up with patients who failed to attend.

Childhood immunisation rates for the vaccinations given were above the local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 97% to 100%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found that staff members were welcoming and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were friendly and helpful and maintained patient confidentiality. They felt staff consistently treated them and their family members with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Both spoke highly of the staff and how caring and attentive they were. This was supported in the conversations we held with five other patients we spoke to on the day. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had received 83 responses to the NHS Friends and Family test. 80 patients stated they were extremely or likely to recommend the practice. The remaining three responses stated they were neither likely nor unlikely to recommend the practice.

Results from the national GP patient survey, published in January 2016 showed patients reported high levels of satisfaction with the nursing team. Whilst patients reported high levels of confidence and trust in their GPs. For example:

- 85% of respondents said the GP was good at listening to them this was the same as the local average of 85% but below the national average of 89%.

- 86% of respondents said the GP gave them enough time compared to the local average 84% and the national average of 87%.
- 97% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 93% and the national average of 95%.
- 76% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 80% and the national average of 85%.

95% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

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 supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, January 2016 showed patients reported high levels of satisfaction with the nursing team but lower levels of satisfaction with their involvement in planning and making decisions about their care and treatment with their GP. For example:

- 76% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and the national average of 86%.
- 71% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 76% and the national average of 82%.
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local average 85% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice also requested translation services for patients with hearing impairments.

Are services caring?

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.

The practice's computer system enabled the GPs to know if a patient was also a carer. The practice had identified 54 (1% of their patient list). The practice had held a carers

morning and meeting in 2015 promoting services available to patients. We found information was displayed on their patient notice board within their waiting areas and letters had been sent to all carers inviting them to attend for flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Staff were also informed of the death and patient records updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- Access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- There were longer appointments available for people who needed them. Hour appointments were available with the practice nurse for patients with learning disabilities
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for all patients, with priority access given to children and those with serious medical conditions.
- Phlebotomy was provided by their practice nursing team.
- The practice had a specific social worker aligned to their practice who worked with them to assess and meet the needs of their patients 65years and over. They attended on Wednesday afternoons to review patient information and work directly with patients to assess and coordinate their needs.
- The practice maintained a list of all their housebound patients and scheduled routine visits to monitor the patients on going health needs.
- Health checks were scheduled for patients with learning disabilities.
- Therapy for you provided a range of talking therapies to patients Monday to Friday at the surgery.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- Antenatal clinics were conducted weekly by a specialist nurse.
- The practice attended a local homeless resource centre to accommodate people requiring medical services who are not registered with a GP.

- There was step free access to the practice. However, there was no electronic entry system or means of alerting staff to assist the less able to access the surgery. Thereby, leaving patients reliant on people noticing them outside the surgery and agreeing to assist them.

Access to the service

The practice was open between 7.45am to 12.45 and 2pm to 6.15pm Mondays, 8am to 6.30pm on Tuesday, 8am to 12.30pm and 2.30pm to 6.15pm on Wednesday, 7.45am to 12.45pm and 4pm to 6.15pm Thursday and 8am to 12.45pm and 3pm to 6pm Friday.

Appointments were available 7.45am until 12.20pm and 3.30pm to 5.50pm Monday, Tuesday 9.30am to 12.20pm and 3.30pm to 5.50pm, Wednesday 9am to 12.20pm and 4pm to 5.50pm. Thursday 8.45am to 12.20pm and 4pm to 5.50pm, Friday 9.30pm to 12.20pm and 3pm to 5.50pm.

Drop in surgeries were provided twice a week on Monday and Thursday mornings. Appointments were permitted to be booked one week in advance with the GPs. Two online appointments were available each day.

Results from the national GP patient survey, published in January 2016 that showed that patient's reported lower levels of satisfaction with how they could access care and treatment than the local and national averages.

- 63% of respondents were satisfied with the practice's opening hours compared to the local average 73% and the national average of 78%.
- 65% of respondents said they could get through easily to the practice by phone compared to the local average 72% national average of 73%.

People told us on the day of the inspection that they were unable to get appointments when they needed them. We found the next appointment with the nurse was in July 2016. Appointments with the GP were only made a week ahead and none were available. Patients were told to continue to call until able to secure an appointment. There was no triage system in place to prioritise patients according to their clinical need.

The practice monitored and audited their non-attendance by patients. Their non-attendance rates were high with ranging from 97 appointments missed in February 2016 to 109 appointments missed in November 2015. The practice maintained a record of patients who failed to attend appointments. They wrote to repeat non-attenders

Are services responsive to people's needs?

(for example, to feedback?)

requesting they notify the practice if they are unable to attend to enable the appointment to be reallocated. They also sent text reminders to patients with nurse appointments to improve attendance rates. For mothers and children who failed to attend their health checks and immunisations the practice personally contacted them to discuss any concerns and reschedule. This was documented within the patients medical record.

We asked the practice if they monitored their patient's attendance at walk in services, out of hours and accident and emergency services. They had not collated or reviewed the data to identify trends and inform the delivery of their services.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and now aligned to recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.

The practice had recorded six complaints in 2015 to 2016 these related to issues such as the conduct of the clinical team, referrals and appointments. We found all had been investigated and outcomes and learning identified. Lessons were identified from individual concerns. However these were not shared formally with staff through practice meetings. The practice acknowledges improvements could be made and have introduced a spread sheet to record learning and checks to ensure it is embedded to improve practice.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice told us their vision was to deliver high standards of care to all population groups and make a difference to their patients. The mission statement was not displayed but staff shared the partner's commitment to their patients. There was no recorded business plan or staff consultation regarding the proposed development of the practice.

Governance arrangements

The lead GP had recently retired and a new GP had been appointed to the partnership. The staff told us they were a welcome addition to the team. Staff were clear about the division of clinical and non clinical duties. The partners had lead areas of clinical responsibility such as prescribing, safeguarding and the role of Caldicott guardian. However, it was accepted improvements could be made defining the scope of these responsibilities and demonstrating greater accountability. For example, we found there was an absence of overarching governance to ensure the practice was safe and effective. The practice had not identified and acted on some risks to patients such as;

- Non trained staff reviewing and prioritising clinical information.
- Acting on and revisiting patient safety and medicines alerts.
- Reviewing some patients medicines to ensure they were safe to prescribe .
- Following up with parents or guardians whose children failed to attend hospital appointments,
- An absence of DBS checks for clinical staff despite their independent working
- An absence of GP appointments for patients and no analysis of the potential risks this presented to some patient groups.

The practice recognised immediate improvements were required to ensure the practice was accessible and safe for their patients to receive care and treatment.

Leadership and culture

On the day of inspection we found improvements were required to ensure the practice delivered accessible and quality care. The practice had told us they wished to professionalise the delivery of the service and were making changes.

The provider was aware of and had systems in place 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). Staff were confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

We found regular practice management meetings were held and well attended by the GP partners and all other staff. They addressed a range of issues from day to day responsibilities to lessons learnt from complaints and significant incidents. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager directly or during meetings. They were extremely supportive of the practice manager and regarded them highly as they felt supported and had confidence in them. Staff told us the partners were polite and approachable

The practice manager and practice nurse had a constructive relationship and were pragmatic in their approach to resolving issues and implementing improvements. They engaged well with all members of staff and were valued by the patients.

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

The practice manager told us how they encouraged the involvement of all patients and had seven members within their PPG. The PPG had not received guidance on their role and responsibilities but were inclusive in welcoming representation from their patients. We spoke to two members of the group who told us they believed it was an important opportunity to raise concerns and work with the practice to drive improvements. However, they were disappointed that the GP partners had not attended either of the meetings held nor sent their apologies.

We reviewed PPG meeting minutes from October 2015 and April 2016. These were comprehensive and evidenced how the practice had worked with their PPG to capture patient reviews regarding the continuation of phlebotomy services on funding being cut. The practice had received 566 petition signatures and six written letters requesting the continuation of the service. In response to this the practice had agreed to retain their phlebotomy service irrespective of funding.

Are services well-led?

Inadequate 

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

The practice had gathered feedback from staff through informal discussions, staff meetings and discussions. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and/or the practice manager. Staff told us they felt involved and engaged to improve how the practice was run.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Improvements were required in the clinical performance of the practice. They were an outlier for QOF and achieved 71% of the total number of points available. They also had low cancer screening rates compared with the local and national averages.

Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Improvements were required to ensure patients received safe care and treatment. Non clinical staff were reviewing and prioritising clinical information independently of clinical oversight, placing patients at risk of information not being appropriately considered or actioned in a timely manner.

Patient safety alert information relating to medicines had not been consistently actioned and reviewed to ensure safe prescribing practice.

Some patients had not had their medicines appropriately reviewed and continued use authorised by an appropriate medical professional.

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

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider failed to ensure a member of their clinical team had received a DBS check prior to commencing clinical duties.

This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider had failed to assess, monitor and improve the quality and safety of services.
Maternity and midwifery services	Patients reported difficulties obtaining appointments. The provider reported high non-attendance by patients but had not addressed this, nor conducted analysis of their patient's attendance at out of hours, accident and emergency or walk in services to inform services.
Surgical procedures	The provider had not provided clinical governance of their management of medicines in particular prescribing behaviour resulting in them being an outlier in the CCG performance areas.
Treatment of disease, disorder or injury	The provider failed to assess, monitor and mitigate risks relating to the health and safety of service users. In that they failed to ensure the appropriate management of clinical information and regular governance checks on safe prescribing of medicines.
	This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.