Clifton House and Nook Group Practice

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?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clifton House and Nook Group Practice on 6 June 2017. Overall the practice is rated as inadequate. The practice is rated as inadequate for providing safe, effective and well led services. They are also rated as requires improvement for providing responsive services and good for providing caring services.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was a very low number of incidents recorded over the previous year. When things went wrong, reviews and investigations were undertaken. However, the approach to reviewing and investigating causes was insufficient or unclear. There was no evidence that learning was effectively shared across the staff team.
- Although some risks to patients were assessed, they were limited in scope. For example, there was no evidence of an electrical system check being completed within the last five years. The provider could not produce a gas safety certificate for either the premises or for the boiler at the Clifton House site.
- Whilst the practice could confirm that the lead clinician had the required training in safeguarding, we did not see evidence that mandatory training in safeguarding, health and safety, fire safety, basic life support, infection control and information governance had been completed by all staff.
- Recruitment checks were consistently followed, as references and the appropriate identification and pre-employment checks were seen. However, the provider did not issue written contracts of employment in a timely way or maintain an oversight of the medical indemnity cover of the relevant clinical staff.
- The practice had adequate arrangements to respond to major incidents such as a power failure.
- Medicines were not safely managed across the practice. Records were kept of emergency medicines

Summary of findings

and these were regularly checked to see that they were in date and fit for use. However, we saw that written checks of the emergency oxygen supply and defibrillator were not maintained. Emergency drugs held at the branch surgery were held in a room that could not be locked and was potentially accessible by members of the public. The provider did not have a validated medical grade cool box for the transfer of vaccines between locations and there were no systems to monitor maximum and minimum temperatures whilst the box was in use.

- Clinical staff were unable to identify who the lead for infection prevention and control was.

- Data showed some patient outcomes were low compared to the national average. There was no meaningful audit activity to drive improvements to patient outcomes.
- We observed patients being treated with compassion, dignity and respect. Results from the national GP patient survey aligned with our observations. Vulnerable patients had been identified and could receive same day access to appointments if requested.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, the system for sharing and acting on drug alerts across the practice was not sufficiently monitored.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. However, detailed responses to complaints were not recorded and there was no evidence of learning from complaints being shared across the staff team.
  - Governance meetings did occur, however minutes from these meetings were not sufficient to support learning and ongoing review.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvement are:

- Review the arrangements for the sharing of medicine alerts to assure themselves that information has been seen and acted upon.
- Review the approach taken in supporting patients with mental illness, patients on the palliative care register and those patients with a learning disability to ensure they are appropriately reviewed.

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.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, there was a very low number of incidents recorded over the previous year. When things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Recruitment checks were consistently followed as references and the appropriate identification and pre-employment checks were seen. However, the provider did not issue employment contracts in a timely way or maintain an oversight of the medical indemnity cover of all of the relevant clinical staff.
- Although some risks to patients were assessed, they were limited in scope. The provider could not give assurance that the premises or facilities were safe. For example, there was no evidence of an electrical system check being completed within the last five years. Following the inspection, arrangements were made for an electrical check and an electrical safety certificate was sent to us by the provider. The provider could not produce a gas safety certificate for either the premises or for the boiler at Clifton House. The provider did not have a validated medical grade cool box for the transfer of vaccines between locations and there were no systems to monitor maximum and minimum temperatures whilst the box was in use.
- The process for responding to MHRA (Medicines and Healthcare products Regulatory Agency) drug alerts was inconsistent across the practice. During the inspection we identified two patients who had not been recalled for a blood test following a drug alert.
- Whilst the practice could demonstrate that the lead clinician had the required training in safeguarding, the training database omitted several members of staff and was found to be inaccurate. We could not be assured that mandatory training had been completed across the staff team.
- The practice had adequate arrangements to respond to major incidents such as a power failure and we saw evidence of regular fire safety drills and that equipment was checked annually.

Summary of findings

Are services effective?

Inadequate

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly lower than the local and national averages. Overall QOF data provided to us by the practice for 2016/17 showed a sharp decline in QOF performance from 93% in 2015/16 to 73% in 2016/17. The data for 2016/17 had not been verified or published yet.
- We did not see evidence that any meaningful clinical audit activity had been carried out in the previous 12 months to drive improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment; however we did not see evidence that all staff had received training updates in health and safety, basic life support, fire safety, information governance and infection control.
- None of the staff had received an appraisal in the last year, with the exception of the lead practice manager.
- Staff worked with other health care professionals as needed to understand and meet the range and complexity of patients' needs. However some patient groups such as those experiencing mental illness or a learning disability were not proactively reviewed by the provider.
- End of life care was coordinated with other services involved. We saw an example of an urgent care review that had taken place to support a palliative care patient with urgent needs. However, during the inspection we saw that a patient on the palliative care register was being seen regularly by district nurse, but had not been reviewed by a GP in the six months since receiving their diagnosis.
- We saw that the provider had made good progress in reducing the number of patients being prescribed certain medications, such as antibiotics.
- Nurses provided effective care for people with diabetes.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patients rated this practice higher than average for some aspects of care.
- 93% of patients said that the last nurse they spoke to was good at explaining tests and treatments compared to the local average of 92% and the national average of 90%.
- We saw that patients attending the surgery were treated with kindness and respect.

Summary of findings

- 84% of patients described the overall experience of this GP practice as good compared to the local average of 88% and the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 82% and the national average of 77%.
- The practice had appointed a carers champion to actively promote support for carers and had identified 2% of the practice population as carers.

Are services responsive to people's needs?

Requires improvement

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

- The practice understood its population profile. However, access to services was not consistently available to meet the needs of its population. For example, the main and branch surgeries effectively operated as two separate providers, as confirmed by information on the practice website
- The practice maintained a register of vulnerable patients and ensured that these patients could access same day care as required. However, patients who were coded as experiencing a learning disability were not called for an annual health review.
- We saw from reviewing meeting minutes that clinics were sometimes cancelled at short notice due to staff shortages and that the number of appointments offered on two random weeks that we sampled was highly variable.
- Information about how to complain was available within the practice. However, the provider had not had a complaints procedure for patients in operation between July and December 2016. We saw that verbal and written complaints had been recorded within the practice. However, we did not see that a consistent or complete response had been given to patients or that effective learning from complaints was implemented across the staff team.

Are services well-led?

Inadequate

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

- The practice told us they had a clear vision and strategy. However, we did not see evidence to support effective progress against areas identified within the provider's business development plan.

Summary of findings

- There was a clear leadership structure and staff described feeling supported; however staff had not had an annual appraisal and evidence to confirm all staff had completed mandatory training was not available to us during the inspection.
- The practice had a number of policies and procedures to govern activity, and the practice was able to evidence that policies such as Duty of Candour were being introduced across the practice team.
- There was insufficient clinical audit activity or analysis or learning from significant events and complaints.
- The practice did not maintain oversight of the medical indemnity status of all relevant staff.
- Governance meetings did occur. However minutes from these meetings were brief and we were unable to establish that learning and ongoing review was supported. Items were not carried over from previous meetings and progress against objectives was unclear.
- The practice had sought feedback from patients through the promotion of the Friends and Family Test. However, the provider had not reviewed or analysed any of the data to identify patient opinion. The provider had not had sight of the National Patient Survey and had consequently taken no action to address areas for potential improvement. The provider had not conducted any internal patient survey activity. A patient group had recently been established. At the time of our inspection, one meeting had taken place. The group was still in the early stages of development.

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 practice is rated as inadequate for providing safe, effective and well led services and requires improvement for responsive services. The issues identified impact on the care provided to this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered flu and shingles vaccinations to meet the needs of this population group.
- Older patients without internet access were able to telephone for repeat prescriptions.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for responsive services. The issues identified impact on the care provided to this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2015/16 showed that 69% of patients on the diabetes register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes in the majority of patients was being well controlled. This was 2% lower than the local average and 1% lower than the national average. In addition, 95% of people newly diagnosed with diabetes were referred to an education programme following diagnosis. This was 5% higher than the local average and 3% above the national average.
- Data from 2015/16 showed that 75% of patients, newly diagnosed with chronic lung disease, had received an assessment of their lung capacity within 12 months of diagnosis. This was15% lower than the local average and 13%

Summary of findings

lower than the national average. All these patients had a named GP, and the nursing staff with responsibility for some long term conditions such as diabetes had effective recall systems.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for providing safe, effective and well led services and requires improvement for effective responsive services. The issues identified impact on the care provided to this population group.

- Immunisation rates were relatively high for all standard childhood immunisations.
- A midwife visited weekly to provide care and support for pregnant women.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Contraceptive and sexual health screening services were available and cervical smears were provided.
- There was liaison with the local health visitor; and we saw that safeguarding matters were appropriately discussed between the lead clinician and the health visitor.

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 practice is rated as inadequate for providing safe, effective and well led services and requires improvement for effective responsive services. The issues identified impact on the care provided to this population group.

- The needs of these patients had been identified; however, the practice did not offer any early or late appointments. Telephone access was inconsistent for patients and this made contacting the surgery inconvenient at times for working age people.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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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 practice is rated as inadequate for providing safe, effective and well led services and requires improvement for responsive services. The issues identified impact on the care provided to this population group.

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability and those receiving end of life care. These patients were able to access same day appointments when needed.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. However, we saw an example where a patient with a terminal diagnosis had not been contacted or reviewed by the provider in the six months following this diagnosis. However, they were being seen by the district nurse.
- The practice offered longer appointments for patients with a learning disability; however we saw that these patients were not routinely invited for an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support services.

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 practice is rated as inadequate for providing safe, effective and well led services and requires improvement for responsive services. The issues identified impact on the care provided to this population group.

- Performance for mental health related indicators overall was significantly lower than the national average. For example data from 2015/16 showed that 61% of patients with a serious mental illness had a comprehensive care plan in place. This was 30% lower than the local average and 28% lower than the national average. The provider had not developed an action plan to address this and the latest QOF figures for 2016/17 given to us by the provider showed that this figure had declined further to 45% of eligible patients. The 2016/17 data had not been verified or published yet.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Referrals to talking therapies were available for patients that needed this.
- Some staff had received training in supporting patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results are published annually; the latest data set was published in July 2017. The results data had been gathered prior to our inspection. It showed the practice was performing in line with local and national averages for the majority of responses. Some aspects of clinical care were rated higher than average. However, there were some areas where satisfaction was lower than average. Survey forms were distributed to 247 patients and 117 were returned. This represented a completion rate of 47% and comprised 3% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the local average of 75% and the national average of 71%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 84%.
- 84% of patients described the overall experience of this GP practice as good compared to the local average of 88% and the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 82% 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 20 responses which were all positive about the standard of clinical care received. Patients described a friendly reception team and very caring clinicians. Several cards said that patients found it very difficult to make an appointment. However, other cards showed patients commended the service for providing appointments quickly, when asked.

We spoke with three patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke with were not aware that they could contact either location in order to make an appointment.

Since December 2016, the provider had gathered data each month from the Friends and Family Test (FFT). Data from both locations had been combined and was stored at Clifton House. It was not possible to differentiate whether FFT had originated from the Clifton House or Nook location. The practice told us that they had not reviewed the responses. During the inspection, we reviewed a random sample of 10 responses. Six were positive and four were negative. One of the negative responses alleged that a receptionist had been rude and unhelpful. However, we also reviewed complaints and found that another patient had found the attitude of reception staff difficult when trying to make an appointment in advance.

Clifton House and Nook Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a second CQC inspector and a GP specialist adviser.

Background to Clifton House and Nook Group Practice

Clifton House and Nook Group Practice (Clifton House, 1 Church Street, Golcar, Huddersfield, HD7 4AQ and the branch site located at Nook Surgery, Salendine Shopping Centre, 144 Moor Hill Road, Huddersfield, HD3 3XA), provides services for 4,526 patients. The surgery is situated within the Greater Huddersfield Clinical Commissioning Group and provides primary medical services under the terms of a general medical services (GMS) contract.

Services are provided from purpose built and accessible buildings. Clifton House is owned by the provider and The Nook Surgery is leased. The practice is located on the outskirts of Huddersfield in a semi-rural area and experiences average levels of deprivation. The population is mainly White British with some South Asian patients registered.

The practice has one lead GP, who attends the practice four days a week and undertakes the equivalent of six clinical sessions. An Advanced Nurse Practitioner undertakes seven sessions with long-term locum GP cover provided for the remainder of the week, which equates to a further five sessions.

The provider has three practice nurses, who work a combined total of 51 hours. They are supported by a part time health care assistant. The lead practice manager who is the registered manager, works between Clifton House and Nook Group Practice, as well as another local practice. The provider also employs a practice manager and a team of part time reception staff and a cleaner.

The main site at Clifton House is open Monday to Friday from 8.30am to 6pm. However, staff do not answer the telephones or accept personal callers wishing to make an appointment until 9am. The branch surgery at Nook opens at 9am to 6pm from Monday to Friday, except Wednesday when the branch closes at 1pm. However, telephone lines are open for patients wishing to make an appointment at Nook from 8.30am. The provider does not offer any late clinics and surgeries typically run in morning and afternoon sessions. Out-of-hours treatment is provided by Local Care Direct, which can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

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.

Detailed findings

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 6 June 2017. During our visit we:

- Spoke with a range of staff including GPs, two practice nurses, receptionists the lead practice manager (registered manager) and a practice manager.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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.

Inadequate

Are services safe?

Our findings

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.

However, the approach to reviewing these was insufficient. There was little evidence of learning from events or action taken to improve safety. The practice did not have an effective system for ensuring that medicine alerts and updates had been seen or actioned.

We saw that there had been four significant events recorded in the last year. One of these related to patient difficulties in accessing appointments at The Nook branch surgery. We saw that changes were made to how patients could access reception. Patients were told they could no longer book in person by queuing outside the practice, but should telephone the practice from 8.30am. The provider stated they would review patient feedback in relation to this. However, the provider confirmed that no analysis had been undertaken of the Friends and Family Test, nor had a patient survey been carried out. In another significant event, a prescription had been incorrectly issued to a patient who had a similar sounding name to another patient. During the inspection we were told that three patients had similar names and an alert had been placed on the relevant records. We checked the patient records and saw that only two of the three patient records had been updated with the alert. We did not see any evidence to support that there had been effective learning or review.

A medicine alert had been circulated that required affected patients to be reviewed and have a blood test to check that their medicine was not interacting with a different medicine. We saw that two patients affected by this alert had not been reviewed since the alert had been issued.

Overview of safety systems and processes

The practice had a number of clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety. However, we also identified some areas of concern.

- 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. There was a lead member of staff for safeguarding. We saw evidence that meetings took place between the lead GP and the health visitor and that safeguarding issues regarding children were discussed.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding awareness and most had received training on safeguarding children and vulnerable adults relevant to their role. However, we saw that the e-learning training database omitted several members of staff and we were unable to verify that they had received the required training in safeguarding children or adults. The overall training matrix sent to us by the practice in advance of the inspection was found to be inaccurate when we asked for certificates of attendance evidence against several members of staff, shown as having undertaken training.
- 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules, and we saw evidence that cleaning activity was safely monitored.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead. The lead had undertaken the relevant training and undertaken an IPC audit. There was an IPC protocol and most of the staff had received up to date refresher training, however the training database shown to us was incomplete. A member of the nursing team we spoke to was unaware who the IPC clinical lead was. We saw that the lead GP was overdue refresher training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not managed in a consistently safe way and posed potential risks to patient safety.

Inadequate

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given 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 teams, 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. The Advanced Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. We were told this clinician received mentorship and support from the medical staff for this extended role. However, there was no written evidence of clinical supervision between the nurse and the lead GP. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- Vaccines were stored appropriately on the practice premises and stock levels monitored. However, we saw evidence that the cold chain protocol was not consistently followed. This was because the provider did not have a validated medical grade cool box for the transfer of vaccines between locations and there were no systems to monitor maximum and minimum temperatures whilst the box was in use. Vaccines were delivered to one location and then distributed to the provider's other locations as required.
- There were emergency medicines available. We saw that checks were undertaken to ensure medicines were fit for use. However during our inspection we saw that these medicines were stored in an unlocked room at the branch practice in an area that could potentially be accessed by the public. The medicines were stored on a counter top within the room and were kept in an unsecured box.

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

However, the management of staff contracts of employments was not effectively managed. For example; following the inspection, we asked for evidence of a contract of employment for a member of the clinical team. We were given conflicting information from the practice about whether a contract had been agreed between the practice and the staff member. A contract was sent to us that had been signed by the staff member at the end of February 2017, more than six months after taking up their appointment. We found that practice did not maintain oversight of the medical indemnity cover of all clinical staff. The provider was unable to initially demonstrate on the day of the inspection that a clinician had the appropriate cover. However, a certificate was obtained from the insurance company and made available to us before we concluded our visit.

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. Although some risks to patients were assessed, they were limited in scope. For example, a health and safety assessment of the premises had been carried out. However, we saw that an electrical system check had not been undertaken in the previous five years. Following the inspection, arrangements were made for an electrical check and an electrical safety certificate was sent to us by the provider. The provider could not produce a gas safety certificate for either the premises or for the boiler at Clifton House. 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. There were arrangements for planning and monitoring the number 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. However, we saw reference in meeting notes that reception staff had cancelled clinics at short notice due to a lack of GP cover.

Inadequate

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had appropriate 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.
- Basic life support training certificates for staff were seen in four out of the five personnel records we reviewed. However, some clinical staff members and the lead practice manager were not registered on the provider's training database and the practice could not provide evidence that all staff were up to date with their mandatory training, including basic life support.
- The practice had a defibrillator and emergency oxygen available at both the main site and branch location. However, there were no documented checks seen of the emergency oxygen or defibrillator. Following the inspection, we were assured that checks were undertaken on a monthly basis and that these would be documented at both locations in future. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were from 2015/16 and related to a previous provider. These figures showed the practice had achieved 93% of the total number of points available at that time. This was 2% below the local and national average. The clinical exception rate for the previous provider was 7%, which was 2% lower than the local average and 3% below the national average. (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.)

However, during the inspection we asked the provider for their QOF data in relation to 2016/17. This data had been submitted by the provider to the relevant agencies for verification. The provider confirmed that their overall QOF points had declined from 93% of available points to 73% of available points.

The provider said that this data was due to substantial shortfalls in reviewing patients with a learning disability and those experiencing depression. However, the provider was unable to provide us with additional insight or evidence of an action plan to address the impact on patient care.

Data from 2015-16 showed that:

- 69% of patients on the diabetes register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes in the majority of patients was being well controlled. This was 2% lower than the local average and 1% lower than the national average. In addition, 95% of patients newly diagnosed with diabetes were referred to an education programme. This was 5% higher than the local average and 3% above the national average.
- 75% of patients, newly diagnosed with chronic lung disease, had received an assessment of their lung capacity within 12 months of diagnosis. This 15% lower than the local average and 13% lower than the national average.
- Performance for mental health related indicators overall was significantly lower than the national average. 61% of patients with a serious mental illness had a comprehensive care plan in place. This was 30% lower than the local average and 28% lower than the national average. An action plan had not been developed to address this and the latest QOF figures for 2016/17 given to us by the provider showed that this figure had declined further to 45% of eligible patients.
- We saw limited evidence that clinical audit or quality improvement activity had been carried out. The audit data shown to us by the practice relating to the treatment of hypertension (high blood pressure) had not led to any meaningful opportunities for practice improvement. The data related to a very small sample of patients and we did not see evidence that any further review had taken place to improve patient outcomes. However, the practice had successfully reduced levels of prescribing for a number of medicines including antibiotics and strong pain killers that can cause addiction problems.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We spoke with a newly appointed member of the staff team who confirmed they felt adequately supported.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that those reviewing patients with long-term conditions such as diabetes and asthma had attended regular external clinical updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through 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. However, we did not see evidence to confirm that all mandatory training had been undertaken. Staff, with the exception of the lead practice manager, had not received an appraisal. Staff told us they received ongoing support, one-to-one meetings, coaching and mentoring and support for revalidating both nurses and GPs. Not all staff had regular face to face clinical supervision and we did not see written evidence to support that clinical supervision was ongoing.
- Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care plans, medical records and investigation and test results. We saw that all test results were regularly reviewed and on the day of the inspection we saw that there were no outstanding results. During the inspection we asked the provider if they were up to date with their summarising of medical records. Summarising is the prompt and accurate written transfer of historical paper records or hospital correspondence that is added to the patient's electronic medical record and assists the clinician in understanding a patient's past medical history. We asked the provider about summarising because the CCG had previously alerted us of their concerns regarding a backlog. We were told by the provider that the practice was up to date with this. However, we were later advised by the CCG that the provider had 170 records outstanding at the provider and that the number had risen since they first raised the issue with the provider in September 2016.
- The practice shared relevant information with other services in a timely way, most of the time, for example when referring patients to other services. However, minutes of a staff meeting shown to us on the day of the inspection raised concern that patient referrals to secondary services was causing an increase in workload and that the provider would undertake a review to reduce the number of referrals made, however the minutes of the meeting did not explain how this reduction might be achieved and its potential impact on patient care.
- 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored and we saw evidence supporting this.

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 were held on a palliative care list. We saw an example of an urgent multi-disciplinary meeting to review the care of patient receiving end of life care. However, we also saw an

Inadequate

Are services effective?

(for example, treatment is effective)

example of a patient with a terminal diagnosis had not been reviewed by the practice in the six months since receiving their diagnosis. We saw, however, that this patient was receiving community nursing support.

- Carers and those at risk of developing a long-term condition were signposted to the relevant service. Advice on weight loss and smoking cessation was available.

Data from 2015/16 which related to the previous provider showed that uptake for the cervical screening programme was 86%, which was 1% higher than the CCG average of 85% and 4% higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and they ensured a female sample taker was available. The practice also invited its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were above the 90% national expected coverage levels for vaccinations, in each of the four sub-indicators. For example, childhood immunisation rates for the vaccinations given to five year olds were almost 100% with 45 of 46 eligible children being immunised (national averages ranged from 88% to 94%).

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

We observed members of staff were courteous 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 told us they knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or just below local and national average satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 91%.

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

- Staff told us that interpretation and translation services were available for patients who did not have English as a first language.

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 alerted GPs if a patient was also a carer. The practice had identified 72 patients as carers, which was equal to 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them and a staff member had been identified as a carer's champion.

Staff told us that if families had suffered bereavement, the practice would direct people to the relevant support.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile. However, services were not consistently offered to meet the needs of its population:

- The main site at Clifton House practice opened reception at 8.30am but did not open for telephone callers until 9am. Patients who telephoned Clifton House before 9am were given a pre-recorded phone message that did not mention or direct patients to the Nook Surgery, that opened for telephone callers at 8.30am but did not open for personal callers until 9am. Patients we spoke with were not aware that as the provider had a single patient list, access to both locations was open to all patients. The practice website did not mention this either.
- Patients were able to book a limited number of appointments online, which on the day of inspection we were told was two per clinical session. An additional two appointments could be booked in advance. However, we saw that the majority of appointments were on the day appointments. Staff told us that if a session was fully booked, a patient could be added to the list if they needed to be urgently seen or that a GP would arrange to call them by telephone.
- There were longer appointments available for patients with a learning disability or complex conditions.
- Maternity Services were available and a midwife attended the practice weekly.
- A baby clinic was run by the practice nurses who liaised with the local Health Visitor.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

Access to the service

The main site at Clifton House is open Monday to Friday from 8.30am to 6pm. The branch surgery at Nook opened at 9am to 6pm from Monday to Friday, except Wednesday when the branch closed at 1pm. The provider did not offer any late clinics and surgeries typically run in morning and afternoon sessions. In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for patients that needed them. However, the provider was unclear as to how the appointment policy was being implemented across the two locations and had not undertaken any analysis of trends.

The practice gave us assurances that they had adequate numbers of staff in order to provide responsive services. However, we reviewed the number of appointments available over two random weeks and saw that appointment capacity was variable. For example, during the week commencing 3 April 2017; 177 appointments were available. We also reviewed the week commencing 8 May 2017 and saw that 206 appointments were available. Evidence seen within staff meeting minutes noted that reception staff had asked that GPs not cancel clinics at short notice or on the day. We were told that when clinicians were absent due to unexpected circumstances, the lead GP would usually take on additional clinical sessions.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. Results relating to opening hours were lower than local and national averages. However, patients reported higher levels of satisfaction in relation to telephone access.

- 61% of patients were satisfied with the practice's opening hours compared with the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 85% 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 national average of 84%.
- 87% of patients said their last appointment was convenient compared with the national average of 81%.
- 75% of patients described their experience of making an appointment as good compared with the national average of 73%.
- 70% of patients said they don't normally have to wait too long to be seen compared with the national average of 58%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

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

Reception staff would routinely offer an urgent same day appointment if required or arrange for a telephone call back. The provider did not have a duty doctor system.

Listening and learning from concerns and complaints

The practice had established a system for handling complaints and concerns in December 2016. However, no arrangements had been in place between July and December 2016.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; however it was not consistently implemented as patients did not always receive a written response and a full explanation of the provider's reasoning. Complainants were not advised of their right to take their complaint to the Parliamentary and Health Service Ombudsman (PHSO) if they remained dissatisfied.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We saw that there had been four written complaints and one verbal complaint recorded since December 2016. We reviewed three of these complaints. We saw that the practice manager had taken a practical approach to resolving complaints and preferred to telephone patients and reach a resolution. However, this approach meant that during our review, we could not see evidence that matters had been fully reviewed, documented or resolved. We saw that verbal complaints were also not consistently recorded within the practice. We did not see evidence that learning from complaints was effectively embedded or shared across the staff team.

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 they had a clear aspiration to deliver high quality care and promote good outcomes for patients. However, we did not see evidence to support effective progress against areas identified within the provider's business development plan. For example, tasks to establish a practice website had been achieved but staff appraisals were still overdue and the provider had not analysed feedback gathered from patients via the National Patient Survey or Friends and Family Test.

Governance arrangements

The practice had a partial governance framework which supported the delivery of some good quality care. There were, however a number of areas where governance was less effective.

- Although some risks to patients were assessed, they were limited in scope. For example, there was no evidence of an electrical system check being completed within the last five years. The provider could not produce a gas safety certificate for either the premises or for the boiler at Clifton House.
- Whilst the practice could confirm that the lead clinician had the required training in safeguarding, we did not see evidence that mandatory training in health and safety had been completed by all staff.
- An understanding of the performance of the practice was limited. A significant decline in the QOF score from 93% in 2015/16 to 73% of available points in 2016/17 (which was yet to be verified or published) had not led to a review or action plan to improve patient outcomes.
- There was no meaningful clinical audit or quality improvement activity to drive improvement.
- We did not see evidence that learning from significant events and complaints was effective or shared amongst staff.
- Governance meetings did occur. However, minutes from these meetings were not sufficiently detailed to support learning and ongoing review. Items were not carried over from previous meetings and progress against objectives was unclear.

Leadership and culture

During the inspection, the lead GP and the whole staff team described their aspiration to provide high quality care. The practice team was evidently caring and were led by a compassionate and experienced clinician.

However, we saw that there were shortfalls in the provision of effective governance systems and awareness of processes.

There was a clear leadership structure and staff felt supported by management.

- The practice held clinical and team meetings. Minutes of meetings were limited in scope.
- 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, however they were also limited in scope and did not demonstrate progress against issues of discussion.

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

The practice told us they invited feedback from patients and staff; however we did not see evidence to support any action planning as a result of feedback.

- A patient group had recently been formed and one meeting had taken place. This was still in the early stage of development.
- The NHS Friends and Family test was promoted and a complaints procedure was used by the practice to record patient views. However, we saw that data from the Friends and Family Test was not analysed by the provider. During the inspection, an example of negative feedback reviewed by the inspection team regarding the attitude of a receptionist was dismissed by the provider. The provider had not had sight of the National Patient Survey and had not undertaken a patient survey since taking over the practice on 1 July 2016.
- Staff told us that they were able to discuss any concerns with the management team and the lead GP. Staff described a friendly and supportive team. We saw evidence that the lead practice manager who joined the practice in December 2016 was in the process of implementing improvements to the team work within the practice. For example, staff were encouraged to participate in a team building exercise and to test their knowledge of safety systems and procedures.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users receiving care and treatment. In particular: Emergency medicines were stored in an unlocked room at the branch practice in an area that could potentially be accessed by the public. There were no documented checks of the emergency oxygen or defibrillator. The provider did not have a validated medical grade cool box for the transfer of vaccines between locations and there were no systems to monitor maximum and minimum temperatures whilst the box was in use. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

This section is primarily information for the provider

Requirement notices

In particular:

Not all staff had been provided with support through a documented appraisal of their performance in their role.

Nursing staff had not received documented clinical supervision from the lead GP.

This was in breach of regulation 18(2) 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 17 HSCA (RA) Regulations 2014 Good governance 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:** There were insufficient systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Effective analysis and learning from significant events and complaints was absent. • The provider did not have an effective system for acting on medical alerts and there was no meaningful audit activity to drive patient improvement. • The provider did not maintain oversight of individual indemnity insurance and was consequently unable to be assured that clinicians were operating with the required insurance.

This section is primarily information for the provider

Enforcement actions

- The provider had not undertaken an electrical system check and was unable to evidence that such a check had been within the last five years or earlier.
- The provider did not have a gas safety certificate or evidence of boiler testing at the Clifton House site.
- An accurate training record was not maintained and the practice could not evidence the required mandatory training for all relevant staff.
- The strategic plan for the practice was overdue for review and no update had been undertaken that reflected on progress against identified objectives.
- Feedback from patients was not analysed to make improvements to services.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.