Dr WJ Degun's and Dr OO Macaulay Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr WJ Degun's and Dr OO Macaulay Practice, also known as The Knares Medical Practice on 16 May 2016. At that time, the overall rating for the practice was requires improvement. It was rated as requires improvement for providing safe, effective and well-led services, and good for caring and responsive. The full comprehensive report of the 16 May 2016 inspection can be found by selecting the 'all reports' link for Dr WJ Degun's and Dr OO Macaulay Practice on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 20 June 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 May 2016. So that we could provide a rating for the practice, we inspected all domains and key questions. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice continues to be rated as requires improvement following our most recent inspection.

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

- Sufficient action had not been taken to improve since our previous inspection of 16 May 2016.
- Significant events were recorded although these continued to show little evidence of review and shared learning.
- There was a system in place to ensure that patients on high risk medicines were receiving regular blood tests.
- Relevant risk assessments had now been completed, including those that related to health and safety and legionella.
- The infection control lead had not received relevant and up to date training for the role.
- Prescription stationery was tracked and stored securely.
- Recruitment checks had been improved for new members of staff. However, not all staff who may have been requested to undertake chaperone duties had a

Summary of findings

DBS check or a risk assessment to ascertain if one was necessary. This was contrary to the provider's action plan. There was no DBS check for one member of the clinical team.

- Outcomes for patients continued to be in line with or below national and local averages. The practice was not aware of the reasons for underperformance and therefore, had not implemented an action plan to improve.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment had improved. Patients continued to respond positively about the care they received from the practice.
- Improvements had been made to safeguarding processes. Relevant patient records clearly identified to all clinicians those patients identified as the subject of safeguarding concerns.
- Pictorial aids were available to enable patients with learning disabilities to be involved in their care. Patients with learning disabilities were invited an annual health check.
- Carers were now routinely identified and invited to a routine health check.
- The premises were modern and well equipped to ensure services were accessible including a lift and a car parking space for patients who had a disability.
- There were a range of services available on site including ultrasound, phlebotomy and counselling.
- A health visitor, midwife and COPD nurse held weekly clinics at the practice.
- There was not an open, transparent relationship between all staff who worked at the practice. This was also the case at our previous inspection. Although staff received an appraisal, this did not consistently evidence a discussion, despite staff raising concerns about their employment.
- There was effective working with other healthcare professionals. Care plans for patients receiving palliative care were routinely updated.

The areas where the provider must make improvements are:

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

An area where the provider should make improvements is:

- Continue to identify more patients who are carers and provide them with appropriate support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice continues to be rated as requires improvement for providing safe services. Sufficient improvements had not been made since our inspection of 16 May 2016.

- Risks to patients at the premises were assessed and well managed. Since our last inspection, the practice had completed a legionella and health and safety risk assessment. All prescription stationery continued to be tracked and was now secured securely. Recruitment checks had been improved.
- There were now effective procedures in place to safeguard children and vulnerable adults from abuse.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Most staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, although the infection control lead did not have up to date, relevant training..
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients who took high-risk medicines were now being effectively reviewed and monitored.
- There was a system in place for reporting and recording significant events although there continued to be limited evidence of review and shared learning.
- Not all staff acting as chaperones had a DBS check or risk assessment to ascertain the level of risk.

Are services effective?

Requires improvement

The practice continues to be rated as requires improvement for providing effective services. Sufficient improvements had not been made since our inspection of 16 May 2016.

- Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes continued to be in line or lower than the national average. Two of these areas of underperformance differed from the areas identified on the previous inspection.
- There was continued low performance identified relating to the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with a care plan documented in their record.

Summary of findings

- The practice did not know why it was underperforming in relation to the above indicators and therefore, there were no plans to improve these.
- There was evidence of some quality improvement including clinical audit.
- All staff had now received an appraisal although there was no evidence of a face-to-face discussion.
- Information about patients with complex needs was shared with other healthcare professionals. Relevant care plans were now being updated.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- There were systems and training in place to maintain patient and information confidentiality.
- The practice had identified 61 patients as carers, which meant that the practice had identified 15 more carers since our previous inspection. This was less than 1% of the patient population. The practice now offered a routine health check for carers.
- There were 16 patients on the learning disabilities register and 13 of these patients had received a health check in the last year. One patient had declined the invitation.
- The practice used pictorial aids to promote communication with patients who had learning disabilities.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment had improved.
- Online consultations were available.
- The surgery was open until 7pm every Thursday.
- Appointments could be made to have blood taken at the practice.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.
- Patients could have ultrasound scanning at the practice.
- The premises were modern and accessible. There was a lift and a parking space available for patients who had a disability.
- A COPD nurse held a weekly clinic to monitor patients with certain lung diseases.

Summary of findings

- Ultrasound scanning was available at the practice for all patients in the locality.

Are services well-led?

Inadequate

The practice is now rated as inadequate for providing well-led services. Sufficient improvements had not been made since our inspection of 16 May 2016.

- There was a programme of clinical audit to monitor quality, although this had not been effective in identifying and managing underperformance in relation to QOF indicators.
- Sufficient action had not been taken to improve performance since our last inspection.
- Staff meetings were not regular. There were not separate meetings for clinical and non-clinical staff. Minutes were not detailed and did not evidence shared learning.
- The arrangements for identifying, recording and managing risks in the practice building had been improved. The practice had completed risk assessments relating to health and safety and legionella. All prescription stationery was now stored securely.
- Patient records now reflected an accurate representation of the patient's care, treatment and the decisions made.
- There was not an open, transparent relationship between the GP partners and staff.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. Sufficient improvements had not been made since our previous inspection of 16 May 2016 and the practice is now rated as inadequate for providing well-led services. It continues to be rated as requires improvement for providing safe and effective services. The ratings applied to everyone using this practice, including this population group.

- Patients on high risk medicines were now being reviewed effectively to ensure that their medicines were being prescribed at a correct and safe dose.
- Annual health checks were available to patients over 75.
- Joint injections were available for elderly patients living with osteoarthritis.
- Home visits and telephone consultations were available to patients who were unable to attend the practice.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term health conditions. Sufficient improvements had not been made since our previous inspection of 16 May 2016 and the practice is now rated as inadequate for providing well-led services. It continues to be rated as requires improvement for providing safe and effective services. The ratings applied to everyone using this practice, including this population group

- The advanced nurse practitioner had recently left the practice and there was currently over a two week wait for routine appointments with the nurse. However, two nurses were in the process of being recruited.
- 61% of patients with diabetes had a blood pressure reading within a given range. This was lower than the CCG average of 77% and England average of 78%.
- 66% of patients with diabetes had the results of a cholesterol check within a given range. This was lower than the CCG average of 75% and England average of 80%.
- 70% of patients with hypertension had a blood pressure reading within a given range. This was lower than the CCG average of 80% and England average of 83%.
- Information was shared with other healthcare professionals.
- Care plans relevant to this population group were now being updated.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. Sufficient improvements had not been made since our previous inspection of 16 May 2016 and the practice is now rated as inadequate for providing well-led services. It continues to be rated as requires improvement for providing safe and effective services. The ratings applied to everyone using this practice, including this population group

- Systems had been improved so that all clinicians could clearly identify when children were at risk of abuse.
- Immunisation rates were high for all standard childhood immunisations. The percentage of children aged 2 with the measles, mumps and rubella vaccine was 98%.
- The health visitor and midwife held weekly clinics at the practice. This promoted the ongoing sharing of information.
- Appointments were available outside of school hours and on and Thursday evenings.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). Sufficient improvements had not been made since our previous inspection of 16 May 2016 and the practice is now rated as inadequate for providing well-led services. It continues to be rated as requires improvement for providing safe and effective services. The ratings applied to everyone using this practice, including this population group

- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and then contact them by telephone.
- 81% of women aged 25-64 had a cervical screening test in the last 5 years. This was in line with the CCG average of 82% and England average of 81%.
- Appointments could be made or cancelled in person, on-line or over the telephone. Repeat prescriptions could be obtained online.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. Sufficient improvements had not been made since our previous inspection of

Summary of findings

16 May 2016 and the practice is now rated as inadequate for providing well-led services. It continues to be rated as requires improvement for providing safe and effective services. The ratings applied to everyone using this practice, including this population group

- Care plans were now updated on the practice's computer systems following review.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had identified 61 patients as carers, which meant that the practice had identified 15 more carers since our previous inspection. The practice now offered a routine health check for carers.
- There were 16 patients on the learning disabilities register and 13 of these patients had received a health check in the last year.
- The practice used pictorial aids to promote communication with patients who had learning disabilities
- The practice worked with healthcare professionals and shared information whilst they were holding clinics or visiting the practice.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Sufficient improvements had not been made since our previous inspection of 16 May 2016 and the practice is now rated as inadequate for providing well-led services. It continues to be rated as requires improvement for providing safe and effective services. The ratings applied to everyone using this practice, including this population group

- Patients experiencing poor mental health could be referred to the counsellor who held a weekly clinic at the practice.
- Performance for mental health related indicators was in line or below the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 75%. This was below the England average of 89% and CCG average of 87%.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 83% and England average of 84%.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in July to September 2015 and January to March 2016. The results indicated that there had been an improvement in patient feedback since the previous inspection and, although some responses were on the lower side, these were in line with local and national averages.

288 survey forms were distributed and 109 were returned. This represented a completion rate of 38%.

- 59% of patients usually waited 15 minutes or less after their appointment time to be seen, compared to the CCG average of 63% and national average of 65%.
- 83% of patients were able to get an appointment to see or speak to someone last time they tried, compared to the CCG average of 82% and national average of 85%.
- 52% of patients feel they didn't normally have to wait too long to be seen, compared to the CCG average of 57% and national average of 58%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were positive about the care and support received from the surgery. In these, patients told us they felt listened to and gave examples of how the clinicians has supported them with their health conditions and made appropriate referrals. In three of the comment cards, patients said that there was a long wait for a routine appointment with a GP, but these were otherwise complimentary.

We spoke with six patients during the inspection. They all told us that the GPs at the practice were kind and helpful and praised the practice opening hours and telephone consultations. Two patients commented that there was a two week wait for a routine appointment with a GP.

We reviewed the result of the NHS Friends and Family test for the current year. There were five responses and all patients said that they were extremely likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

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

Action the service SHOULD take to improve

- Continue to identify more patients who are carers and provide them with appropriate support

Dr WJ Degun's and Dr OO Macaulay Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist advisor and a nurse specialist advisor.

Background to Dr WJ Degun's and Dr OO Macaulay Practice

Dr WJ Degun's Practice, also known as The Knares Medical Practice is situated in Basildon, Essex. The practice registers patients who live in Leigh Chapel South, Langdon Hills and surrounding areas of Basildon. The practice provides GP services to approximately 6,700 patients.

The practice is commissioned by the Basildon and Brentwood Commissioning Group and it

holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are higher than average, and unemployment levels are lower. The life expectancy of male patients is in line with the local average and the life expectancy of female patients is higher by one year. The number of patients on the practice's list that have long standing health conditions is comparable to average, as is the number of patients who are carers.

The practice is governed by a partnership that consists of one full-time male GP and a part-time female GP. The partnership is supported by a part-time long-term locum, a practice nurse and a healthcare assistant. Administrative support consists of a full-time practice manager, a head receptionist and a number of part-time reception and administrative staff.

The practice is open 7.30am until 6.30pm every weekday except on a Thursday, when it is open until 7pm. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider. Morning surgery times start at 7.30am daily, finishing between 12.30pm to 1.40pm. Afternoon surgeries begin between 1.30pm and 4pm and continue until between 5pm and 6pm.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr WJ Degun's and Dr OO Macaulay Practice on 16 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection of May 2016 can be found by selecting the 'all reports' link for Dr WJ Degun's and Dr OO Macaulay Practice on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection of Dr WJ Degun's and Dr OO Macaulay Practice on 26 June 2017.

Detailed findings

This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 26 June 2017. During our visit we:

- Spoke with two GP partners, the nurse, healthcare assistant, administration supervisor and two members of the administration team. We spoke with six patients who used the service and seven members of the patient participation group (PPG).
- Looked at audits, policies, procedures, patient records, documents and staff files.
- 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.

Requires improvement

Are services safe?

Our findings

What we found at our previous inspection in May 2016

The practice was rated as requires improvement for providing safe services. We found that there was little evidence of review and shared learning in relation to significant events. Some staff acting as chaperones had not had a DBS check or risk assessment as to why this was not required. The system for identifying patients who were at risk of safeguarding concerns was not visible to all clinicians. The practice did not have a legionella risk assessment and there was not a robust system to manage safety alerts. Recruitment checks weren't always effective and patients taking high-risk medicines did not receive regular blood tests.

What we found at this inspection in June 2017

Safe track record and learning

There continued to be a system in place for recording significant events, although the analysis remained brief with little evidence of review and shared learning. There was no designated clinical meeting where these were discussed. Staff told us they would be made aware of incidents that involved them and could give examples of what would constitute a significant event.

Medicine and Health products Regulatory Agency (MHRA) alerts were received and acted upon appropriately. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We saw that alerts were communicated to relevant members of staff and actioned.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Safeguarding arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Although the safeguarding children policy identified the lead as a person who had recently left the practice, staff that we spoke with knew the correct clinician to go to with concerns. The practice worked closely with midwives and health visitors to share appropriate information about safeguarding concerns.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an icon on the computerised patient record system to highlight patients at risk of abuse. Systems had been improved and this icon could now be seen by all clinicians reviewing the record.
- 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. Whilst this role was primarily carried out by the nurse or healthcare assistant, this was not always the case. Other staff who may act as chaperones had not had received a Disclosure and Barring Service (DBS) check or risk assessment to ascertain if this was required. This was contrary to the provider's action plan which was submitted following our previous inspection: this advised us that all members of staff would have a risk assessment. Further, there was no DBS check for the healthcare assistant.
- The practice had completed an infection control audit and identified any actions required. In the main, we found the practice to be visibly clean and tidy although we noted that there was a cobweb in the stairway, that the cleaning schedule was not annexed to the checklist to ensure this was being adhered to, and, that the member of staff responsible for infection control had not received recent and relevant training. There was an infection control protocol in place. Annual infection control audits were undertaken and a resulting action plan completed.
- Medicines and vaccines were stored appropriately. The practice carried out regular medicines audits with the support of the local CCG medicine management teams. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks were being undertaken for staff recruited since our previous inspection. However, in their action plan the provider told us that they would be updating all staff files retrospectively with identification and references. There continued to be omissions relating to identification and references for staff that had been recruited prior to our most recent inspection.

Monitoring risks to patients

Requires improvement

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety at the premises. The practice carried out a fire risk assessment and drills. All electrical equipment was checked to ensure that this was safe to use and clinical equipment was checked 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. Since our last inspection, the practice had commissioned a legionella risk assessment (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and had completed a health and safety risk assessment.
- At our previous inspection, we found that the system to review patients taking high risk medicines was not effective. At that time, the practice relied on other providers to inform them when blood tests identified that there was an abnormality when authorising repeat high risk medicines. The practice did not routinely request confirmation of blood test results before generating a repeat prescription. This was no longer the case: the practice had implemented systems which sought to ensure that high risk medicines were prescribed safely. However, we identified that the system to monitor one medicine relied on the patient reading results to the practice over the telephone. Whilst we did not identify any specific errors, this system was not resilient as incorrect information could be given or heard. When we reported this to the practice, they immediately considered ways to improve the system.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. Staff were multi-skilled and were able to cover different roles at short notice.

Arrangements to deal with emergencies and major incidents

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

- The practice had and oxygen with adult and children's masks. There was not a defibrillator on the premises but the practice had assessed that as the hospital was in such close proximity, it was reasonable to deviate from best practice guidelines. A first aid kit was available.
- There was a panic button on reception as well as one on the computers in consultation rooms.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in May 2016

The practice was rated as requires improvement for providing effective services. The practice was performing below the local and national averages in relation to two QOF indicators: the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with a care plan documented in their record and in relation to reviewing patients with COPD. Clinical audits did not evidence improvement and care plans were not routinely updated. Not all staff had received an appraisal.

What we found at this inspection in June 2017

Effective needs assessment

- There were no protected meetings where clinical staff could raise and discuss individual patients and clinical matters. Clinical and administrative staff all met together. It was not clear what was discussed and learnt as meeting minutes were brief; these provided a headline of what was being discussed but no narrative to evidence the learning and discussion.
- A senior member of the nursing team had recently left the practice and the practice were in the process of recruiting and training two nurses. It was intended that there would be a regular nurses meeting from July 2017.

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 showed that the practice gained 88% of the total number of points available. This was lower than the practice average across England of 95% and the CCG average of 92%.

This practice was an outlier for three QOF clinical targets. Data from 2015/2016 showed:

- 61% of patients with diabetes had a blood pressure reading within a given range. This was lower than the CCG average of 77% and England average of 78%.
- 66% of patients with diabetes had the results of a cholesterol check within a given range. This was lower than the CCG average of 75% and England average of 80%.
- 70% of patients with hypertension had a blood pressure reading within a given range. This was lower than the CCG average of 80% and England average of 83%.

At our previous inspection of 16 May 2016, we identified that the practice was an outlier for data relating to the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with a care plan documented in their record. Whilst no longer identified as an outlier, the practice continued to be underperforming in this target. Most recently available data available showed that 75% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive, agreed care plan in place, compared to the CCG average of 87% and England average of 89%.

The practice were unable to give us an explanation as to the underperformance and had no plan to improve this. We were given current performance data, but as the 2016-2017 QOF year had not yet ended, it was not possible to decipher current performance for the year 2016-2017. The three outliers for the year 2015-2016 differed from those identified in 2014-2015 which informed our previous inspection, so whilst improvements had been made in some areas, this did not represent universal improvement across all QOF indicators.

There was evidence of some quality improvement including clinical audit. Prior to this inspection, we were sent evidence of five audits had been conducted in the past year. These were primarily instigated by the medicines management teams to review prescribing. During the course of our inspection we saw two further, small audits which demonstrated that the practice sought to review and audit patient groups as a need was identified.

.**Effective staffing**

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those who carry out child immunisations.
- Staff received training that included fire safety awareness, infection control, basic life support and information governance. Training was delivered online or at the practice.

Requires improvement

Are services effective?

(for example, treatment is effective)

- We saw that all staff completed an appraisal preparation form. The system of appraisal had recently changed, and these forms were now submitted directly to a GP partner rather than being the subject of a discussion with the practice manager. We were told by some members of staff that they didn't partake in a discussion despite raising concerns in the pre-appraisal form. They told us that they received an email to confirm what action they needed to take to improve. We were told by the GP partner that there was a discussion. We were shown emails which confirmed that there had been an email exchange between the practice manager and GP partner, although this did not reference a conversation between the relevant members of staff.

Coordinating patient care and information sharing

The health visitor and midwife held regular clinics at the practice which sought to promote referral and information sharing when a need was identified. Further, during the course of our inspection we spoke with a visiting Macmillan nurse. They explained how they regularly visited the practice to share relevant information and provide updates on the changing health needs of patients receiving end of life care. Although these meetings and discussions were not documented, we reviewed the records of patients with complex needs and found that the care plans and treatment records were regularly reviewed and updated. This was an improvement since our previous inspection, when we identified that relevant care plans were not being updated.

Consent to care and treatment

- 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.
- We saw that in relation to minor surgery, consent was recorded in the patient record.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, for example, patients experiencing stress or anxiety could be referred, or self-refer for support via the Therapy for You service. For those receiving end of life care, at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and England average of 82%. The nurse carried out an annual audit of inadequate smears to ascertain where improvements could be made.

Childhood immunisation rates for the vaccinations given to children under two were above average. This ranged from 93% to 98%. Immunisation rates for children aged five years were between 91% to 93% which was in line with the CCG and England average.

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.

Good

Are services caring?

Our findings

What we found at our previous inspection in May 2016

The practice was rated as good for providing caring services. Data from the national patient survey showed patients rated the practice comparable to other practices within their CCG and England. The practice did not identify carers and did not offer a carers' health check.

What we found at this inspection in June 2017

Kindness, dignity, respect and compassion

Feedback in comment cards was positive about the care and treatment received. In these, patients praised the sympathetic, kind care from the GPs, nurses and reception staff. Patient feedback on the day of our inspection was also positive and aligned with these views.

Patients praised the friendly, polite attitude of the staff. We observed reception staff being helpful and kind.

- Chairs in the waiting area were positioned alongside the reception desk, towards a television screen. This sought to avoid discussions being overheard.
- If patients wished to discuss a private or sensitive matter, receptionists would direct them to an unused treatment room to discuss their concerns.
- The practice displayed their confidentiality policy on their website and staff had all received training in information governance so that sensitive information was handled appropriately

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. This had improved since our previous inspection. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive. In these, patients told us that all of the staff at the practice were kind and took time to listen to them. They said that they received a good standard of care.

Results from the national GP patient survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with CCG and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- The practice used pictorial aids to promote communication with patients who had learning disabilities.
- There was information on the practice website to explain the assessable information standard. The accessible information standard supports health and social care professionals to understand the ways which patients with learning disabilities prefer to communicate.

Good

Are services caring?

- The system for calling patients to their appointments was visual as well as audible, so that patients who were blind or hard of hearing knew when their appointment was being called.
- Translation services were available for patients who did not have English as a first language. The practice website could be translated into numerous languages other than English.

Patient and carer support to cope emotionally with care and treatment

The practice website provided information about how to access services in the community. Further, 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers, which meant that the practice had identified 15 more carers since our previous inspection. This was approximately 0.9% of the practice population. The practice now offered a routine health check for carers. 30 carers' health checks had been completed last year.

There were 16 patients on the learning disabilities register and 13 of these patients had received a health check in the last year. One patient had declined the invitation. The practice used pictorial aids to promote communication with patients who had learning disabilities.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in May 2016

The practice was rated as good for providing responsive services. The practice offered extended opening hours and offered services which sought to address the needs of the practice population.

What we found at this inspection in June 2017

Responding to and meeting people's needs

There were measures in place which sought to address the needs of the practice population. These included:-

- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and contact them by telephone.
- Appointments could be made to have blood tests taken at the surgery with a trained phlebotomist. This service was available on a Tuesday, Thursday and Friday morning.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.
- A COPD nurse held a weekly clinic to monitor patients with certain lung diseases.
- Ultrasound scanning was available at the practice for all patients in the locality.
- Minor surgery was carried out the surgery which included the removal of some cysts and moles.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for patients with a disability, including a lift and a car parking space.
- Translation services were available.
- There was a delivery and collection service to a local pharmacy for prescriptions.

Access to the service

The practice was open 8am until 6.30pm every day except Thursdays, when it was open until 7pm. When the surgery was closed, urgent GP care was provided by Integrated Care 24,

another healthcare provider.

Morning surgery started at 7.30am every weekday, finishing between 12.30pm to 1.40pm. Afternoon surgeries began between 1.30pm and 4pm and continued until between 5pm and 6pm. Surgery was extended until 7pm on Thursday evenings. Half of the daily appointments with a GP were pre-bookable and half were available for emergencies. In this instance, the GP would telephone the patient to triage the call and assess their health needs. Patients were also invited to call in the morning for routine appointments that were available in two days' time. Patients told us that they had difficulties in making routine appointments, although they told us they could always get an emergency appointment. On the day of our inspection, the next routine appointment with a GP was in just over three weeks' time. The next routine appointment with a nurse was in over two weeks' time. As the nurse practitioner had recently left the practice, the practice were in the process of recruiting two nurses. Further, in order to respond to the additional demands, the practice had increased the hours worked by the locum GP.

Results from the national GP patient survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was variable in comparison to local and national averages.

- 59% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the local average of 63% and the national average of 65%. This indicated that there had been improvement since our last inspection.
- 52% of patients felt that they didn't have to wait too long to be seen. This was slightly below the local average of 57% and the national average of 58%, although there had been improvement since our last inspection.
- 81% of patients with a preferred GP usually get to see or speak to that GP. This was better than the local average of 60% and the national average of 59%.
- 71% of patients were satisfied with the practice's opening hours. This was comparable to the local average of 73% and the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Information about how to make a complaint was provided on the practice website and in the waiting area.

- Its complaints policy was available online and at the reception desk.
- The practice manager handled all complaints in the practice. These were investigated with the relevant member of staff or clinician and an open, honest response was provided.

There were nine complaints that had been received since the October 2016. We saw that these were recorded and investigated and a timely response provided.

Are services well-led?

Inadequate

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

Our findings

What we found at our previous inspection in May 2016

The practice was rated as requires improvement for providing well-led services. This was because there was not an open, transparent relationship between the GP partners and staff and audits were not effective at identifying and managing risks, specifically in relation to patients taking high risk medicines. There was no structured protocol for managing safety alerts and patient records did not present an accurate record of patients' care, treatment and decisions made.

What we found at this inspection in June 2017

Vision and strategy

In their statement of purpose, the practice said that they aimed "to provide an excellence in quality and care to our patients". Whilst we found that the practice had made significant improvements in relation to monitoring patients taking high-risk medicines, risk assessments at the premises and managing safety alerts, many risks identified at our previous inspection had not been mitigated. The practice had not effectively implemented their vision and strategy and so did not provide excellence in quality and care.

Sufficient improvements had not been made since our earlier inspection. We found that there was a lack of consistent improvement in relation to QOF indicators and patient outcomes. The provider did not know why QOF indicators were low and so had not implemented a plan to improve these.

There continued to be an uncomfortable and uneasy relationship between the provider and the staff at the practice. There was a lack of transparency and involvement. As identified at our previous inspection, there was an absence of appropriate, minuted meetings and the recently changed appraisal system did not promote involvement and respect. We identified continued risks in relation to risk assessments or DBS checks of chaperones, despite this being detailed as complete in the provider's action plan of the 18 July 2016. Further, in this the provider stated that all staff files had been updated with identification and references. This was not the case.

The practice population continued to grow in size. Despite this additional demand, patient feedback was in line with averages in terms of the ability to get an appointment. Patients we spoke with and comment cards we received were very complimentary about the standard of care received.

Governance arrangements

The practice had an administrative team which assisted with the delivery of care. It was apparent that the team did not always feel involved or valued for the work that they did. Governance processes were not always effective and some issues that we identified in our earlier inspection had not been addressed.

- QOF underperformance had been identified as a concern at our previous inspection although no improvement plan had been completed or communicated to the clinical team. The provider was an outlier for three clinical targets. These differed from the previous year although there was continued underperformance in relation to the percentage of patients with schizophrenia, bipolar affective disorder and other psychosis with a care plan documented in their record.
- We found a continued lack of oversight in relation to QOF targets. There was no understanding as to why these presented or what could be done to improve these. There was no regular clinical meeting where QOF targets and achievements were discussed and therefore, not all clinical staff were aware of performance. The practice had not implemented their own action plan in relation to retrospective recruitment checks of staff; however, we found that staff who had been recruited since our previous inspection now had the requisite pre-employment checks completed.
- Practice specific policies were implemented and available to all staff.
- Improvements had been made in relation to some risks at the practice, managing safety alerts and monitoring high risk medicines. Care plans for patients who were receiving end of life care were now being regularly updated.

Leadership and culture

We found continued issues in relation to the leadership and culture at the practice. At our previous inspection, it was apparent that staff were not always treated with respect, which did not promote openness and support. This continued to be the case.

Are services well-led?

Inadequate

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

Staff were aware of their own roles, although some had raised concern about the practice's lack of recognition of their increased responsibilities. We did not see evidence of these issues being acknowledged or discussed during the new appraisal process, although we received conflicting verbal accounts of what took place. Documents we saw showed that feedback was now emailed to staff following their completion of the pre-appraisal form. This form did not evidence consideration of the issues raised, as this only told staff what further training they were required to complete.

At our previous inspection, we found that although meetings took place, these were not regular. This remained the case. Practice meetings occurred, although the minutes of these were inconsistent and lacked detail. Staff told us that if they could not attend a meeting they would be sent the meeting minutes. However, the lack of detail meant that staff that worked part-time may not have had a sound understanding of what was being discussed.

There was no designated clinical meeting, although it was anticipated that there would be a nurses' meeting once the two new nurses were appointed. We spoke with the patient participation group who, whilst encouraging about the attendance of GPs at their meetings, raised concern about the lack of minutes, action and direction of the PPG.

We found that more significant events had been recorded since our last inspection, although it was not always clear what learning had taken place or whether this had been shared and discussed. This was again due to the lack of evidence of a thorough investigation and discussion.

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

The most up to date results of the GP survey showed that feedback had improved, particularly in light of waiting times for appointments. The provider had increased the hours of the GP locum and whilst there was still a three week wait for a routine appointment with a GP and over a two week wait for a routine appointment with the nurse, patients were positive with the care and treatment they received. However, there were still areas of the survey where performance was below average.

At our previous inspection, we found that the provider did not promote openness, transparency and support with its staff, as detailed above. As well as concerns with the appraisal process, it was apparent that there were limited opportunities for staff to attend meetings to give their feedback and partake in learning and information sharing within the team. This was because meetings were not regular and sufficient detail was not provided in meeting minutes.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, in particular:** • Poor performance had not been identified and there was no plans to improve this • Chaperones had not been risk assessed or DBS checked to ascertain their suitability for the role. • There were limited suitable opportunities to share and discuss clinical issues and performance through meetings or otherwise. • There was a lack of a system to discuss and learn from significant events. • Systems to receive and act on staff feedback were not effective. Relevant training needs were not identified. **Regulation 17(1)(2)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**