The Matthews Practice Belgrave

Quality Report

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

Ratings

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

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall and will remain in Special Measures until further improvements have been seen.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people living with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at the Mathews Practice on 24 July 2017. The overall rating for the practice was inadequate, warning notices were issued, and the practice was placed into special measures. An announced focused inspection was carried out on 12 February 2018 which confirmed that the practice had met the requirements of the warning notices issued in July 2017.

This was an announced comprehensive inspection which was carried out on 16 March 2018. This report covers our findings in relation to the practice meeting the requirements of the requirement notices and also additional improvements made since our last inspection.

At this inspection we found:

- The practice was in the process of implementing a complex process of change management in order to make improvements and develop their service.
- The practice have undergone a number of recent and significant changes to their senior management team. For example, GP partnership arrangements had changed because one of the GP partners had stepped down to become a salaried GP and a new Registered Manager had recently been appointed.
- Practice governance arrangements needed to be fully embedded to ensure lasting and positive changes could be sustained within the practice.

Summary of findings

- Practice staff needed to contribute to the development and effective implementation of the new practice vision.
- The practice had begun to implement systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, we saw evidence that the practice were learning from them.
- The practice had started to review the effectiveness and appropriateness of the care it provided however data relating to the management of long term conditions was significantly lower than CCG and national averages.
- Staff treated patients with kindness and respect.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was an improved focus on learning and development across the organisation.
- The practice had taken steps to improve their achievement of the Quality Outcomes Framework (QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results and then rewarding good practice).

The areas where the provider **must** make improvements are:

- The practice had a sepsis strategy in place however on the day of inspection a member non-clinical staff we spoke to was not aware of the management of sepsis should a patient present with symptoms.
- Quality outcomes framework data available on the day of inspection identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions. Subsequent QOF data from 2017/18 shows some improvement whereby the practice achieved 519.54 out of 559 points.
- Patient Group Directives (PGD's) needed attention to ensure that they were being managed correctly. For example, some documentation was difficult to find because it had been incorrectly filed.
- A number of confidential patient records were being held in an area used for occasional external visitor meetings. Although these records were stored behind a security coded door we found some of the drawers to be unlocked on the day of inspection.

The areas where the provider **should** make improvements are:

- The practice had oversight of vulnerable patients and they were discussed at Multi-Disciplinary team meetings however they did not hold dedicated palliative care meetings.
- The branch surgery premises needed attention to improve the general condition of the building and we did not see any plans to address this issue.
- The practice needed to focus on patient access to ensure that the local population are able to gain appointments when necessary.

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

The Matthews Practice Belgrave

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to The Matthews Practice Belgrave

The Mathews Practice is located close to Sheffield city centre and has a branch surgery at White Lane in Gleadless on the outskirts of the city. The practice provides services for 8741 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the area.

The practice has two male GP partners (both male) and two salaried GPs (one male and one female). They are supported by a three practice nurses (two female and one male), two healthcare assistants, a practice manager, a practice manager assistant and a team of reception and administrative staff. The practice is open each day between 8 am to 6.30 pm. Whilst the reception is open for patients to access, telephone calls between the hours of 12.30pm to 3.30pm to both sites are answered by the out-of-hours service. Appointments are available from 8am to 10.30am every morning and from 3pm to 5.30pm with GPs daily at both sites. Extended hours appointments are offered from 7am with the practice nurse and healthcare assistant. Pre-booked appointments are available with a GP on Saturday morning at alternate sites.

A phlebotomy service with the healthcare assistant is available daily. The practice also has a pharmacist who attends the practice weekly to review patient medications. In addition to pre-bookable appointments, that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Both premises are owned by the partners. The White Lane site is a converted residential property with two parking spaces to the front of the building. All patient facilities are on the ground floor. The Matthews Practice Belgrave is a purpose built building with all patient facilities on the ground floor and a minor surgery suite.at one end of the practice. There is a large car park to the side and back of the practice. When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Requires improvement

Are services safe?

Our findings

At a previous inspection on 1 November 2016, we rated the practice as inadequate for providing safe services as patients were at risk of harm. This was because: the documentation, communication and learning from significant events was not in place; systems and processes relating to infection control had not been implemented; the safeguarding of children and vulnerable adults required a review and the GP locum pack needed updating to assist GP locums in their work. Some of these arrangements had not improved when we undertook a follow up inspection on 24 July 2017.

An announced focused inspection was carried out on 12 February 2018 which confirmed that the practice had met the requirements of the warning notices which were issued following the inspection on 24th July 2017.

This inspection was an announced comprehensive inspection carried out on 16 March 2018.

Following this inspection we rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse

- The practice had developed a range of safety policies including adult and child safeguarding policies which were communicated to staff. Staff received safety information for the practice as part of their induction training. Policies were reviewed and were accessible to all staff, including locums.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients although it was noted that the practice did not hold dedicated palliative care meetings with other stakeholders where the needs of these patients could be discussed.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a 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 carried out staff checks including checks of professional registration where relevant on recruitment. DBS checks were undertaken where required.
- There was an system in place to manage infection prevention and control.
- There were systems for managing healthcare waste.
- On the day of inspection we visited the branch surgery and found that the premises needed attention to improve the general condition of the building however we did not see any plans to address this issue.
- The practice ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions.
- A number of confidential patient records were being held in an area used for occasional external visitor meetings. Although these records were stored behind a security coded door we found some of the drawers to be unlocked on the day of inspection.
- On the day of inspection we were told the practice were aware of their low QOF score and had implemented a QOF task force to address this issue. We were shown some un-validated data for 2017/2018 period which showed some improvement.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- The practice was equipped to deal with medical emergencies.
- Most staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The practice had a sepsis management strategy in place although on the

day of inspection a member of reception staff was unclear with regard to the symptoms of sepsis and any subsequent actions required such as the need to escalate an appointment. Since the inspection we have been informed that this staff member has now attended a Sepsis update.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information and were dealt with in a timely manner.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- On the day of inspection we noted that some Patient Group Directives (PGD's) and Patient Specific Directives (PSD's) needed attention to ensure that they were being correctly managed. For example, some documentation was difficult to find because it had been incorrectly filed.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice was developing their safety record.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the practice had recently been involved in an incident relating to the cold chain storage of vaccinations when the practice refrigerator broke down. This incident was well documented as a significant event, reported to the CCG and NHS England and shared and discussed with practice staff to ensure that lessons were learned.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At a previous inspection on 1 November 2016, we rated the practice as requires improvement for providing effective services because: a range of data showed patient outcomes were significantly lower than local and national averages; there was little evidence that audit was driving quality improvement in patient outcomes; multidisciplinary working was generally informal and record keeping was limited or absent; dates and records of staff training sessions were not held and practice nursing staff had not received an appraisal within the last 36 months. Some of these arrangements had improved when we undertook a follow up inspection on 24 July 2017

An announced focused inspection was carried out on 12 February 2018 which confirmed that the practice had met the requirements of the warning notices which were issued following the inspection on 24th July 2017.

This inspection was an announced comprehensive inspection carried out on 16 March 2018.

Following this inspection we rated the practice and all of the population groups as inadequate for providing effective services.

Effective needs assessment, care and treatment

The practice had developed some systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and on-going needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.
- The practice followed up on older patients discharged from hospital.
- Staff had knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 54% which is significantly below the CCG average of 89% and the national average of 90%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 69%, which was slightly below the CCG average of 74% and the national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the CCG and the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.

People whose circumstances make them vulnerable:

- 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 the practice did not have dedicated palliative care meetings with other health and care professionals.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Inadequate

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people living with dementia):

- 68% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is significantly below the CCG average of 84% and the national average of 85%.
- 36% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly below the CCG average of 91% and the national average of 90%.
- The practice had not adequately considered the physical health needs of patients with poor mental health and those living with dementia. For example 39% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is significantly below the CCG and the national average of 91%.
- On the day of inspection we were told that the practice were aware of their low achievement of QOF and in response had developed a QOF task force.
- QOF results which were available on the day of inspection for 2016/2017 were significantly worse than CQC and national averages…. However, we were shown some un-validated data for 2017 / 2018 which identified that improvements had been made and subsequent QOF data from 2017/18 shows further improvement.

Monitoring care and treatment

The practice were in the process of developing a programme of quality improvement activity and were reviewing the effectiveness of the care provided. For example the practice had developed a QOF task force to improve and develop the management of patients with long-term conditions however on the day of inspection we noted that coding needed a review to ensure maximum points were being achieved.

The most recent published QOF results were 85% of the total number of points available which is 9% below the clinical commissioning group (CCG) average and 11% below the national average. The overall exception reporting rate was 7% which is 2% below the CCG average and 3% below the national average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- QOF results for 2016/2017 were significantly worse than CQC and national averages. The practice are aware of this issue and in response have developed a QOF task force to improve the data and we were shown some unvalidated data for 2017 / 2018 which identified that improvements had been made and subsequent QOF data from 2017/18 shows further improvement.
- The practice was involved in quality improvement activity. For example, first cycle audits were seen relating to DMARD (disease modifying anti-rheumatic drugs) and ADHD (attention deficit hyperactivity disorder) with some actions and a plan to reaudit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice met the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings and appraisals. The practice ensured the competence of staff employed in advanced roles including non-medical prescribing.
- There was an approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

In the majority of cases staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

Inadequate

Are services effective?

(for example, treatment is effective)

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice did not have dedicated palliative care meetings.

Helping patients to live healthier lives

Staff helped patients to live healthier lives:

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

At a previous inspection on 1 November 2016, we rated the practice as requires improvement for providing caring services because data from the national GP patient survey showed patients rated had mixed views for several aspects of care. These arrangements had not improved when we undertook a follow up inspection on 24 July 2017**.**

An announced focused inspection was carried out on 12 February 2018 which confirmed that the practice had met the requirements of the warning notices which were issued following the inspection on 24th July 2017.

This inspection was an announced comprehensive inspection carried out on 16 March 2018.

Following this inspection we rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 17 out of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test.The two negative comment cards related to difficulties in obtaining an appointment.

Results from the July 2017 annual national GP patient survey showed rhe practice was in line with or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG and national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and many practice staff were bilingual and abel to offer increased support to those who did not have English as a first language.

- Interpretation services were also available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers to find further information and access community and advocacy services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 165 patients as carers (1.5% of the practice list).

- The practice informed us that they had written a new bereavement policy and we saw this on the day of inspection although it had not yet been formally endorsed and implemented.Staff told us that if families had experienced a bereavement their usual GP contacted them to offer support.

Results from the national GP patient survey showed patients responded generally positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or below local and national averages:

Good

Are services caring?

- 70% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average and the national average of 87%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 90%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could be overheard by patients in the waiting room however a sign asked patients to stand away from the desk until it was their turn to be seen.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At a previous inspection on 1 November 2016, we rated the practice as inadequate for providing responsive services because: although the practice had reviewed some of the needs of its local population, there was not a plan in place to secure improvements for all of the areas identified; there were inconsistencies dealing with complaints and no evidence that learning from complaints had been shared with all staff and access to a named GP and continuity of care was not always available quickly, Some of these arrangements had improved when we undertook a follow up inspection on 24th July 2017.

An announced focused inspection was carried out on 12 February 2018 which confirmed that the practice had met the requirements of the warning notices which were issued following the inspection on 24th July 2017.

This inspection was an announced comprehensive inspection carried out on 16 March 2018.

Following this inspection we rated the practice, and all of the population groups, as requires improvement for providing responsive services

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example the practice offered extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered although the branch surgery premises needed some attention to improve the general fabric of the building.
- The practice made reasonable adjustments when patients found it hard to access services. For example disabled access and facilities had been considered and all consultation rooms were on the ground floor. Extended hours were offered with the nurse from 7am each day and GP appointments were offered each Saturday across alternate sites.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. We spoke staff at the local care home who reported being unsatisfied with the level of care provided to patients by the practice.This situation was discussed with the practice manager on the day of inspection who explained that plans were in place to address and respond to these areas of criticism.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the multi-disciplinary team and had set up a Virtual Ward to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances which included those with a learning disability, and the frail elderly with complex needs.

People experiencing poor mental health (including people living with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a GP lead for dementia and dementia reviews and the practice engaged a Community Support Worker for mental health illness and support.

Timely access to care and treatment

Patient's reported mixed experiences with regard to their ability to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use, although there were issues highlighted in relation to contacting the practice to make an appointment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or significantly below local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 63% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.
- 45% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 58% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 76%; national average - 76%.
- 61% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 81%.
- 56% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.
- 55% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

Some of these survey results were significantly lower than CQC or national averages and the practice were aware of this data. An action taken to address these issues was to open the telephone lines from 8am until 6.30 on Monday to Friday.

The practice also told us about plans to install a new telephone system through the creation of a call centre environment across both sites and to have constantly manned telephones in order to monitor and respond to patient demand. This work was due to be carried out in the next few months.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Fifteen complaints were received in the last year. We reviewed all fifteen complaints and found that they were satisfactorily handled and dealt with in a timely way.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient made a complaint with regard to a perceived lack of compassion and poor staff attitude during a consultation.This issue was discussed with the appropriate member of staff and a written and verbal apology was given to the patient.The incident was discussed at a staff meeting to avoid it happening again.

Are services well-led?

Requires improvement

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

Our findings

At a previous inspection on 1 November 2016, we rated the practice as inadequate for providing well-led services because: although most staff felt supported by management they did not feel supported by the partners; the practice had a number of policies and procedures to govern activity, but some of these were incomplete or missing and not all staff had received regular performance reviews. We issued a warning notice in respect of these issues although we found arrangements had not improved when we undertook a follow up inspection of the service on 24 July 2017.

An announced focused inspection was carried out on 12 February 2018 which confirmed that the practice had met the requirements of the warning notices which were issued following the inspection on 24th July 2017.

This inspection was an announced comprehensive inspection carried out on 16 March 2018.

Following this inspection we rated the practice and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement because:

- The practice and it's staff were going through a complex process of change management in order to make improvements and develop their services.
- The practice had undergone a number of recent and significant changes to their senior management team. For example, GP partnership arrangements had changed because one of the GP partners had stepped down to become a salaried GP and a new Registered Manager was in place for the provider.
- Practice governance arrangments needed time to embed to ensure lasting and positive changes can be sustained within the practice.
- Practice staff needed time to ensure they are able to contribute and deliver positive and lasting changes to develop the new practice vision.

Leadership capacity and capability

The new leadership team was in the process of developing the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience to develop the practice vision.
- They were knowledgeable about issues and priorities relating to the quality and future of their services. They understood the challenges and were addressing them.
- Managers were visible and approachable. They worked closely with staff and others to make sure they prioritised supportive leadership.

Vision and strategy

The practice was working towards a vision and strategy to deliver high quality, sustainable care.

- The practice had developed a vision for the practice. They had developed strategy and supporting business plans to achieve priorities however the strategy and business plans needed to be fully embedded to ensure sustainability.
- The practice was developing its vision jointly with patients, staff and external partners. All practice staff had been involved in preparation for the CQC inspection this also included additional support from the Royal College of General Practitioners (RCGP), NHS England and the local CCG.
- Most staff we spoke to were aware of and understood the practice vision however some staff needed to become more involved and engaged in the development of the practice.
- The practice planned its services to meet the needs of the practice population.

Culture

The practice was in the process of developing a culture of high-quality sustainable care.

- The majority of staff stated they felt supported and that they enjoyed working at the practice.
- Managers were acting on behaviour and performance inconsistent with the vision of the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Requires improvement

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

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year.
- Clinical staff, including nurses, were considered to be important members of the practice team. They were given protected time for professional development.
- An emphasis on the safety and well-being of all staff was being promoted.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were mainly positive relationships between staff and teams.

Governance arrangements

The practice were in the process of developing their responsibilities and systems of accountability to support and develop improved governance and management.

- Change management processes were in place to address structures, processes and systems to support and develop good governance and management. This work was not fully embedded and needed time to ensure that positive changes can be sustained.
- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.
- Practice managers had developed policies, procedures and activities to develop and maintain safety. However there were gaps in some of these procedures for example Patient Group Directives (PDG's) and Patient Specific Directives (PSD's) needed attention to ensure that they were being correctly filed.
- The branch surgery premises needed attention to improve the general condition of the building however we did not see plans to address this.

Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance.

- There was a process to understand, monitor and address current and future risks including risks to patient safety. There were some gaps in this process for example, although the practice had oversight of vulnerable patients it did not hold dedicated palliative care meetings. The practice had a sepsis strategy in place however on the day of inspection a member of staff was unaware of the management of sepsis.
- The practice were developing processes to manage current and future performance. However, performance of clinical staff, in particular practice nurses needed increased attention to the development and support of nursing leadership. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit was developing a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.
- The practice were aware of their low achievement for QOF and had implemented a QOF task force to address this issue. We were shown some unvalidated data for 2017/18 period which showed some improvement.

Appropriate and accurate information

The practice had appropriate information.

- Quality and operational information was being used to develop and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- A number of confidential patient records were being held in an area used for occasional external visitor meetings. Although these records were stored behind a security coded door we found some of the drawers to be unlocked on the day of inspection.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public and staff to support high-quality sustainable services.

Are services well-led?

Requires improvement

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

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance. Issues for example, actions and plans for development arising from the recent CQC inspections were seen in the waiting room.
- The practice needed to continue to develop patient access to ensure that patients are able to access the service promptly.

Continuous improvement

There was evidence of some systems and processes for learning and improvement.

- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice have been working to improve the patient survey results and had developed a QOF task force.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Patient Group Directives (PDG's) needed attention to ensure that they were being managed correctly. For example, some documentation was difficult to find because it had been incorrectly filed and we were unable to locate some of the PGD's. • A number of confidential patient records were being held in an area used for external visitor meetings and the security and storage of these needed to be reviewed.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The practice did not have a sepsis strategy in place and some non-clinical staff were unaware of the management of sepsis should a patient present with symptoms. • Quality Outcomes Framework data identified that the practice was failing in delivering adequate plans and pathways to mitigate risks and thoroughly risk assess the management of long term conditions.