The Practice St Albans

Quality Report

Hucknall Lane
Nottingham
NG6 8AQ
Tel: 0115 927 3444
Website: www.thepracticestalbans.nhs.uk

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice St Albans on 25 April 2016. The overall rating for the practice was requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a second announced comprehensive inspection at The Practice St Albans on 12 December 2016 in order to assess improvements and the outcomes from their action plan. The overall rating for the practice following the second inspection was requires improvement.

As a result of concerns raised with us, we carried out an unannounced comprehensive inspection on 18 September 2017 to ensure improvements had continued and to look at the areas highlighted to us.

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

- Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Staff were aware of current evidence based guidance.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us there were often times when there was not enough clinical staff available to meet patient need.
- Facilities at the branch site lacked appropriate levels of cleanliness in line with infection control guidance.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- We saw performance in the Quality and Outcomes Framework (QOF) had improved in the latest 2016/17 QOF year, however remained below CCG and national averages in a majority of areas.
- There had been no audits commenced since our previous inspection in December 2016.

Summary of findings

- Urgent appointments were available on the same day. However, patients said they had to queue outside the practice to enable them to obtain a same day urgent appointment, often meaning two trips to the practice. Patients said they regularly had to wait a number of weeks for the next available routine appointment.
- Information about services and how to complain was available and investigations were transparent, apologies given where appropriate and the patient was involved in the process.
- There had been some improvement, as well as decline, in the results in the latest national GP patient survey. The practice was aware and had implemented improvement plans.
- The main site had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients. Oversight of infection control and cleanliness was not as effective at the branch site; however, an upgrade was planned to address this.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- However, there was a lack of change resulting from the concerns outlined in previous inspection reports and patient feedback, which showed a lack of progress in the development of the service.
- There was minimal engagement with people who use the services and no detailed response to what patients say to enable improvements.

There were some areas in which the provider must make improvements:

- Ensure arrangements for managing the stock of consumables and appropriate disposal when dates expire.
- Ensure infection prevention and control procedures to ensure improvement in the cleanliness and hygiene at the branch site in line with national guidance.
- Ensure feedback from patients, surveys and reports are acted on and changes implemented.

There were some areas the provider should make improvement:

- Continue to monitor and ensure improvement to national GP patient survey results in relation to access to appointments reduce the need for patients to queue outside the practice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

- There were comprehensive systems in place to ensure significant events were reported and recorded through an online reporting system. This was centrally managed by the provider and reviews were led by the practice manager.
- Notifiable incidents were sent to relevant authorities, if it was not clear if it should be reported we saw evidence that conversations had occurred to ascertain the relevance. This had been documented in the significant event record.
- The practice had clearly defined processes and practices in place to keep patients safe and safeguarded from abuse.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The branch site lacked the level of oversight and cleanliness offered at the main site. We found inappropriate storage of wet mops and observed a split in a clinician's seat preventing it from being cleaned correctly, as well as stains in the carpets and out of date consumable items.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

Requires improvement

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were slightly below local and national averages. The most recently published results showed the practice had achieved 91% of the total number of points available. This was 2% below the clinical commissioning group (CCG) average and 5% below the national average. However there had been an improvement from the previous year when 86% of the total number of points were achieved.
- The management of patients with long term conditions and those suffering from poor mental health as indicated in QOF results was below local and national averages.
- The practice had lost two recently recruited advanced nurse practitioners (ANPs) and there was a reliance on locum cover whilst recruitment was undertaken to cover this shortfall.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.

Summary of findings

- Although the corporate provider had an audit programme in place for all practices within the group, there was not an ongoing programme of clinical audit in place within this practice. GPs we spoke to told us there had been no additional audits had been commenced since our inspection in December 2016. Previous audits carried out prior to December 2016 had been re-run in June 2017 by the practice pharmacist.
- Staff we spoke to had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

- Patients said when they saw a clinician they were treated with compassion and respect and were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice below local and national averages. For example, 74% of patients described their overall experience of this surgery as good compared to the CCG average of 84% and the national average of 85%. This was a reduction from 77% in the previous survey.
- The practice had put up notice boards at both sites dedicated to carers, to promote the services they offer to support carers. However, at the branch site the named carers champion on the board no longer worked at the practice.
- The practice had identified 88 patients as carers, which represented 1.2% of the practice list.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Inadequate

- A majority of patients we spoke to told us appointments were difficult to get and eight patients told us they felt they had to queue outside the practice, whatever the weather, to guarantee an urgent appointment, incurring two trips to the practice. However, during the inspection we found a routine GP appointment was available in four days' time and a nursing appointment in nine days.

Summary of findings

- Patients we spoke to told us they frequently and consistently were not able to access appointments and services in a timely manner, for example, patients told us they had waited four weeks for a GP appointment and three weeks for a blood test.
- Staff told us there were times when there weren't enough appointments available to meet patient need and there were not always enough clinicians available.
- Six patients we spoke to told us they had frequently been signposted to the urgent care centre when appointments were unavailable, one of these had been inappropriate to their needs and caused delay and inconvenience to the patient.
- The practice had established walk in clinics to add capacity for same day urgent appointments, however these had ceased following two ANPs leaving and recruitment was ongoing to return capacity to previous levels.
- The main site had good facilities and was well equipped to treat patients and meet their needs. However, the branch site was not adequate, for example, the baby changing facilities were a shelf in the toilet, there was no information provided about translation services and guidance on how to make a complaint was difficult to find.
- Patients could book some appointments and order repeat prescriptions online with 10% of the patient list registered to access the service in this way.
- Evidence showed the practice responded quickly to issues raised form complaints. Learning from complaints was shared with staff and other stakeholders.
- Services were hosted within the practice to help meet the needs of patients including the smoking cessation and lung MOT clinics.

Are services well-led?

Inadequate

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, at this inspection we were not assured progress had been made from areas highlighted in previous inspections or by national GP patient surveys.
- There were several concerns found at the branch site that highlighted a lack of managerial oversight, for example measures to control and prevent infections were not in line with national guidance.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular business meetings.

Summary of findings

- There was an overarching governance framework, which supported the delivery of the strategy at a corporate level, however the concerns found during the inspection show this was not effective at a local practice level.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as requires improvement for safe, effective and caring and this includes for this population group. The provider was rated as inadequate for responsive and well led. The concerns, which led to these ratings, apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older people in its population. Regular multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- Care plans were shared with out of hours' services to ensure care was in line with patients' wishes and assist in clinical decision when the practice was closed.
- The practice was not always responsive to the needs of older people, and although they offered home visits and urgent appointments for those with enhanced needs, which included nurse appointments and flu vaccinations. However, to get an urgent appointment patients told us they felt they had to attend in the morning to guarantee an appointment.

People with long term conditions

Inadequate

The provider was rated as requires improvement for safe, effective and caring and this includes for this population group. The provider was rated as inadequate for responsive and well led. The concerns, which led to these ratings, apply to everyone using the practice, including this population group.

- The outcomes for patients with long-term conditions were found to be below local and national averages for example: Performance for diabetes related indicators was 63%, which was 19% below the CCG average, and 28% below the national average.
- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a

Summary of findings

multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice and community teams had a direct line to the secretarial staff to ensure effective communication.

Families, children and young people

Inadequate

The provider was rated as requires improvement for safe, effective and caring and this includes for this population group. The provider was rated as inadequate for responsive and well led. The concerns, which led to these ratings, apply to everyone using the practice, including this population group.

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- There were systems in place 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 A&E attendances. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Immunisation rates were below local averages for all standard childhood immunisations. However we saw that children were called in on a monthly basis as per the immunisation schedule and any parents that refused to attend were offered an appointment to discuss the implications and referred to the health visiting team, if appropriate, for additional support.
- The practice offered a full range of contraception services including coil fitting and implants.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as requires improvement for safe, effective and caring and this includes for this population group. The provider was rated as inadequate for responsive and well led. The concerns, which led to these ratings, apply to everyone using the practice, including this population group.

- Online facilities were enabled and promoted via the practice website, on prescription slips and on posters in the practice. Online services enabled working age people to book appointments and request prescriptions without attending the surgery.

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- However, there were no appointments available outside of the practices contracted hours to allow people who worked office hours to see a clinician.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as requires improvement for safe, effective and caring and this includes for this population group. The provider was rated as inadequate for responsive and well led. The concerns, which led to these ratings, apply to everyone using the practice, including this population group.

- The practice offered longer appointments for patients with a learning disability and for others who required this. The practice had been encouraging patients to attend the practice rather than accept home visits where possible to build confidence in attending the practice and experiencing a clinical environment.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition, the practice held regular meetings to discuss patients on their palliative care register.
- A pharmacist reviewed patients prescribed high risk medicines and undertook medicine reviews.
- Advice was given to patients for local support groups using the Nottingham City self help guide.
- Vulnerable patients were flagged on the computer system to alert clinicians.
- The practice provided opportunistic care to patients from the travelling community.
- The practice was a domestic violence aware practice with staff having had IRIS (Identification & Referral to Improve Safety) training, a practice based domestic violence and abuse training support and referral programme.
- A discreet designated support and advice notice board at the main site provided literature for men, women, lesbian, gay and transgender patients to access support and services if needed.
- The practice had a nominated carers champion with literature and support available for carers including identification, a named carers support worker, annual health checks and seasonal influenza vaccinations. However, we found the information at the branch site was out of date and displayed a member of staff as the carers lead, who no longer worked at the practice,

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as requires improvement for safe, effective and caring and this includes for this population group. The provider was rated as inadequate for responsive and well led. The concerns, which led to these ratings, apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was 99%, which was 7% above the CCG average, and 6% above the national average.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 92%, which was 7% above the local average, and 8% above the national average. This was achieved with an exception-reporting rate of 8%, which was 2% above the CCG average and 1% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2017. The results showed the practice was performing below local and national averages in some areas. A total of 322 survey forms were distributed and 109 were returned. This represented a response rate of 34%, which equated to approximately 1.5% of the practice's registered patients.

Results showed:

- 31% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and the national average of 71%. This was a reduction from the 41% of the previous patient survey.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 84%. This was an improvement from the 65% from the previous patient survey.
- 52% 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 75% and the national average of 77%. There had been no change from the previous survey in this area.

We spoke with 22 patients (in addition to one member of the patient participation group) during the inspection. Of those patients, 12 told us there was often difficulty getting through to the practice by phone to make an appointment, and eight told us they queued outside to assure themselves of an urgent appointment. Patients told us they found staff friendly and supportive, although they were concerned about the lack of continuity in the availability of clinicians.

Areas for improvement

The Practice St Albans

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a practice nurse specialist advisor, a second CQC inspector, and an expert by experience.

Background to The Practice St Albans

The Practice St Albans is part of a wider group of 48 GP practices registered with the Care Quality Commission (CQC) under the service provider Chilvers & McCrea Limited (part of The Practice Group). The Practice St Albans comprises of a main location and a branch site. On our inspection day, we visited the location registered with the CQC in addition to the branch site.

• The registered address is: Hucknall Lane, Bulwell, Nottingham, NG6 8AQ.

• The branch site is referred to as The Practice Nirmala and is located at: 112 Pedmore Valley, Bestwood Park, Nottingham, NG5 5NN

The Practice St Albans merged with The Practice Nirmala in November 2014 following patient consultation and the proposed closure of Nirmala by NHS England. The combined patient list size is 7,559 and this had been stable within the last 12 months. The Practice St Albans has a general medical services (GMS) contract for delivering primary care services to local communities.

Both surgeries are in areas of high deprivation above the national average. The practice is in the most deprived decile meaning that it has a higher proportion of people living there who are classed as deprived than other areas. The level of income deprivation effecting children is 39% compared to a CCG average of 25% and a national average of 20%.

The clinical team comprises:

- One male GP and one female and two male regular GP locums,
- One locum advanced nurse practitioner two days a week
- 1.5 full time equivalent practice nurses
- A healthcare assistant
- A pharmacist providing two days a week

The clinical team is supported by a full time practice manager, an assistant practice manager, a clinical administrator and a team of secretarial, reception and administrative staff.

The main site is open from 8am to 6.30pm Monday to Friday. Consulting times are from 8am to 1pm each morning and 2pm to 6pm each afternoon. The branch site is open from 8am to 1.30pm all week apart from Wednesdays when it is open from 1.30pm to 6.30pm. Appointments at both sites are available to all patients and can be booked through either reception.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

We undertook a comprehensive inspection of The Practice St Albans on 25 April 2016 as part of our new inspection programme. The practice was rated as 'requires

improvement' overall and for providing caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. All of our reports are published at www.cqc.org.uk.

We issued a requirement notice to the provider in respect of good governance, safe care and treatment, and the notification of appropriate incidents to the CQC. We informed the provider that they must provide us with an action plan by 2 September 2016 to inform us how they were going to address the issues of concern. An action plan was received from the practice.

We undertook a further comprehensive inspection of The Practice St Albans on 12 December 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements. This inspection was carried out following a period of six months to ensure improvements had been made and to assess whether the practice's ratings could be reviewed.

As a result of concerns raise to the Commission we carried out an unannounced comprehensive inspection on 18 September 2017. This was to review areas highlighted by members of the public as well as an opportunity to review the rating following our previous inspection.

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 18 September 2017. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager, representatives of the wider corporate management team, and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 12 December 2016, we rated the practice as good for providing safe services, however at this inspection we found new concerns which showed further improvements were required to ensure patient safety.

Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager of any incidents in addition to completing an online form detailing the events. The incident was initially reviewed centrally before being sent to the practice manager to follow up and review. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a regular basis and learning was disseminated across different staffing groups. Any significant event involving a patient, an opportunity to speak directly to a GP was offered and apology made.

There had been 63 safety records, incident reports, and safety alerts reported in the previous 12 months. Three incidents were reviewed during the inspection, which showed the corporate provide had an effective system in place to manage the investigation and review of these incidents with input from the local practice.

Overview of safety systems and processes

Systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse, which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead GP for child and adult safeguarding who worked at the practice one day a month, and staff were aware of whom they were. Another GP covered the role in their absence. We saw minutes of meetings showing regular liaison through monthly meetings with the safeguarding administrative lead and community based staff.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to children safeguarding level three. Training was well monitored to ensure adequate hours had been achieved.
- Patients were advised through notices in the practice and information on the website that they could request a chaperone if required. Nursing and reception staff acted as a chaperone. All staff who acted as a chaperone had been provided with face-to-face training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection, we observed the main site to be clean and tidy and this aligned with the views of patients. A nurse was the lead for infection control within the practice. An external audit took place in November 2016 with a follow up being undertaken in June 2017 from which an action plan had been developed.

However, we observed the branch site to be less clean, for example, there were rips in the waiting area seats, stains on the carpets and inappropriately stored mops in the storage area.

- Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines.
- Alerts were managed locally and at group level to ensure relevant updates to medicines when recommended by organisations such as the Medicines and Healthcare Products Regulatory Agency (MHRA). Changes were discussed at clinical meetings, and patients were recalled to review their medicines when appropriate.

Requires improvement

Are services safe?

- There was management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. This had been reviewed at both sites since our inspection in December 2016 and we saw evidence of systems being adopted to support the safe management of medicines and equipment.
- However, during the inspection of the branch site, we found out of date consumable items such as hand sanitiser and urine dip sticks which were in a treatment room.
- The branch site had stained carpets in the waiting room.
- The practice, in conjunction with the pharmacist, carried out regular medicine reviews including high-risk medicines, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files for clinical and non-clinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire alarm checks. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as legionella.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. However, we were told by staff the numbers of clinicians often fell short of what was required and there was a heavy reliance on the use of locums GPs, ANPs and nurses.
- There was ongoing recruitment to cover a recent shortfall in ANPs as two had recently left. This had meant the closure of a walk in clinic previously in place to provide additional on the day appointments.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation rooms and treatment rooms, which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. All the medicines we checked were in date and weekly checks undertaken.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. In addition to copies held within the practice, copies were also kept off site by key members of staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 December 2016, we rated the practice as requires improvement for providing effective services, as further improvements were required to enhance patient care. Although there had been some progress, further improvements were needed to address this issue.

Effective needs assessment

Clinical staff had access to relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions. Copies were also made available through the computer system and in hard copy to ensure part time staff, or those on leave when an update was initially distributed, were kept up to date.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through searches and checks of patient records; this was also reviewed at clinical meetings.

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 recently published results (2016/17) showed the practice had achieved 91% of the total number of points available. This was 2% below the clinical commissioning group (CCG) average and 5% below the national average, however an improvement on the previous year where 86% of the total number of points had been achieved.

This practice's QOF data from 2016/17 showed:

- Performance for diabetes related indicators was 61%, which was 19% below the CCG average, and 28% below the national average.
- Performance for indicators related to hypertension was 84%, which was 12% below the CCG average, and 13% below the national average.
- Performance for mental health related indicators was 99%, which was 7% above the CCG average, and 6% above the national average.
- Performance for asthma related indicators was 94%, which was 3% below the CCG average and 4% below the national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 95%, which was 2% above the CCG average and 1% below the national average.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 92%, which was 7% above the local average, and 8% above the national average. This was achieved with an exception-reporting rate of 8%, which was 2% above the CCG average and 1% above the national average.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. During the inspection, we looked at the rate of exception reporting and found it to be broadly in line with agreed guidance. The overall exception-reporting rate of 9% was in line with local and national averages of 9% and 9% respectively.

The practice had been awarded the 'most improved practice' within the group for clinical performance at the completion of the 2016/17 year, with a score of 508 points in that QOF year. The practice was aware of their clinical performance in all areas. The evidence presented to us on the day indicated that the measures they had put in place had improved the monitoring of their patients with long-term conditions and mental health.

- Arrangements were in place to ensure patients were recalled for reviews of their long-term conditions and medicines. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder. An administrative and clinical team monitored the recalls and review of patients with long-term conditions.

There was limited evidence of quality improvement including clinical audit.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Although the corporate provider had an audit programme in place for all practices within the group, there was not an ongoing programme of clinical audit in place within this local practice. GPs we spoke to told us there had been no additional audits commenced following our inspection in December 2016. Previous audits carried out prior to December 2016 had been re-run in June 2017 by the practice pharmacist."
- We reviewed clinical audits where the improvements had been implemented and monitored. For example, in November 2016 the practice audited the care patients prescribed methotrexate to ensure they were not automatically prescribed the medicine in the long term without relevant monitoring. The initial audit identified 11 patients taking this medicine. The second audit showed there were no patients on repeat prescriptions for methotrexate and regular monitoring prior to prescription had been put in place.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles locally and by regional managers.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support from regional managers, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included safeguarding, fire safety, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

During the inspection, we reviewed care plans, repeat prescription queries and test results and found they were managed in a timely manner and information was accessible through the practice's patient record system and their intranet system.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Multi-disciplinary meetings with other health and social care professionals were held on a monthly basis. These included palliative care meetings, safeguarding children and adult meetings, which were attended by all leads.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of their capacity to consent in line with relevant guidance.
- We saw that if a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 75%, which was 5% below the CCG average and 6% below the national average. Reminders were offered for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Screening rates were comparable to local and national averages.

For example:

- The practice's uptake rate for breast cancer screening for females aged 50-70 in the last three years was 72% and this was in alignment with both the CCG and the national averages.

Childhood immunisation rates for the vaccinations given were below CCG averages. For example, childhood immunisation rates (2016/17) for the vaccinations given up to the age of two years of age the average was 86%, which was below the 90% standard. For the measles, mumps and rubella (MMR) vaccine, given up to the age of five, the average was 84%, which was below the CCG average of 90%.

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

Requires improvement

Are services caring?

Our findings

At our previous inspection on 12 December 2016 we rated the practice as good for providing caring services.

Kindness, dignity, respect and compassion

We observed during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with 22 patients in addition to one member of the patient participation group (PPG). Patients told us they were happy with the care provided by the practice and said their dignity and privacy was respected. Patients told us that they were listened to and options for treatment were explained thoroughly.

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

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%. This was a reduction from 81% in the previous survey.
- 75% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. This was a reduction from 79% in the previous survey.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%. This was an improvement from 88% in the previous survey.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%. This was an improvement from 73% in the previous survey.

The practice satisfaction scores were mixed in respect of consultations with nurses. For example:

- 87% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%. This was a reduction from 95% in the previous survey.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%. This was an improvement from 84% in the previous survey.

Satisfaction scores for interactions with reception staff were in line with local and national averages:

- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%. This was an improvement from 76% in the previous survey.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt involved in the conversation about their care, felt ease and well supported by all staff, who would do their best to accommodate their needs. They also told us they never felt rushed, and given time during consultations to make informed decisions about the choice of treatment available to them.

Results from the national GP patient survey were mixed. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%. This was an improvement from 76% in the previous survey.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%. This was a reduction from 74% in the previous survey.

Requires improvement

Are services caring?

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%. This was a reduction from 90% in the previous survey.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%. This was a reduction from 85% in the previous survey.

The practice provided facilities to help patients be involved in decisions about their care. The practice used translation services to ensure effective communication with other patients when required to assist in consultations and communication.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 88 patients as carers, which was approximately 1.2% of the practice list and an increase of 22 from our previous inspection in December 2016. However, we spoke to a patient who had been a long-term carer and were not aware they could be supported as a carer of their partner by the practice, even though they had been with the practice for several years.

The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff; however the carers lead on the noticeboard at the branch practice no longer worked there.

The touch screen login at reception that prompted patients to inform the practice if they were a carer, as did the TV screen, which also advertised relevant health initiatives and practice information. Carers were offered flu vaccines and health checks in addition to extended appointments and the flexibility of a home visit or telephone consultation, if appropriate, to meet their needs.

The practice had won a young carers award in January 2017 as they had been found to offer a clean and safe environment in which to listen to the needs of young carers.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate. Information about support available to patients who had experienced bereavement was provided where required.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 December 2016, we rated the practice as requires improvement for providing responsive services, as the arrangements for GP access were not conducive in creating a positive experience for patients. Although there had been some improvements in this area the national GP patient survey results reflected the ongoing concerns of patients we spoke with regarding access and opening hours.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

For example:

- Telephone appointments were available if appropriate to meet the needs of the patient.
- There were longer appointments available with a named clinician for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Phlebotomy appointments were available five days a week.
- Contraceptive coils and implants could be fitted at the practice.
- There were practice hosted clinics available for patients such as a diabetes, baby and lung health clinics.
- Online facilities were enabled and promoted via the surgery website, on prescription slips and posters in the practice. Online services enable working age people to book appointments and request prescriptions without attending the practice.
- There were facilities for patients with a disability including dedicated parking, and accessible toilets. Corridors and doors were accessible to patients using wheelchairs.

However, there were areas at the branch site where the practice did not provide services in line with the population groups it served. For example:

- The baby changing facilities were a shelf in the toilet
- There was no information provided about translation services and guidance on how to make a complaint was difficult to find.

Access to the service

The main site was open from 8am to 6.30pm Monday to Friday. Consulting times were from 8am to 1pm each morning and 2pm to 6pm each afternoon. The branch site was open from 8am to 1.30pm each day apart from Wednesdays when it was open from 1.30pm to 6.30pm. Appointments at both sites were available to all patients and could be booked through either reception for convenience.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly below local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 78% and the national average of 76%. This was a reduction from 71% in the previous survey.
- 32% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%. This was a reduction from 41% in the previous survey.
- 74% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%. This was an improvement from 56% in the previous survey.

We spoke to 22 patients during the inspection, a majority of the patients commented negatively on the access to the practice when making an appointment. Eight of those patients specifically mentioned the need to queue outside the practice from 7.30am to ensure themselves of a same day appointment. However, they did say once they got to reception they were likely to get a same day appointment. On the day of inspection, we witnessed queuing outside the practice prior to 8am and an empty waiting room by 9am with no patients waiting for their appointment.

Patients we spoke to also told us of long waits for routine appointments for example, up to four weeks to see a GP and three weeks to have bloods taken. As a result of this, several patients told us they had been signposted by reception staff to a local urgent care centre or hospital to be seen sooner.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

One patient told us they had been sent to the urgent care centre for a routine dressing to be changed, as there were no bookable appointments available. On following this advice, they were told to return to the practice, as it was something they should be managing and not appropriate use of the urgent care centre.

In response to the poor feedback regarding access and following our previous inspection in

December 2016, the provider had taken steps to improving the availability of appointments and access to the practice through an action plan. This included:

- Increasing the awareness of online access to though text messaging, display information on the patient call screen, and distribution of promotional leaflets at key events such as flu clinics. The practice currently had approximately 10% of the patient list registered for online booking.
- The reestablishment of walk in clinics run by a Nurse Practitioner was scheduled for October 2017.

The practice intended to monitor these changes through internal surveys to ensure they were found to be positive steps by patients however; the long-term outcome of these was yet to affect surveys and patient feedback.

Appointments could be booked online and up to one month in advance if required. A review of the appointments system during the inspection demonstrated that there was a pre bookable appointment available with a GP in four days' time, and a practice nurse appointment in nine days' time. Routine pre-bookable appointments were available four weeks in advance. Telephone and home visit appointments were also available.

There were arrangements in place to monitor patient access to appointments. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures and additional locum cover assigned accordingly. However staff told us there were times when staffing was not adequate as two ANPs had left and there was a reliance on Locum GPs and ANPs to cover shortfalls. The practice was in the process of recruitment and taking steps to ensure future needs were met, such as the use of a pharmacist to work alongside GPs to review patients and remote GPs to take telephone appointments, allowing GPs additional time for consultations.

Listening and learning from concerns and complaints

The practice had systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. This was in addition to a corporate system for reviewing and investigating complaints by a dedicated team.
- We saw that information was available to help patients understand the complaints system including leaflets and website.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged 19 complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints, the practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified because of the complaint. The practice met with complainants where this was required to resolve complaints. There was a 'you said we did' board in the waiting area to let the patients know of changes made as a result of complaints.

Complaints were reviewed in clinical meetings and an annual review of all complaints received was undertaken. This enabled the practice and wider provider group to identify any themes or trends, Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 12 December 2016 we rated the practice as good for providing well-led services.

Vision and strategy

- The provider had a mission statement which included:
- To be committed to the needs of our service users, involve them in decision making about their treatment and care and encourage them to participate fully.
- To provide a consistently high standard of medical care.
- To engage other professionals in the care of our patient when appropriate
- To act with integrity and confidentiality at all times.
- We found that staff were engaged with the aims and values of the practice to deliver high quality, patient care.
- The service had defined aims and objectives to support their registration with the Care Quality Commission.
- The management team met monthly to discuss key business issues and the long-term strategy of the practice. Succession planning was ongoing as two ANPs had left and recruitment was still open to fill these roles at the time of our inspection.
- There were plans to upgrade the branch site to improve the facilities available.

Governance arrangements

The practice did not have an effective, overarching governance framework in place to support the delivery of the strategy and good quality care. There was a lack of effective systems and processes in place for assessing and monitoring risks and the quality of the service provision. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and recalls; however, staff told us there were times when there did not seem enough clinicians available to meet demand.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- An understanding of the performance of the practice was maintained, during the inspection QOF was seen to be improving from the previous year.
- The practice did not have a programme of continuous clinical and internal audit to ensure their ability to monitor quality and to make improvements. There had been no clinical audits commenced since our previous inspection in December 2016 however a third cycle of an audit was planned for November 2017. This was not in line with the corporate schedule of audits, which were produced for each practice to undertake.
- There were arrangements in place to identify and record risks, and the practice had ensured these were embedded, to ensure risk was mitigated.
- Management meetings were held within the practice. This allowed oversight of governance arrangements within the practice; however, the issues found on the day of inspection showed this was not effective.
- Although new systems and processes were in place to improve patient satisfaction these had not been shown to affect the patient experience at present, and required further time to influence patient feedback and surveys.

Leadership and culture

The management team within the practice, in conjunction with regional managers from the provider, had not demonstrated they had the experience to run the practice however with all this support there had been a lack of progress in driving improvement following our previous inspection and in response to patient feedback.

We saw evidence some systems and process were not effective, through the lack of progress made from areas highlighted in previous inspection reports and surveys as well as oversight of all areas of the service. This included:

- Procedures for the control of infection were not effective at the branch site due to the condition and management of the site.
- Regular checks to ensure consumables were in date were not carried out at the branch site.
- Although there was a locum GP who acted as the safeguarding lead the designated lead was based 45 miles away and only attended the practice one day a month.
- Limited progress in improving access for patients, this resulted in them feeling they have to queue up outside the practice to obtain an appointment.

Are services well-led?

Inadequate

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

- A significant number of areas in the GP patient survey were below local and national averages and had been for three previous surveys.

The practice has been rated as requires improvement since our initial inspection on 25 April 2016 and access to urgent appointments and non-urgent GP appointments continues to be a concern to patients to this day. Previous action plans have outlined ways in which the practice intended to improve this area, however we did not see sufficient progress and patients told us there had been no improvement.

Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the management meetings, there was a rolling programme of meetings including clinical and wider staff meetings, which involved all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the management within the practice. Staff felt involved in discussions about how to develop the practice and the identifying opportunities to improve the service delivered by the practice was encouraged.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The management encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

· The practice gave affected people support, information and apologies where appropriate.

· The practice kept records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients following a consultation using a text messaging system and review results in the monthly meetings.
- The PPG met four times a year and had a membership of 11 patients. The PPG and practice were positive about their working relationship and ideas and changes were implemented where appropriate.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a lack of focus on continuous learning and improvement at all levels within the practice. The practice and regional team showed us plans to drive improvement in areas such as access and recruitment; however, there was no evidence to show improvement in areas highlighted by patient's feedback following on from our previous inspection to improve outcomes for patients.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment** **The premises being used to care for and treat service users were not safe for use. In particular:** • The provider had failed to ensure the safety of patients by maintaining infection control and prevention measures at the branch site. • The provider did not have sufficient monitoring in place to ensure consumable items were in date at the branch site. **This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance** **There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:** • The provider had failed to act on patient feedback and improve access to services.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17, 2 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.