

R J Mitchell Medical Centre

Quality Report

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Date of inspection visit: 6 February 2018

Date of publication: 19/03/2018

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?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

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 with dementia) - Requires improvement

We carried out an announced comprehensive inspection at RJ Mitchell Medical Centre on 6 February 2018 as part of our inspection programme.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- The practice had systems to keep patients safe and safeguarded from the risk of abuse. However, the safeguarding policy for vulnerable adults did not reflect the most up to date guidance.
- Staff recruitment checks did not meet legal requirements.
- The management of emergency or high risk medicines, repeat prescriptions and vaccines did not always promote the safety of patients. Systems to ensure a clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) were not effective.
- There was evidence of actions taken to support good antimicrobial stewardship.
- Infection control audits and action plans had been completed to promote a clean and appropriate

Summary of findings

environment. However, risk assessments for legionella and how patients and staff would be protected in the absence of assessment of staff immunity against health care acquired infections was not present for all members of staff.

- The practice had a system in place to monitor training completed by staff. Some staff had not received mandatory training as identified by the practice.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, there was no system in place to review the health of patients with a learning disability.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Most patients found the appointment system easy to use and reported they were able to access care when they needed it. However, arrangements for disabled patients to enter the practice's front doors needed to be reviewed.
- The practice were forging links with the voluntary sector. The patient participation group was very active.
- Staff had clear roles and responsibilities but not all staff were aware of the practice vision.
- There were gaps in the practice's governance systems and processes.

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

- Ensure care and treatment is provided in a safe way to patients.

- Ensure specified information is available regarding each person employed.
- Ensure, where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

For details, please refer to the requirement notices at the end of this report.

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

- Attain confirmation that medical indemnity cover for the practice nurses has been completed.
- Review access arrangements for disabled patients through the front door.
- Implement a clearly defined strategy to make staff aware of the practice's vision.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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

Summary of findings

The six population groups and what we found

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

Older people	Requires improvement	
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 with dementia)	Requires improvement	

R J Mitchell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice manager adviser and a second CQC inspector.

Background to R J Mitchell Medical Centre

RJ Mitchell Medical Centre was previously registered with the Care Quality Commission (CQC) as a partnership provider. It changed from a partnership to a single handed GP in August 2017. The practice has recently experienced additional challenges with the departure of two practice nurses and a GP partner.

The practice provides care and treatment to approximately 4,443 patients of all ages. The practice holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice delivers services from two locations. We visited both of these locations during our inspection:

- RJ Mitchell Medical Centre, 19 Wright Street, Butt Lane, Talke, Stoke-On-Trent, Staffordshire, ST7 1NY
- Waterhayes Surgery, 74 Crackley Bank, Chesterton, Newcastle, ST5 7AA

The practice area is one of average deprivation when compared with the national and local Clinical

Commissioning Group (CCG) area. Demographically the practice has a lower than average older patient distribution when compared with the CCG and national averages. For example, 14% of the practice population are 65 years and older compared with the CCG average of 22% and the national average of 17%. The percentage of patients with a long-standing health condition is 60% which is slightly higher than the local CCG average of 57% and national average of 54%.

The practice staffing comprises of:

- A lead GP (male)
- A salaried GP (male)
- Two long term locum GPs (male)
- Two practice nurses.
- A practice manager and assistant practice manager.
- Twelve members of administrative staff working a range of hours.

RJ Mitchell Medical Centre is open between 8am and 6.30pm Monday to Friday except for Thursdays when it closes at 1pm. Appointments times vary but are generally from 8.30am to 11.30am every morning and 3.30pm to 6pm daily except for Thursday afternoon when the practice is closed. Telephone consultations are also available to suit the needs of the patient. Cover to patients in the out-of-hours period is provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, management of long term conditions such as diabetes, contraceptive advice, immunisations for children, travel vaccinations and wound management. Further details can be found by accessing the practice's website at www.rjmitchellmedicalcentrepvg.btck.co.uk

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The safeguarding policy for vulnerable adults did not reflect updated categories or definitions of the types of abuse for example, modern slavery.
- Not all staff had received safeguarding training relevant to their role.
- Staff recruitment checks did not meet legal requirements. There was no formal system in place to monitor that professional registrations were in date.
- A legionella risk assessment had not been completed.
- Assessment of staff immunity against health care acquired infections was not present for all members of staff. Risk assessments to demonstrate how patients and staff would be protected had not been completed.
- Staff were unsure and confused where emergency medicines were held at the main practice. A formal system to check that the emergency medicines were accessible and in date at the main practice was not in place.
- A risk assessment had not been completed to demonstrate how risks to patients would be mitigated in the absence of recommended emergency medicines taken on GP home visits.
- There was no system in place to track the use of prescriptions used in printers throughout the practice.
- A system to ensure the effectiveness of the monitoring of patients on high risk medicines was not in place.
- Systems to monitor the collection of repeat prescriptions were not effective.
- A clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. However, the safeguarding policy for vulnerable adults did not reflect updated categories or definitions of the types of abuse for example, modern slavery. The safeguarding policies did not outline who to go to for further guidance however this information was clearly displayed at appropriate places throughout the practices.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. For example, the practice had a system to review all patients who attended the A&E department. We saw that the practice had identified a patient who frequently attended the A&E department. The patient's care and treatment was discussed at the six weekly meetings with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage their needs.
- Staff recruitment checks did not meet legal requirements. We reviewed five personnel files and found that some of the information specified in schedule three of the Health and Social Care Act 2008 was not available. For example, assessments of physical or mental health conditions which were relevant to the person's capability, after reasonable adjustments were made, to carry out their role and satisfactory written explanations of gaps in employment histories. Disclosure and Barring Service (DBS) checks had not been undertaken for a practice nurse before they commenced work at the practice and there was no evidence of a DBS check for a locum GP. (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). A system to monitor professional registrations were in date was not in place. We saw that the professional registration of a locum GP had been due for renewal on 2 February 2018 but there was no evidence that the practice had checked this had been completed. No recruitment checks had been completed for a locum advanced nurse practitioner who worked at the practice.
- A medical indemnity cover certificate for one GP who worked at the practice was not available. We saw that the indemnity certificate of another GP had expired on 8

Safety systems and processes

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

Are services safe?

December 2017. Three days after our inspection the practice sent evidence showing the indemnity cover was current and in place for both GPs. The practice were awaiting confirmation that their application to provide practice nurses with medical indemnity cover had been completed.

- Six non-clinical members of staff had not received training in safeguarding children and four had not received training in safeguarding vulnerable adults. There was no evidence to demonstrate that the two locum GPs had received training in safeguarding vulnerable adults. Staff we spoke with knew how to identify and report concerns. Reception staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. Annual audits were completed and action taken to address any identified issues. The practice carried out daily running of the taps to mitigate the risk of legionella however a legionella risk assessment had not been completed. Evidence of assessment of staff immunity against health care acquired infections was not present for all members of staff. Risk assessments to demonstrate how patients and staff would be protected had not been completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Most staff we spoke with told us that there were enough staff to cover the needs of the service. Succession planning was in place to replace the practice manager when they retired.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Non-clinical staff had received training on basic life support however they had not received training to identify the rapidly deteriorating patient or the actions to take.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The long term condition management templates we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice faxed special notes to the out of hours service for patients nearing the end of their life.
- We spoke with managers from two care homes prior to our inspection who told us the practice worked closely with the homes and shared relevant information relating to patients in their care.
- GPs tasked administration staff to send referral letters for patients needing consultations at the hospital. Staff we spoke with were clear of their role in sending routine or two week wait referrals for patients with possible cancer.

Safe and appropriate use of medicines

The practice needed to review their systems for appropriate and safe handling of medicines.

- There were emergency medicines held at both practices. However, medicines held at the main practice were dispersed between three different rooms within the practice causing confusion regarding their location. For example, on the day of our inspection it took several hours for staff to find a medicine used for the treatment of bacterial meningitis. The practice carried out minor surgery and insertion of contraceptive coils in a treatment room at the practice. Several emergency medicines were stored in this room however, a medicine used to treat a potential risk from these interventions was stored in a different room. There were systems in place for checking medical gases and emergency equipment at both practices. However, a formal system to check that the emergency medicines were accessible and in date at the main practice was not in place.

Are services safe?

- We found that GPs carried limited emergency medicines on home visits. For example, a medicine to treat bacterial meningitis or low blood sugar levels were not included in the home visit bag. A risk assessment to support this decision and the actions to be taken to mitigate potential risks had not been completed.
- The practice had a system in place to record the receipt of blank prescriptions used in printers and stored them securely. However, there was no system in place to track their use throughout the practice.
- There had been a recent significant event at the practice regarding a break in the cold chain storage of vaccines. We saw there had been learning from this event and changes to systems introduced. For example, the practice had installed data loggers in the vaccine fridges to provide an on going electronic record of the fridge temperatures. However, on the day of our inspection not all staff who checked the temperature of the fridge were aware of the correct temperature range for vaccine storage. In addition, the practice's cold chain policy did not include guidance on ensuring the cold chain was maintained when transporting flu vaccines to local care homes.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing for throat infections. There was evidence of actions taken to support good antimicrobial stewardship.
- The practice involved patients in regular reviews of their medicines. However, nine patients with a learning disability had not been invited for a medication or health review.
- There was a system in place to ensure prescriptions for high risk medicines were not re-issued until appropriate blood monitoring had been completed and reviewed. However, the practice did not have systems to monitor the effectiveness of this process.
- Systems for monitoring the collection of repeat prescriptions were not effective. Staff carried out six monthly checks to ensure prescriptions had been collected. On the day of our inspection we saw a prescription for an anticonvulsant medication, prescribed three months earlier, had not been collected.

This meant a patient with epilepsy may not have received treatment for their long term condition. A GP rang the patient on the day of our inspection and appropriate action was taken.

Track record on safety

- The practice conducted safety risk assessments for example, Control of Substances Hazardous to Health (COSHH) and fire risk assessments. When issues were identified we saw that the practice had taken steps to address them.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- However, we found areas where risk assessments had not been completed. For example, legionella, staff immunity against health care acquired infections and emergency medicines omitted from the GP home visit bag.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong within the practice. However, there was no clear system to demonstrate how the practice used external safety alerts to make improvements.

- There was a system for recording and acting on significant events and incidents. Significant events were discussed at bi-monthly practice meetings, or sooner if required. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were 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, an incorrect repeat prescription for a medicine was issued following a telephone call from the pharmacy. The practice changed its policy so that verbal repeat prescription requests would not be accepted.
- A clear process for the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place. The practice manager and GP received safety alerts. However, they could not demonstrate how appropriate alerts had been acted on or incorporated into clinical practice. For example, the GP was aware of an alert regarding the use of an

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anticonvulsant medicine and its prescribing to pregnant women of child bearing age. However, there was no evidence such patients had been identified and reviewed. We carried out a search and identified two patients of child bearing age this alert related to. We

reviewed information from the patients' hospital consultant and saw that these risks had been discussed with the patients but it was not clearly highlighted in their records.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups, except for people whose circumstances make them vulnerable, which we rated as requires improvement.

This was because, there was no formal system in place to regularly review the health and medicines of patients with a learning disability.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs, excluding those with a learning disability, were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data showed there was an ongoing downward trend in the number of antibacterial items and antibiotics prescribed making the practice the second lowest in the Clinical Commissioning Group (CCG).
- There was a downward trend in the prescribing of broad spectrum antibiotics (antibiotics that can be used when other antibiotics have not been effective). It is important that this group of antibiotics are used sparingly to avoid medicine resistant bacteria developing and indicates that the practice was following national and local guidance.
- The practice had started to use technology to support patients to access their service more readily. For example, to pre-book GP appointments. Through collaboration with the patient participation group (PPG), the practice was exploring the implementation of a text messaging service to remind patients of their appointment times and an online service for patients to request repeat prescriptions.
- Clinical staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 years were invited for a health check with the practice nurse. If necessary they were

referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had identified 229 patients over 75 years old. One hundred and twenty-four health checks had been carried out and 21 patients had declined. The new practice nurse was actively following up the remaining 84 patients.

- The practice followed up older patients discharged from hospital. A GP telephoned older patients discharged from hospital within 72 hours to ensure that their prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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. Data for the new single handed GP was not available at the time of our inspection. The most recent published results for 2016/17 for the previous provider showed that 82% of patients with asthma had received an asthma review in the preceding 12 months that included an assessment of asthma. This was in line with the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%. Their exception reporting rate of 2% was lower than the CCG average of 5% and national average of 4%. Exception reporting is the removal of patients from QOF calculations where, for example, patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- 94% of patients with chronic obstructive pulmonary disease (COPD) had received a review including an assessment of breathlessness in the preceding 12 months. This was comparable with the CCG average of 92% and national average of 90%. Their exception reporting rate of 6% was lower than the CCG and national averages of 11%.

Are services effective?

(for example, treatment is effective)

- 93% of patients with diabetes, on the register, had a blood pressure reading (measured in the preceding 12 months) that was within recognised limits. This was higher than the CCG average of 80% and the national average of 78%.
- Unverified end of year QOF data held by the practice showed some of these figures were currently lower. The practice was on target for health reviews of some long term conditions such as coronary heart disease and hypertension. However, they had fallen behind with other reviews for patients with diabetes. The practice felt confident that this short fall would be met now there was a full complement of clinical staff.

Families, children and young people:

- Data for the previous provider showed that 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 routinely offered a six week development check for new born babies.
- Up to September 2017 the practice met six weekly with the health visitor to discuss children who required additional support. They planned to reinstate these meetings in February 2018 when they had a full complement of practice nurses. The practice were aware they could call the health visitor if they had any concerns they wished to discuss.

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

- Public Health England data for the previous provider showed that 73% of females aged 25-64 years had attended cervical screening within a target period. This was comparable with the CCG average of 75% and the national average of 72%.
- The practice provided family planning services, including long acting reversible contraception such as intra uterine devices and implants.

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.

- The practice held registers of groups of patients living in vulnerable circumstances including carers and patients with a learning disability.
- There were nine patients registered with the practice who had a learning disability. None of these patients had been offered an annual health check.

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

- Data from the previous provider for 2016/17 showed that 93% of patients diagnosed with dementia had a care plan in place that had been reviewed in a face-to-face review in the preceding 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- 91% of patients with a diagnosed mental health disorder had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the CCG average of 91% and the national average of 90%. Their exception reporting rate of 4% was below the CCG and national averages of 13% meaning more people had been included.
- The practice specifically considered the physical health needs of patients with poor mental health. For example, 96% of patients with a diagnosed mental health disorder had their alcohol consumption recorded in their notes in the preceding 12 months. This was comparable with the CCG average of 92% and national average of 91%. Their exception reporting rate of 4% was lower than the CCG average of 9% and national average of 10%.
- Unverified end of year QOF data held by the practice showed these figures were currently lower. The practice was aware of this and was addressing the outstanding assessments now there was a full complement of clinical staff.

Monitoring care and treatment

The practice had a limited programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, the practice had carried out an audit of antibiotic prescribing for patients with throat infections which demonstrated that 5% of patients had been prescribed the appropriate

Are services effective?

(for example, treatment is effective)

antibiotic. Following changes to practice such as computerised monitoring of prescribing and the updating of practice formularies, this increased to 40% which was 10% below the set target.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the hospital admissions avoidance facilitator scheme.

Data for the new single handed GP was not available at the time of our inspection. The most recent published QOF results for 2016/17 for the previous provider were 97% of the total number of points available compared with the CCG average of 97% and national average of 96%. The overall exception reporting rate was 10% comparable with a national average of 10%. Overall QOF results for all domains and exception reporting were comparable with local and national averages.

Effective staffing

Most 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 understood the learning needs of staff and provided protected time and training to meet them. We looked at the practice's training matrix and saw that several clinical and non-clinical staff had not completed all the mandatory training as identified by the practice. For example, safeguarding children and vulnerable adults and information governance. The practice had recently purchased an online training package and planned to use this to support staff training.

- We saw that a new practice nurse had initially received limited support in their role. However, appropriate training and support had now been booked to support their future development. Another practice nurse was being supported by the practice to complete training to work as an advanced nurse practitioner.
- Staff were supported by
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records and meeting minutes that showed all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice delivered care to older patients in four local care homes. We spoke with managers from two of these care homes who told us that the practice were approachable, responsive to the needs of patients and provided home visits and repeat prescriptions when required.
- 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 ensured that end of life care was delivered in a coordinated way and held six weekly meetings with the palliative care team to ensure patients' needs were met.
- Data collated by the CCG showed the number of patients registered with the practice taken to A&E remained stable. For example, the number of A&E attendances for all age groups over a rolling 12 month period (October to September) changed from 234 patients per 1000 to 238.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. All new patients that registered with the practice were offered a new patient health check.
- Staff discussed changes to care or treatment with patients as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, tackling obesity through weight management advice and signposting patients to smoking cessation services.

Are services effective?

(for example, treatment is effective)

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. However, there was no evidence that the GPs had completed up to date training regarding the mental capacity act.
- Clinicians supported patients to make decisions. Where appropriate, they told us they involved advocacy services to support patients.
- The practice had written consent forms for surgical procedures which included appropriate advice.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely 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. There was a sign at the reception desk informing patients of this facility.
- Prior to our inspection we spoke with a member of the patient participation group (PPG). They told us that the GPs were professional and caring however the practice did not always listen to or communicate with the PPG effectively.
- We interviewed four patients on the day of our inspection and received 81 patient Care Quality Commission comment cards. Eighty of the comment cards were highly positive about the care and treatment experienced. Patients told us most staff were polite, friendly, caring and respectful. This was in line with the results of the NHS Friends and Family Test where results showed that 113 out of 126 patients who responded were extremely likely or likely to recommend the practice to their friends or family.

Data for the new single handed GP was not available at the time of our inspection. The national GP patient survey results published in July 2017 for the previous provider showed GPs and nurses were performing in line with the local Clinical Commissioning Group (CCG) and national averages in survey indicators. Of note, the practice nurses and two GPs that the data referred to have since left the practice. Two hundred and eighty-seven forms were distributed and 116 were returned. This represented 2.6% of the practice population. Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the CCG average of 90% and national average of 89%.
- 81% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 86% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 86%.
- 96% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 95% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and national average of 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 87% of patients who responded said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices

Are services caring?

in the reception areas, including in languages other than English, informing patients this service was available. We saw several health promotion leaflets were available in four different languages at the main practice.

- Staff communicated with patients in a way that they could understand, for example, staff could request someone to sign for patients with a hearing impairment and braille facilities could be requested for those with a visual impairment.
- Staff helped patients and their carers find further information and access community and advocacy services. The practice were forging links with a local church and library to support patients in need of additional social support.

The practice had identified 82 patients as carers (1.8% of the practice list). A member of the administrative team had taken on the additional role of identifying and signposting carers to appropriate services. They worked with the carer's hub to identify patients who were carers and provided information in the reception areas to raise awareness of the support available. Carers were also offered flu immunisations. Patients who were carers had been identified in the practice's computer system to alert nurses and GPs of potential additional needs.

Staff told us that if families had experienced bereavement they could be offered an appointment to see the GP. They also referred patients to the Dove counselling service if required.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages for nurses but slightly below average for GPs:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and the national averages of 90%.
- 88% of patients who responded 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%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Several comment cards we received commented on the lack of privacy at the reception desk at the main practice. Reception staff we spoke with described techniques used to maintain patient confidentiality at the reception desk.
- A privacy curtain was not available around the examination couch in one of the consultation rooms. The practice manager told us the room had only recently been converted into a consultation room and they were in the process of arranging for a curtain to be fitted.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good 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 tailored some services in response to the needs of patients. For example, on the day appointments, online services such as advanced booking of GP appointments and telephone consultations for patients who were unable to access the practice during normal opening hours.
- The practice improved services where possible in response to unmet needs. For example, in response to patient feedback regarding the over running of some GP appointments, GP consultation times at the branch practice had been increased to 15 minutes.
- The facilities and premises were appropriate for the services delivered and all consultations were delivered on the ground floor. However, patients on their own in a wheelchair would need assistance opening and entering the entrance doors to the two practices. There was no facility to alert staff within the practice if they needed assistance.
- The practice made reasonable adjustments when patients found it hard to access appointments. For example, home visits were triaged by a GP and completed for patients with complex or enhanced needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. Managers from two care homes told us the practice worked closely with the home to ensure 'do not attempt cardiopulmonary resuscitation' (DNACPR) plans were reviewed regularly for patients nearing the end of their life.

Older people:

- GPs supported older patients in whatever setting they lived, whether it was at home or in a care home or supported living scheme. Managers of two care homes told us the GPs were responsive to the needs of patients and provided on the day appointments when needed.

- A practice nurse monitored older patients who attended A&E or were discharged from hospital. Discharge letters were reviewed by a GP to ensure they had the necessary medication and appropriate social care support.

People with long-term conditions:

- The practice met every two months with the Integrated Local Care Team (ILCT), a team including nurses, a community matron and social worker, to review patients with long-term conditions.
- Patients with long-term conditions received an annual review to check their health and medicine needs were being appropriately met. Due to a changeover in nursing staff some checks had fallen behind.
- The practice held regular six weekly meetings with the local district nursing team 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. Up until September 2017, the practice met six weekly with the health visitor to discuss children and families with additional needs. They planned to reinstate these meetings in February 2018 when they had a full complement of clinical staff.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had made some adjustments to the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations for patients who could not attend during normal opening hours.
- Patients were able to access care and treatment at both practices.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held registers of patients living in vulnerable circumstances. For example, carers and patients with a learning disability.
- There were links on the patient participation group website signposting patients to services to support people experiencing domestic abuse or housing difficulties.

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

- A psychologist provided weekly clinics at the practice to support patients experiencing poor mental health.
- Information about mental health services was available in the practice and on the website.
- At the time of our inspection a practice nurse was training to be a dementia navigator to provide additional support to patients with dementia and their carers.
- Patients who deliberately self-harmed were identified from A&E discharge letters and invited to the practice for a mental health assessment.

Timely access to the service

Patients were able 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. Where delays had been identified, the practice had made changes to try to improve waiting times.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use with on the day and pre-bookable appointments.
- The practice monitored the number of patients who failed to attend for appointments and if a pattern was identified the patient was contacted and an alert added to their records.

Data for the new single handed GP was not available at the time of our inspection. The national GP patient survey results published in July 2017 for the previous provider showed that patients' satisfaction with how they could

access care and treatment was in line with local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and eighty-seven forms were distributed and 116 were returned. This represented 2.6% of the practice population.

- 79% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 84% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 77% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

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 readily available in the reception area and on the PPG website.
- The complaints' policy and procedures were in line with recognised guidance. Five complaints, three written and two verbal, were received in the last 12 months. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- 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, by offering longer appointments and flexibility to patient needs. Lessons learnt were shared with staff at regular practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well led services because:

- Most staff were not aware of the practice's vision. A clearly defined strategy to achieve the vision was not in place.
- Policies, procedures and activities did not always ensure safety.
- There were gaps in processes for managing risks, issues and performance.
- There were gaps in the practice's processes to manage current and future performance.

Leadership capacity and capability

Leaders had the skills to run the practice but did not always demonstrate how they ensured high quality care was being provided by all staff.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, following the retirement of two GP partners and the resignation of two practice nurses the practice had prioritised the needs of patients and the practice. They had taken on additional temporary staff to provide cover until permanent clinical staff had been recruited. However, appropriate recruitment checks had not been completed.
- Leaders were visible and approachable at the main practice. A practice manager visited the branch practice once a week.
- The practice had processes to develop leadership capacity and skills, including succession planning for when the practice manager retired. The management structure for non-clinical staff had recently been reviewed to ensure clearer lines of accountability and accessibility.

Vision and strategy

The practice had a vision to offer the highest standard of health care and advice to patients through a team

approach. Patients were made aware of the vision through a practice charter leaflet. However, most staff we spoke with were not aware of the vision. A clearly defined strategy to achieve the vision was not in place however, the management team had oversight of the progress made in the recruitment of clinical staff.

Culture

The practice had a culture openness and transparency.

- Most staff stated they felt respected, supported and valued. They were proud to work in the practice. Some staff spoke of feeling isolated and not listened to.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Significant events were investigated and analysed and we saw evidence of sharing significant events with appropriate stakeholders. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Most staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals. However, not all staff had completed mandatory training as identified by the practice.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. For example, a nurse new to practice nursing was provided with dedicated time each week with the experienced practice nurse.
- There were mainly positive relationships between staff and teams. Staff morale was low in some areas following a recent significant event investigation and staff changes within the practice.

Are services well-led?

Requires improvement 

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management however, structures and processes were not always adequately monitored.

- Structures, processes and systems to support good governance and management were clearly set out however not always understood or monitored. For example, following a recent cold chain breach, policies had been reviewed and updated. However we found ongoing gaps. For example, not all staff that monitored the vaccine fridge temperature were aware of the correct temperature range for vaccine storage.
- Staff were clear of their roles and accountabilities in respect of safeguarding and infection prevention and control.

Practice leaders had established policies, procedures and activities to ensure safety. However, the practice's policy for safeguarding vulnerable adults did not reflect the most up to date guidance. The practice's cold chain policy did not include guidance on ensuring the cold chain was maintained when transporting flu vaccines to local care homes. A formal recruitment policy for all staff was not in place.

Whilst staff were aware of their roles and responsibilities, none of the staff had been provided with a job description.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

- Some clinical audits had been carried out at the practice to improve outcomes for patients.
- The practice had plans in place and had trained staff for major incidents. A business continuity plan was in place that covered potential disruptions to services within the practice. However, it did not include staff contact numbers.

However, we found gaps in some of the processes:

- Appropriate risk assessments were not always completed. For example, risk assessments for legionella, the lack of assessment of staff immunity for health care acquired infections and a limited supply of emergency medicines taken on home visits had not been completed.

- A system to monitor the effectiveness of the processes to manage patients on high risk medicines had not been completed.
- Staff recruitment checks did not meet legal requirements.
- Non-clinical staff had not received training to identify the rapidly deteriorating patient.
- Medicines held at the main practice were dispersed between three different rooms within the practice causing confusion regarding their location. A formal system to check that the emergency medicines were accessible and in date at the main practice was not in place.
- There was no system in place to track the use of prescriptions used in printers throughout the practice.
- Appropriate support to facilitate unaccompanied patients in a wheelchair to enter the practice had not been fully considered. There was no facility to alert staff within the practice if they needed assistance.
- The nine patients registered with the practice who had a learning disability had not been offered an annual health check.

There were gaps in the practice's processes to manage current and future performance:

- A clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place.
- Not all staff had completed mandatory training as identified by the practice. For example, safeguarding and the mental capacity act.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Requires improvement 

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

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, to ensure patients with long-term conditions received the necessary checks now there was a full complement of clinical staff.
- The practice was exploring ways in which to use information technology systems to monitor and improve the quality of care. For example, text message reminders for patients and online repeat prescription requests.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was a very active patient participation group (PPG). Prior to our inspection we spoke with a member of the PPG. They told us it could be challenging to get the practice to take on board new ideas and they did not always feel listened to. For example, the PPG had developed a health promotion video to be displayed on the practice TV screen within the reception area. They had asked the practice what they would like to include in the video but they had not received any feedback. The practice told us however, they had acknowledged the suggestions of the PPG to improve patient access to services through technology. They were arranging a meeting with the PPG to discuss text message reminders and online repeat prescription requests for patients.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement at all levels within the practice. For example a practice nurse was being supported to complete training to become an advanced nurse practitioner and another practice nurse was being supported to complete a course in the fundamentals of practice nursing.
- Learning from significant events and complaints was shared with staff at team meetings and used to make improvements.

Engagement with patients, the public, staff and external partners

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Staff were unsure and confused where emergency medicines were held at the main practice because they were dispersed between three locations.• A risk assessment had not been completed to demonstrate how risks to patients would be mitigated in the absence of recommended emergency medicines taken on GP home visits.• There was no system in place to track the use of prescriptions used in printers throughout the practice.• A system to ensure the efficacy of the monitoring of patients on high risk medicines was not in place.• Systems to monitor the collection of repeat prescriptions were not effective. <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that were health care associated. In particular:</p> <ul style="list-style-type: none">• A legionella risk assessment had not been completed.• Assessment of staff immunity against health care acquired infections was not present for all members of staff. Risk assessments to demonstrate how patients and staff would be protected had not been completed. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Assessments of physical or mental health conditions which were relevant to the person's capability, after reasonable adjustments were made, to carry out their role had not been completed.
- Satisfactory written explanations of gaps in employment histories were not available for some staff.
- Disclosure and Barring Service (DBS) checks had not been undertaken for a practice nurse before they commenced work at the practice. There was no evidence of a DBS check for a locum GP.
- No recruitment checks had been completed for a locum advanced nurse practitioner who had recently worked at the practice.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- The professional registration of a locum GP had been due for renewal on 2 February 2018 however, there was no evidence that the practice had checked this had been completed.

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

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Policies, procedures and activities did not always ensure safety. The cold chain policy had been updated following a cold chain breach. However, not all staff that monitored the vaccine fridge temperature were aware of the correct temperature range for vaccine storage. The policy did not include guidance on ensuring the cold chain was maintained when transporting flu vaccines to local care homes. The practice's policy for safeguarding vulnerable adults did not reflect the most up to date guidance. A formal policy and process for the recruitment of staff was not in place.• A formal system to check that the emergency medicines were accessible and in date at the main practice was not in place.• There were gaps in systems for identifying, managing and monitoring risks. In particular, legionella, assessment of staff immunity for health care acquired infections and emergency medicines taken on GP home visits.• There were gaps in the practice's processes to manage current and future performance. A system to ensure a clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place.• Systems to ensure staff had completed all mandatory training as identified by the practice were not effective.

This section is primarily information for the provider

Enforcement actions

- There were no systems in place to manage the health and wellbeing of patients with a learning disability.

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