Heaton Norris Health Centre 2

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heaton Norris Health Centre 2 on 4 August 2016. The practice was rated as requires improvement for four key questions (Safe, Effective, Responsive and Well Led). This resulted in an overall rating of requires improvement. The full comprehensive report on the 4 August 2016 inspection can be found by selecting the 'all reports' link for Heaton Norris Health Centre 2 on our website at www.cqc.org.uk.

This inspection was undertaken following the receipt of an action plan that confirmed the practice would meet the regulatory requirements previously identified by 30 November 2016.

At the beginning of December 2016 the practice provided additional information in order to demonstrate the improvements they were making.

This inspection was an announced comprehensive inspection on 22 February 2017.

Overall the practice is now rated as inadequate.

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

- There was a system in place for reporting and recording significant events. At this inspection recorded evidence in the form of team meeting minutes demonstrated that staff were kept informed of the outcome of significant event investigations.
- We noted since the last inspection that recruitment checks had improved so that appropriate recruitment records, including Disclosure and Barring Service checks (DBS) for staff employed at the practice were in place. However we observed that one employee's recruitment file was missing references.
- Some risks to patients were assessed, however the practice could not demonstrate that they had done all that was reasonably practicable to ensure patients with chronic health conditions were reviewed and assessed.
- Quality and Outcomes Framework (QOF) data for 2015/16 showed performance indicators for some patient outcomes were below the local and national average. Unverified data for the partial year from April 2016 to 22 February 2017 did not assure us that the practice

Summary of findings

performance had improved in reviewing patients with long term conditions. A recorded action plan to monitor and review the practice performance was not available.

- At the last inspection we found records of mandatory training were available for some staff but training records were not consistently maintained for the practice nurse and health care assistants employed at the practice. At this inspection training records for staff including clinical staff were available.
- The practice had good facilities and was equipped to treat patients and meet their needs. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Some patient feedback informed us that getting a routine appointment usually required at least a two week wait and it was on occasion difficult to get an urgent appointment.
- Information about services and how to complain was available and easy to understand but where similar concerns had been expressed by patients, no action had been taken to minimise reoccurrence.
- Governance arrangements to monitor and review the service provided were not supported by clear objectives and actions plans. This had resulted in gaps in service delivery and performance.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Implement action to mitigate any risks to patients and to ensure care and treatment is provided in a safe way.
- Implement comprehensive systems of governance to monitor and review the practice performance and implement strategies to improve, including:
  - Analysing significant events and patients verbal complaints to identify themes and take action to mitigate risk of reoccurrence.
  - Implementing a system to track and monitor the receipt and use of prescription paper.
  - Undertaking regular infection control audits.
  - Providing planned and recorded support to the practice manager with regular meetings and appraisal.

In addition the provider should:

- Improve monitoring of receipt of all the necessary pre-employment checks for all staff including obtaining professional and character references.
- Improve communication networks with external health care professionals.
- Review the availability of of non-urgent appointments.
- Continue efforts to identify patients who have caring responsibilities.
- Continue to try to recruit patients to establish a Patient Participation Group (PPG).

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

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

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff recruitment were not good enough.

These arrangements had partially improved when we undertook a follow up comprehensive inspection on 22 February 2017. However, other gaps in service provision were identified. The practice remains as requires improvement for providing safe services.

- Significant events and incidents were investigated and areas for improvement identified and implemented. Team meeting minutes provided evidence that outcomes from significant events were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However an analysis of significant events to identify themes and to respond appropriately to mitigate recurrence was not in place.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Recruitment procedures had improved although comprehensive records for one employee were not available.
- Some risks to patients were assessed and managed, however systems to monitor infection prevention and control and the receipt, stock and monitoring of prescription paper were not implemented.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing effective services as data showed patient outcomes were low compared to the local and national average. Sufficient numbers of suitably qualified staff were not deployed to meet patients' needs.

Evidence reviewed at the follow up comprehensive inspection on 22 February 2017 did not provide us with assurance that the practice had improved patient outcomes. The practice is rated inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) in 2014-2015 showed performance indicators for some patient outcomes were below the national average and the practice's

Summary of findings

own performance in previous years. QOF data for 2015-2016 showed that the practice's performance in some areas had deteriorated further, and unverified data supplied by the practice for the year commencing April 2016 until 22 February 2017, did not indicate the practice had improved their performance.

- Clinical audits demonstrated quality improvement.
- Members of the primary care engagement team attended the practice to provide patients with their flu injections in the autumn of 2016. The primary care team initiated this support because the practice had had a low uptake of the flu vaccine and Public Health England were concerned for patient's' health. The practice advised us after the inspection that they have a health care assistant employed who was trained to administer flu vaccinations.
- The children's surveillance team confirmed that data for 2015/16 children's immunisations and vaccinations was low. They identified that the lack of a suitably qualified staff member had resulted in parents not being able to make appointments for their children.
- We heard that the two GP partners maintained regular contact to discuss clinical issues. However, a written record to support these clinical discussions was not available.
- The practice manager had implemented a plan of regular support meetings with the practice nurse and health care assistants. However there was no documented clinical meetings between the GPs and the clinical nursing and health care team.
- Staff received mandatory and role specific training.
- Staff had had annual appraisals although the practice manager stated it was over two years since she had an appraisal.

Are services caring?

Good

The practice is rated as good for providing caring services. At our previous inspection on 4 August 2016, we rated the practice as good for providing caring services as data showed patient were generally satisfied with the service they received.

Evidence reviewed at the follow up comprehensive inspection on 22 February 2017 confirmed no change in rating for this key questions.

- Data from the national GP patient survey from July 2016 showed patients rated the practice at a comparable level to other practices in the locality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- The practice had started to build a list of patients who were also carers.

Are services responsive to people's needs?

Requires improvement

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

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of responding to patients' needs and patient access to timely appointments was not good enough.

These arrangements had not improved when we undertook a follow up comprehensive inspection on 22 February 2017. The practice is remains as requires improvement for providing responsive services.

- Data available indicated patients' health care needs were not being met in a timely manner.
- Information received from external health care professionals indicated that communication from the practice about issues experienced at the practice, were not always communicated effectively.
- Feedback from patients reported that there was frequently a wait up to two weeks for a routine appointment, although urgent appointments were usually available the same day.
- The practice logged nine verbal complaints in relation to appointments for 2016/17. Evidence of action to respond to the repeated patient concern was not available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. The practice had responded appropriately to one written complaint since the last inspection. Logs of verbal complaints were maintained but action taken in response to this was not proactive.

Are services well-led?

Inadequate

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

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing well led services as the governance arrangements to monitor service delivery were not adequate.

Summary of findings

These arrangements had not improved when we undertook a follow up comprehensive inspection on 22 February 2017. The practice is now rated as inadequate for providing well led services.

- The GP partners were the practice owners and clinical care providers but evidence that the partners were proactive in developing and improving the service and leading the small staff team was not available.
- The practice had a statement of purpose which detailed the practice's aims and objectives and there was a business strategy in place. However this had not been reviewed and there were no specific goals or actions identified to improve service delivery and patient outcomes.
- The practice told us about how they were addressing the shortfalls to improve their QOF performance but no specific recorded action plan to address and monitor progress for each identified area had been developed.
- Actions taken by the practice were reactive and not proactive.
- The practice team was small and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues on a day to day basis and felt confident and supported in doing so.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- A patient participation group (PPG) was not yet established, however two patients we spoke with confirmed they had been approached to join a PPG.

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 inadequate for two key questions effective, and well-led and requires improvement for providing safe and responsive services. The concerns identified overall affected all patients including this population group.

- Quality and Outcomes Framework (QOF) date for 2015/16 and unverified data for 2016/17 showed a deterioration in performance when compared to the local and national averages.

For example:

- 2015/16: 96% of patients with COPD (chronic obstructive pulmonary disease) had a review undertaken including an assessment of breathlessness using the medical research council dyspnoea scale in the preceding 12 months, which was better that the Clinical Commissioning Group (CCG) average of 91% and the England average of 90%. However unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement to have deteriorated at 78%.
- Members of the primary care engagement team also attended the practice to support them with their flu campaign in the autumn of 2016. The primary care team initiated this support because the practice had had a low uptake of the flu vaccine and Public Health England were concerned for patients' health. The practice advised us after the inspection that they have a health care assistant employed who is trained to administer flu vaccinations.
- Gold Standard Framework (GSF) or palliative care meetings were held approximately every two to three months, and community health care professionals attended these.

People with long term conditions

Inadequate

The provider was rated as inadequate for two key questions effective, and well-led and requires improvement for providing safe and responsive services. The concerns identified overall affected all patients including this population group.

Summary of findings

- Quality and Outcomes Framework (QOF) date for 2015/16 showed that the registered provider performed poorly when compared to the local and national averages. Unverified data for 2016/17, the partial year (April 2016 to 22 February 2017) did not show significant improvements.

For example:

- The record of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 52%, compared to the Clinical Commissioning Group (CCG) average of 81% and the England average of 78%. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 48%.
- 28% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 38%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

The provider was rated as inadequate for two key questions effective, and well-led and requires improvement for providing safe and responsive services. The concerns identified overall affected all patients including this population group.

- Quality and Outcomes Framework (QOF) date for 2015/16 and unverified data for 2016/17 showed a deterioration in performance when compared to the local and national averages.

For example:

- 73% of patients with asthma, on the register had an asthma review in the preceding 12 months, which compared to the Clinical Commissioning Group (CCG) and England average of 75%. However unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement to have deteriorated at 34%.
- Childhood immunisation rates for the vaccinations given were also below the CCG averages. Data available for 2015/16 showed deterioration in achievement when compared to data in 2014/15.

Summary of findings

- The children's surveillance team were supporting the practice. They confirmed that data for 2015/16 children's immunisations and vaccinations was low. They identified that the lack of suitably qualified staff resulted in parents not being able to make appointments for their children
- Data for 2015/16 showed that the practice performed similarly to the CCG and England average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years with 81% compared to 82% for the respective benchmarks.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for two key questions effective, and well-led and requires improvement for providing safe and responsive services. The concerns identified overall affected all patients including this population group.

However:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available for those patients unable to attend appointments during normal working hours.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for two key questions effective, and well-led and requires improvement for providing safe and responsive services. The concerns identified overall affected all patients including this population group.

However:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable or with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for two key questions effective, and well-led and requires improvement for providing safe and responsive services. The concerns identified overall affected all patients including this population group.

However:

- Data from 2015/16 showed that 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 85% and the England average of 84%.Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 100%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was better than the local and the England average.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients with a diagnosis of dementia had annual reviews and care plans were recorded.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing below that of the Clinical Commissioning Group (CCG) and England averages. A total of 312 survey forms were distributed, and 96 were returned. This was a response rate of 31% and represented approximately 6% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG 89% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 67% 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 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, all of which were positive about the standard of care received. The comment cards referred to GPs and other staff by name and gave examples of where the practice had supported them with their health care needs. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. However, feedback from patients referred to concerns about long waits for routine appointments and two people commented that they had experienced waits to get an urgent appointment. Similar comments were made at the previous inspection in August 2016.

We spoke with two patients after the inspection by telephone they were complimentary about the staff and they care they received from the GPs.

Areas for improvement

Action the service MUST take to improve

- Implement action to mitigate any risks to patients and to ensure care and treatment is provided in a safe way.
- Implement comprehensive systems of governance to monitor and review the practice performance and implement strategies to improve, including:
  - Analysing significant events and patients verbal complaints to identify themes and take action to mitigate risk of reoccurrence.
  - Implementing a system to track and monitor the receipt and use of prescription paper.
  - Undertaking regular infection control audits.
  - Providing planned and recorded support to the practice manager with regular meetings and appraisal.

Action the service SHOULD take to improve

In addition the provider should:

- Improve monitoring of receipt of all the necessary pre-employment checks for all staff including obtaining professional and character references.
- Improve communication networks with external health care professionals.
- Review the availability of of non-urgent appointments.
- Continue efforts to identify patients who have caring responsibilities.
- Continue to try to recruit patients to establish a Patient Participation Group (PPG).

Heaton Norris Health Centre 2

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Heaton Norris Health Centre 2

This inspection was an announced follow up comprehensive inspection to check whether the provider had taken action to improve the areas we identified, including two breaches of regulation at the previous comprehensive inspection undertaken on 4 August 2016. The practice was rated overall as requires improvement. The full comprehensive report on the 4 August 2016 inspection can be found by selecting the 'all reports' link for Heaton Norris Health Centre 2 on our website at www.cqc.org.uk.

Heaton Norris Health Centre 2 is located within a Heaton Norris Health Centre, on Cheviot Close, in Heaton Norris, Stockport. Another GP practice is also located within the health centre and other health care services are available in the building including podiatry, district nurses, health visitors and physiotherapy.

Heaton Norris Health Centre 2 is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has approximately 1520 patients on their register. The practice is a partnership between two GPs.

The practice provides two GP consultation rooms and a practice nurse treatment room. The health centre building is managed by NHS Property Services and provides patient services on the ground floor with facilities to assist and support people with disabilities. There is an independent pharmacy within the health centre. A small car park is available to the rear of the building with additional community parking available nearby.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy at 77 years and 81 years respectively is below both the CCG and England average of 79 years (male) and 83 years (female).

The practice patient profile for 2016 indicates that the percentage of patients under 18 years of age is slightly lower at 16% than the local and national averages of 21%, although the percentage of young patients up to the age of four years is 5%, which reflects the local and national averages of 6%. The practice has a higher percentage (24%) of patients over the age of 65 years when compared to the local average of 19% and national average of 17%.

Both GP partners (one male and one female) work part time to provide the equivalent of one full time GP. The practice employs a practice manager and two reception/ secretarial staff. The practice had tried to recruit a practice nurse, and had recently employed an agency practice nurse for one full day per week, although this had been

increased the week before our inspection to two full days per week. The practice also employs a health care assistant on a locum basis on Monday morning for four hours. The practice also used regularly (until recently) a locum assistant practitioner (advanced health care assistant) for four hours on a Friday morning.

The practice reception is open from 8am until 6.30pm Monday to Friday. GP consultation sessions are available Monday, Tuesday and Friday mornings and afternoons. GP consultations are also offered on Wednesday and Thursday mornings, however on the afternoons of both these days the practice telephone lines divert patients to the local out of hour's provider, Mastercall. Evening appointments are provided once a week until 7pm on alternate Tuesday and Fridays. The practice is also open one Saturday morning each month.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

Why we carried out this inspection

We carried out an announced comprehensive inspection at at Heaton Norris Health Centre 2 on 4 August 2016. The practice was rated as requires improvement for four key questions (Safe, Effective, Responsive and Well Led). This resulted in an overall rating as requires improvement. The full comprehensive report on the 4 August 2016 inspection can be found by selecting the 'all reports' link for Heaton Norris Health Centre 2 on our website at www.cqc.org.uk.

We undertook an announced follow up comprehensive inspection of Heaton Norris Health Centre 2 on 22 February 2017. This inspection was carried out to review the actions taken by the provider and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 22 February 2017.

During our visit we:

- Spoke with a range of staff including one GP partner, the practice manager and the agency practice nurse. We spoke with the health care assistant by telephone after the inspection visit to the practice.
- We spoke with two patients and reviewed 23 comment cards
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- After the inspection we spoke with associated health care professionals from the childhood surveillance team and the primary care team, (Public Health England).

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).

Detailed findings

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 4 August 2016, we rated the practice as requires improvement for providing safe services. We found that the arrangements in respect of staff recruitment were not sufficient in that Disclosure and Barring Service (DBS) checks and information such as proof of identification, references, qualifications and registrations with the appropriate professional body were not consistently obtained. In addition staff who undertook the role of chaperone did not have a DBS check nor was a risk assessment available.

These arrangements had improved when we undertook a follow up comprehensive inspection on 22 February 2017. However, other gaps in service provision were identified.

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The agency practice nurse provided two examples that she had recently raised and believed these would be reviewed as significant events. Staff confirmed there was an open, safe environment to raise issues. A policy was in place to support 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).
- The practice carried out investigations of the significant events identified, and staff confirmed they were informed of any improvements to practice or systems. At the previous inspection, evidence that learning from significant event investigations was shared was not consistently available. However, at this inspection recorded evidence in the form of team meeting minutes demonstrated that staff were kept informed of the outcome of significant event investigations.
- We noted that five out of the seven significant events supplied at the previous inspection and this inspection and dated from September 2015 were for medicine or prescription related incidents. The practice manager confirmed that an analysis of significant events to identify themes was not undertaken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Both GP partners shared the lead for safeguarding. The GP confirmed they attended safeguarding meetings when possible and provided reports where necessary for other agencies. 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 child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however the practice manager confirmed staff were scheduled for update training this year. Since the last inspection the practice had ensured that all staff undertaking this role now had a current Disclosure and Barring Service (DBS) check in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was maintained and cleaned by the NHS Property Services. We observed the premises to be clean and tidy. The practice manager was the infection control lead. However the last recorded infection control audit undertaken at the practice was in October 2015. The practice manager confirmed that no further audit or recorded checks had been undertaken and that the action to review the practice after six months had not been undertaken. An infection control audit would have identified that the disposal privacy curtains used at the GP practice had last been changed in July 2016. Best practice guidance indicates these should be changed every six months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat

prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice employed a pharmacist for approximately two hours per week to support the GPs with patient medicine reviews and discharge medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, the practice manager confirmed the records monitoring the use and traceability of prescription paper in the practice were not available as these were 'missing'. All consultation rooms were locked when not in use and windows were barred but prescription paper was left in printers overnight. Increased security of these would reduce the potential risk of theft.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These had been signed by a GP partner the day before this inspection to allow the agency nurse to administer medicines. The agency nurse had not signed these at the time our visit. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- At the previous inspection, we found that a recruitment policy was not available and there were gaps in the four staff recruitment files we reviewed. At this inspection, a recruitment policy was available. We reviewed six personnel files including one for an agency worker. We noted improvements including proof of identification, references, qualifications, and registrations with the appropriate professional body. One staff file did not have a DBS check in place, however, this person did not have face to face contact with patients and the practice had a risk assessment in place for staff without a DBS check. This same employee, did not have professional or character references available. This was identified at the previous inspection.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and electrical and clinical equipment had been checked in November 2016 to ensure the equipment was safe to use and was working properly. At the previous inspection on 4 August 2016 and at another visit to the building in November 2016 (this was the inspection of the neighbouring GP practice) we reviewed the building fire risk assessment and the records of weekly fire alarm checks. The practice had copies of other risk assessments in place for the premises such as Legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).
- The practice was a small practice and the normal day-to-day staffing including one GP, one practice manager and a receptionist. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed which was based on the number of patients registered at the practice. The practice had been trying to recruit and retain a practice nurse for a very long period of time. At this inspection the practice had used an agency practice nurse for about six weeks for one day per week. The practice confirmed that the agency nurse hours had now increased to two days per week, the week prior to our visit.

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 and treatment rooms, which alerted staff to any emergency.
- All staff received basic life support training and clinical staff received this annually.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing effective services. We found that data from the Quality and Outcomes Framework (QOF) in 2014-2015 showed performance indicators for some patient outcomes were below the national average and the practice's own performance in previous years. Sufficient numbers of suitably qualified staff were not deployed to meet patients' needs and formal systems to monitor and support the practice nurse and health care assistants were not implemented.

Evidence reviewed at the follow up comprehensive inspection on 22 February 2017 did not provide us with assurance that the practice had improved patient outcomes.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Both GP partners worked opposite days to each other but the GP we spoke with confirmed they maintained regular contact by telephone to discuss practice issues.
- The practice manager confirmed that the practice pharmacist kept the GPs up to date with best practice in relation to prescribing.

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). QOF achievement for 2014/15 was 89% compared to the average for the Clinical Commissioning Group (CCG) for the same period which was 96% and for England 95%. The most recent published results from 2015/16 showed the practice's achievement to have deteriorated to 77% of the total number of points available. The CCG average for the same period was 97% and the England average was 95%.

The practice provided unverified QOF data for the partial year from April 2016 to 22 February 2017. This showed the practice had achieved approximately 73.5% of the total points available. The GP partner and practice manager said they were confident they would improve their QOF achievement further in the remaining five weeks to the end of March and the full year QOF timescale. However, there was no specific recorded action plan to address and monitor the practice's progress, in achieving the performance indicators for patients with a long term condition.

The rate of clinical exception reporting for QOF year 2015/16 was 4% for the practice and the CCG. (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).

The practice QOF data for 2015/16 showed the practice was an outlier for the diabetic indicators and the hypertension indicators. These indicators were also outliers in 2014/15. The QOF data recorded below is from 2015/16 and for comparison, data is also included from this current QOF year, 2016/17.

- The percentage of patients with diabetes on the register in whom the last blood test (HBbA1c) was 64 mmol/mol or less in the preceding 12 months was 63%, compared to the CCG average of 80% and the England average of 78%. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 66%, which was a slight improvement on last year's figures.
- The record of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 52%, compared to the CCG average of 81% and the England average of 78%. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 48%.
- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 70%, compared to the CCG average of 85%, and the England average of 80%. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 58%.
- 28% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG

average and the England average of 88%. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 38%.

- 66% of patients with hypertension had their blood pressure measured and was 150/90 mmHg or less in the preceding 12 months compared to 84% for the CCG and 83% for England. Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 61%

2015/16 QOF data for other indicators included:

- 96% of patients with COPD (chronic obstructive pulmonary disease) had a review undertaken including an assessment of breathlessness using the medical research council dyspnoea scale in the preceding 12 months, which was better that the CCG average of 91% and the England average of 90%. However unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement to have deteriorated at 78%.
- 73% of patients with asthma, on the register had an asthma review in the preceding 12 months, which compared to the CCG and England average of 75%. However unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement to have deteriorated at 34%.

The practice maintained their achievement for patients diagnosed with dementia.

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which better than the CCG average of 85% and the England average of 84%(2015/16). Unverified QOF data for this indicator for the partial year from 1 April 2016 to 22 February 2017 showed the practice's achievement as 100%

There was some evidence of quality improvement including clinical audit.

- We reviewed two clinical audits, one for dual antiplatelet therapy whereby the re-audit In January 2017 identified the action implemented following the initial audit in January 2016 had been effective in monitoring and optimising care for the patients receiving this treatment. Dual antiplatelet therapy is a treatment strategy that combines aspirin and another medicine such as clopidogrel to reduce the risk of a heart attack (myocardial infarction). The second clinical audit was a review of the practice's use of the medicine methotrexate used for rheumatoid arthritis and other auto immune conditions. The re-audit identified an additional two patients on this treatment than were identified in the original audit. The explanation for this was attributed to a change in the patient electronic recording system and an improved search facility. The re-audit identified some improvement in the frequency of blood test monitoring for patients and that further monitoring and improvement was required.

Effective staffing

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

- Staff spoken with said they received an induction when they commenced employment. The practice manager confirmed that staff undertook a range of on line e-learning provided by Stockport CCG and since the last inspection a training matrix had been completed to show staff progress.
- The practice was using a nurse from an agency to ensure they had suitably qualified staff working at the practice. The agency practice nurse and one health care assistant we spoke with confirmed that they were undertaking health reviews for patients with long term health conditions. Staff confirmed they were up to date with the training relevant to their role and responsibility. Certificates of training were also available. Since the last inspection, the practice manager had introduced a planned schedule of one to one meetings with the practice nurse and health care assistant and brief notes were available of these meetings.
- Clinical team meetings were not held, however the practice nurse confirmed the GPs were accessible to discuss any issues or concerns or to seek advice and support.
- Staff confirmed and records supported that staff employed over a year received an annual appraisal. However, the practice manager had not had an appraisal for over two years. Staff confirmed that the small staff team enabled easy on the job access to support and discussion about different issues and concerns.

Inadequate

Are services effective?

(for example, treatment is effective)

- Staff files for those who had been employed for a long time included training certificates for safeguarding, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Systems to monitor and track the status of patient care plans, referrals and hospital discharges were maintained and responded to when issues were identified.

Meetings took place with other health care professionals on a regular basis. Care plans were reviewed for patients who required palliative care and those who had complex health care needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- QOF data for 2015/16 showed the practice achievement in recording the smoking status of patients in the preceding 12 months was 83% which was below both the CCG and national average of 95%. The practice manager said patients attending for appointment were asked to complete a smoking status slip to try and increase the data the practice held.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and England average of 82%. However, the practice exception reporting was higher at 11% compared with the CCG exception reporting of 4% and the England average of 7%. The practice manager confirmed the practice implemented a policy to send reminder letters to 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 and the practice followed up women who were referred as a result of abnormal results.
- The practice said they encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data supplied from the National Cancer Intelligence Network (NCIN) for 2015/16 indicated that the practice's screening rates for breast and bowel cancer were below both CCG and England averages. For example, females aged between 50 and 70 screened for breast cancer in the last 36 months was 57% compared to the CCG average of 70% and England average of 73%. Data for bowel screening showed that patients between 60 and 69 years of age screened for bowel cancer in the last 30 months was 39% compared to the CCG and England average of 57%. Public Health England had been attending the health centre to raise awareness of cancer screening to encourage patients at both GP practices located in the building, to make appointments for screening or undertake the nationally available screening tests.
- Childhood immunisation rates for the vaccinations given were also below the CCG averages. Data available for 2015/16 showed deterioration in achievement when compared to data in 2014/15.
- For example, childhood immunisation rates for the measles, mumps and rubella (MMR) vaccine for five years old were 66.7% for MMR1 and MMR2 vaccinations compared to the CCG average of 92% for MMR1 and 89% for MMR2 in 2014/15.
- Data for 2015/16 showed the practice achieved 54.5% for MMR1 and MMR2 for five year old children compared to the CCG achievement of 90% for MMR1 and 86% for MMR2.

Inadequate

Are services effective?

(for example, treatment is effective)

- 2015/16 immunisation data for children aged up to two years of age showed the practice achieved significantly below the national average target score of 90% for all four sub-indicators. For example, 61% of children aged 1 received the full course of recommended vaccines and 71% of children aged 2 received MMR, pneumococcal booster and meningitis C booster vaccine.

We spoke with a member of the children's surveillance team to discuss the practice's achievements for childhood immunisation. They confirmed that previously the practice had not communicated with them to advise that there was no one available to undertake childhood immunisations. They said they therefore continued to send out letters to parents asking them to to attend their GP surgery for their child's immunisations. However, parents were unable to get their children vaccinated because there was no practice nurse available.

The children immunisation team had recently visited the practice before the inspection because they were concerned about the low numbers of children recorded as having received their immunisations. However a sample check on the patient electronic records identified that this was was due to a recording issue in the patient electronic record.

Members of the primary care engagement team also attended the practice to support them with their flu campaign in the autumn of 2016. The primary care team initiated this support because the practice had had a low uptake of the flu vaccine and Public Health England were concerned for patients' health. The primary care team contacted patients to advise them of the flu clinics and provided trained staff to give flu vaccinations to the practice patients. The primary care team confirmed that they contacted patients to advise them of the flu vaccination availability but many patients refused it. The practice advised us after the inspection that they have a health care assistant employed who was trained to administer flu vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

At our previous inspection on 4 August 2016, we rated the practice as good for providing caring services as data showed patients were generally satisfied with the service they received.

Evidence reviewed at the follow up comprehensive inspection on 22 February 2017 confirmed no change in rating for this key questions.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them some privacy to discuss their needs.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, all of which were positive about the standard of care received. The comment cards referred to GPs and other staff by name and gave examples of where the practice had supported them with their health care needs. GPs were identified by name and were described as being responsive to individual circumstances. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. However some patients also referred to concerns about long waits for routine appointments and two people commented that they had experienced waits to get an urgent appointment. Similar comments were made at the previous inspection in August 2016.

We spoke with two patients after the inspection by telephone they were complimentary about the staff and they care they received from the GPs.

Results from the national GP patient survey (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were comparable to the clinical commissioning group (CCG) and England averages. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were available for patients with dementia and palliative care needs.

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 similar to local and England averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.

Good

Are services caring?

- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop system was available for those people with hearing impairment

Patient and carer support to cope emotionally with care and treatment

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

Since the last inspection, the practice had compiled a carers list. This had 13 patients on it, which equated to less than one percent of the practice patient population. The practice manager confirmed she was still building this list. Patients were given questionnaires to complete and asked to return to the practice so appropriate support could be provided. Staff confirmed they supported patients directly as required, and this included offering patients a cup of tea.

GPs told us that if families had suffered bereavement, they offered support to the families and sent condolence letters as required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 4 August 2016, we rated the practice as requires improvement for providing responsive services. We found that the healthcare needs of some patients were not always met in a timely manner because there was insufficient staff employed with the appropriate clinical skills to meet these needs. This included patients with a chronic health care needs and children's immunisations and vaccinations. The practice logged patients' verbal complaints but did not record the practice's response to these.

These arrangements had not improved when we undertook a follow up comprehensive inspection on 22 February 2017.

Responding to and meeting people's needs

The practice was aware of their local patient demographic. Information received from external health care professionals indicated that communication from the practice about issues at the practice were not always communicated effectively. For example, children's public health services were not notified of the lack of suitably trained staff to undertake immunisations, therefore children missed their vaccinations.

- The practice offered evening appointments with a GP, once a week on alternate Tuesdays and Fridays until 7pm.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- The practice offered reviews of patients diagnosed with dementia and care plans were recorded for these patients.
- Same day appointments were available for children.
- The practice supported the needs of homeless and disadvantaged people and had working relationship with 'The Wellspring' in Stockport. The Wellspring was a charity that provided a resource centre for homeless people.
- The practice was also responsive to patients who were asylum seekers.

Access to the service

The previous inspection identified that patients did not always received timely access to health care services. This inspection did not identify significant improvements. For example:

- Patient feedback indicated that some felt the wait of two weeks for a routine appointment was too long and we heard of one example where a patient with a long term condition had to wait two weeks to be seen. Patients also told us they sometimes had to wait to get an urgent appointment.
- Published data from 2015/16 also indicated patients' needs, especially for those with long term conditions were not being met. Performance was below that of the local Clinical Commission Group (CCG) and the England average.
- Feedback from external health care professionals indicated that they had provided additional support to the practice because the practice was not sufficiently staffed to deliver preventative services such as flu vaccinations.

At the previous inspection we identified that the healthcare needs of some patients were not always met in a timely manner because there were insufficient staff employed with the appropriate clinical skills to meet these needs. The practice had employed an agency practice nurse about six weeks prior to our visit and the week before our visit, the practice nurse's hours had increased from one day per week to two days.

The practice reception was open from 8am until 6.30pm Monday to Friday. GP consultation sessions were available Monday, Tuesday and Friday mornings and afternoons. GP consultations were also offered on Wednesday and Thursday mornings, however on the afternoons of both these days the practice telephone lines diverted patients to the local out of hour's provider (OOH) Mastercall. Evening appointments were provided once a week until 7pm on alternate Tuesdays and Fridays. The practice was open one Saturday morning each month.

At the time of our visit, the agency practice nurse provided appointments all day Wednesday and all day Thursday.

At the previous inspection in August 2016 the practice told us they had reviewed patient demand for appointments in 2015 and as a consequence they had increased patient appointments to 15 minutes so that those patients with several health issues and those who required their long

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

term health condition monitoring could be reviewed within this appointment time. Both GPs felt this had increased patient satisfaction with the quality of the GP appointment and it had enabled the GPs to carry out reviews when required. However data from 2015/16 and the unverified data supplied by the practice at this inspection for the year April 2016 to February 2017 did not provide evidence of any significant impact the longer appointments had made in improving the number of patients benefiting from a review of their long term condition.

We reviewed the appointments for the day before the inspection and this showed that the practice offered 13 appointments in the morning. Five of these appointments were 15 minutes long, there were three book on the day urgent appointment slots, two urgent appointments slots for children and three slots allocated for telephone consultations. Appointments for the afternoon included four 15 minute appointments, three ten minute appointments, one appointment for children, two urgent appointments and two telephone consultations. The electronic appointments schedule showed there was one routine appointment available on 3 March 2016 and two appointments on 6 March 2016.

The practice had carried out a patient satisfaction survey in 2015. The analysis of the 52 responses received showed that overall patients were satisfied with the service they received. Areas identified for improvement included reviewing the patient appointment system and on the day appointment availability and increasing the length of time for routine patient consultations. However no additional surveys had been undertaken to obtain the views of patients regarding the effectiveness of these actions.

Feedback we received from patients at this inspection was similar to the previous inspection in that patients were dissatisfied with the waiting time of up to two weeks to get a routine appointment. Complaints made by patients also reflected patient dissatisfaction regarding appointments for example the log or 'complaints ledger' for 2016/17 detailed 13 verbal complaints raised by patients. The analysis of these by the practice manager identified that nine of these complaints were about appointments. The analysis recorded, "most patients complain because they cannot get in on the same day of phoning" and "they are always asked to ring back to see if there are any cancellations or if they would prefer a telephone consultation…". Analysis of verbal complaints undertaken by the practice manager in 2014/15 and 2015/16 identified similar patient concerns.

The week before our visit the practice had commenced another patients' survey. The practice had received 11 responses to this so far. We saw one of the responses and this reflected similar feedback we had received regarding access to routine appointments.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the England average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the England average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG 89% and the national average of 85%.

Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- The practice had received one written complaint since the last inspection. This had been investigated and responded to with openness and transparency.

The practice manager maintained a log of all verbal issues and concerns raised by patients. The log or 'complaints ledger' for 2016/17 detailed 13 verbal complaints raised by patients. The complaints log did not record the patients' details or when the complaint was made. We noted that complaint logs from previous years identified similar issues and concerns. Evidence that actions to respond or minimise reoccurrence was not available. For example, the outcome recorded by the practice manager in response to patient concerns regarding waiting time for appointment was "Nothing at the present".

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 4 August 2016, we rated the practice as requires improvement for providing well led services. We found the absence of a practice nurse had increased the demands on the practice manager by increasing the number of areas of direct responsibility they had. This potentially had resulted in gaps in the effectiveness of the governance framework including the management of effective recruitment and maintaining written records consistently.

These arrangements had not improved when we undertook a follow up comprehensive inspection on 22 February 2017.

Vision and strategy

The practice had a statement of purpose which detailed the practice's aims and objectives and these included "To ensure that patients are seen by the most appropriate healthcare professional as quickly as possible" and "To focus on prevention of disease by promoting good health and prophylactic medicine." Evidence that the practice had implemented a planned programme of improvement to achieve these objectives was not available.

At the previous inspection the practice manager was unable to locate the practice business plan. At this inspection a copy of the five year business plan and planning strategy was available. The practice manager confirmed that this was first recorded about seven years previously and was not regularly reviewed or used as a tool to monitor and evaluate the practice's progress in achieving its objectives.

The practice manager confirmed that recorded business or partner meetings to discuss the practice's progress were not undertaken.

Governance arrangements

The practice had not improved its governance framework to support the delivery of the strategy and good quality care. Some actions had been undertaken since our last inspection in August 2016. However, this inspection identified other gaps in monitoring the service which collectively indicated an inadequate monitoring framework.

For example:

- Systems to monitor and review the practice performance and implement strategies to improve, including analysing significant events to identify themes and responding to patients verbal complaints and to take action to mitigate risk of reoccurrence were either not established or ineffective.
- The practice told us about how they were addressing the shortfalls in the QOF data but no specific recorded action plan to address and monitor progress for each identified area had been developed. The practice had increased the number of practice nursing hours the week before our inspection suggesting this increase was in response to our follow up inspection visit rather than to the significant shortfalls in QOF achievement.
- The practice had been monitored and supported by associated health care professionals such as child surveillance and the primary care team to ensure patients' outcomes were achieved.
- Patient Group Directives had been signed by a GP partner the day before the inspection visit, even though the agency nurse had been working at the practice for six weeks.
- Staff recruitment records had improved and all but one staff member did not have a record of interview or a professional or character reference available.
- The practice was not proactive in responding to patients concerns regarding access to appointments.
- An infection control audit had not been undertaken since October 2015.
- The record of prescription paper entering the building and log of prescriptions provided to each printer and clinician was reported to be missing.
- The practice manager had not had an appraisal for two years.

However there was

- A small staff team with a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff.

Leadership and culture

The GP partners were the practice owners and clinical care providers but evidence that the partners were proactive in developing and improving the service and leading the small staff team was not evident.

For example:

Are services well-led?

Inadequate

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

- The partners did not have recorded partner meetings or recorded business meeting with their practice manager. Two staff meetings held in January 2017 indicated a GP partner attended these; however evidence of clinical meetings was not available.
- Although there was a business strategy in place this had not been reviewed and there was no specific goals or actions identified to improve service delivery and patient outcomes. It was confirmed by the practice manager that services were provided on a day to day basis.
- Actions taken by the practice were reactive and not proactive. For example the increase in agency practice nursing hours the week before our inspection visit and the signing of Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation, the day before our visit.
- The practice used 'locum' or non permanent arrangements for health care assistants and practice nurses potentially leading to a lack of overall lack of commitment to the practice. One staff member confirmed this.

However since the last inspection:

- The practice manager had undertaken a range of one to one meetings with the practice nurse and health care assistant.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues on a day to day basis and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported at the practice.

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

The week before our visit the practice had commenced handing out questionnaires to patients requesting feedback on how to improve the practice. The practice had received 11 responses to this so far.

The practice manager confirmed that a specific patient participation group (PPG) was not yet established but said that approximately seven patients had confirmed they would consider joining the group. Two patients we spoke with confirmed that they had been approached to join the PPG. One was enthusiastic about this.

Continuous improvement

Clear evidence that the practice was focused proactively on improving and developing the service was not available. However, feedback from associated health care professionals indicated that the practice manager was very receptive to offers of support and assistance.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There remained shortfalls in the review of patients with long term and multiple conditions. The registered provider could not demonstrate that they were doing all that was reasonably practicable to mitigate any risks. Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of systems and processes in place to assess monitor and improve the quality and safety of services provided at the practice. There was no clear plan of action to review and respond to gaps in service achievements. The registered provider could not demonstrate they implemented a systematic approach to maintaining and improving the quality of patient care and service delivery. Regulation 17(1)