Springfield Medical Centre

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?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (The practice was previously inspected on 11 November 2015 and was rated as good overall)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? – Inadequate

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 – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

We carried out an announced comprehensive inspection at Springfield Medical Centre on 14 November 2017 as part of our inspection programme.

At this inspection we found:

- Systems were in place to enable staff to report and record significant events. Learning was identified.
- Patients were potentially at risk of harm because systems were not operated effectively to keep patients safe including those for dealing with high risk medicines and patient safety alerts.
- A fire risk assessment had not been completed for the premises.
- Actions identified in the practice's legionella action plan had not been completed.
- Prescription stationery, including blank prescription pads and printer paper, was not stored securely and was not tracked in line with guidance.
- The practice had regular meetings with the health visitor to enable joint working, discussion and review of children at risk. However, safeguarding policies needed to be reviewed.
- There were some processes in place for disseminating NICE guidance. Clinical meetings were held but there was no evidence of discussion of NICE guidance.
- Although some clinical audits had been undertaken there were no clear conclusions drawn and no clear evidence of changes to drive quality improvement in future.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were below the average for the locality and compared to the national average. Achievement in respect of diabetes and dementia was significantly below local and national averages.
- Data from the national GP patient survey indicated satisfaction scores for consultations with GPs were below local and national averages although scores for nursing staff were in line with or higher than average.
- Patient feedback was positive about access to appointments.
- Information about services and how to complain was available and easy to understand; however, this was not displayed in the patient reception area.
- Complaints had been acknowledged and responded to. We saw that learning from complaints was shared.
- There were limited mechanisms in place to review performance and quality of the care delivered to patients.
- Policies and processes needed to be reviewed to ensure these were fit for purpose and being operated effectively.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was little innovation or service development and improvement was not a priority among staff and leaders.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Review and improve arrangements for the identification of carers
- Review arrangements for the display of information related to making a complaint
- Improve arrangements for the transportation of vaccines

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

Care Quality Commission

Springfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Springfield Medical Centre

Springfield Medical Centre provides primary medical services from a registered location at 301 Main Street, Nottingham, NG6 8ED. Further information about Springfield Medical Centre can be found on the practice's website www.springfieldmedicalcentrebulwell.co.uk.

The provider is registered to provide the following regulated activities:

- Maternity and midwifery services;
- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury;
- Surgical procedures

Services are provided to approximately 2700 patients; with the practice population being in the most deprived decile. The practice is in the most deprived decile, meaning it falls into the most deprived 10% of practices nationally. The level of income deprivation affecting children is significantly higher than local and national averages. The level of income deprivation affecting older people is marginally higher than the local average and significantly higher than the national average.

How we carried out this inspection

Inadequate

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:

- Policies and procedures in place to govern health and safety, including the health and safety policy and the safeguarding policies needed to be reviewed and improved.
- Arrangements in place to respond to emergencies needed to be improved.
- Systems and processes for the monitoring of patients being prescribed high risk medicines were not being operated effectively.
- There was no fire risk assessment in place and action had not been taken in response to areas of identified risk within the legionella risk assessment.
- Prescription stationery was not stored securely within the practice and was not being recorded and tracked in line with guidance.
- Systems and processes in place for receiving and acting on alerts related to patient safety were not being operated effectively.

Safety systems and processes

The practice had some systems in place to keep patients safe and safeguarded from abuse; however, there were areas where improvements were required.

- The practice conducted some safety risk assessments.
- Health and safety policies were in place which were available to staff. We reviewed a copy of the health and safety policy provided as part of our inspection; the document identified the practice manager as the lead for health safety. However, the document was lacking in detail about specific health and safety arrangements related to the practice and had not been signed (as indicated). In addition, the document was not dated and the section related to revisions and monitoring of the document had not been completed. The health and safety policy contained a risk assessment section; only one health and safety risk had been identified.
- Staff received safety information for the practice as part of their induction and training.
- 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 children policy and vulnerable adults policy did not identify a lead for child or adult safeguarding within the practice. The information in the policies outlined who to go to outside of the practice in the event of concern; however, there were numerous different numbers on each policy and some of the information about contact agencies was out of date.
- There was information on posters in treatment rooms that outlined clearly who to go to for further guidance. The GP met with the health visitor regularly to discuss safeguarding of children.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. The practice nurse was the lead for infection control. We saw that infection control audits were undertaken and actions identified were completed or highlighted as areas for improvement in future refurbishment plans. Although the practice nurse told us equipment, such as the spirometer, was regularly cleaned, there were no records of cleaning for specific pieces of equipment in place.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- The practice had a stable staffing team and there were arrangements for planning and monitoring the number and mix of staff needed.
- 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.

Are services safe?

- 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 care records 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.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice's systems for appropriate and safe handling of medicines needed to be improved.

- The systems for managing emergency medicines and equipment needed to be improved. Although the practice told us there were regular checks of the emergency medicine and equipment undertaken, these were not recorded. During our inspection we identified that there was out of date medicine which could be required for the treatment of chest pain of possible cardiac origin. Out of date syringes and needles were identified stored with the emergency medicines.
- Medicine which could be required for the treatment of suspected bacterial meningitis was not stored with the other emergency medicines and emergency equipment and was located in a separate room. This meant there was a risk of not being able to locate the required medicine easily in the end of an emergency.
- The practice did not have stocks of atropine (for the treatment of bradycardia; a slow heart rate) which is recommended for practices who undertake minor surgery. The practice was registered to undertake surgical procedures but advised us these were rarely undertaken.
- Prescription stationery was not stored securely and systems in place to monitor its use were not operated effectively; this included loose prescription pads and prescription printer paper. Our inspection identified a high number of prescription pads which were not stored securely and were not logged or tracked. Computer printer paper was not stored securely and records were not maintained of stock received. Although a record was being kept when prescription paper was distributed this was not being done correctly meaning prescriptions could not be tracked through the practice. Staff were unaware of a policy related to the management of prescriptions within the practice.
- Vaccines were stored appropriately within the practice. However, we were informed of instances related to vaccines being moved between this practice and another practice due to stock issues; concerns were expressed to us about the use of cool bags for transportation. Staff who worked with vaccines were unable to provide a copy of the practice's policy in respect of managing and maintaining the cold chain on the day of the inspection.
- Arrangements in place to monitor the health of patients taking high risk medicines were not operated effectively. A review of the clinical system identified that there were seven patients being prescribed a high risk medicine commonly used to treat rheumatoid arthritis; we identified issues with four of these patients.
- The practice had reviewed antimicrobial prescribing based on data provided by the CCG medicines management team.

Track record on safety

- The practice had undertaken some risk assessments in relation to safety issues. For example, the practice provided a copy of a general premises safety risk assessment undertaken in October 2017. Risks had been identified in general areas; however, the sections related to the clinical areas of the practice had not been completed. We were told this was because no risks had been identified; however, this was unclear from the document.
- A legionella risk assessment had been undertaken in February 2015. The risk assessment from February 2015 had resulted in a remedial action plan which identified a number of areas for action which were prioritised as in terms of risk. The practice had acted upon the areas of high risk but told us they felt the inherent risk of legionella was very low within GP practices and had, therefore, made a decision not to act on the areas of medium or low risk within the timescales recommended within the risk assessment.

Are services safe?

- There was evidence of regular checking and maintenance of firefighting equipment and the fire alarm systems; however, a fire risk assessment for the premises had not been undertaken.

Lessons learned and improvements made

- The practice learned and made improvements when things went wrong. There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents. Leaders and managers supported them when they did so. There was evidence of significant events being reviewed.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- We were told there was a system for receiving and acting on safety alerts which involved alerts being received and acted upon by the practice manager. However, no evidence of alerts being received or acted upon could be provided by the practice. Alerts received were not logged or retained and there was no evidence of discussion of new alerts. There was no evidence of clinical oversight of the process for ensuring action was taken.
- Following the inspection, we were provided with a copy of the practice's 'Management of all Alerts' policy which was reviewed in January 2017. The policy indicated that all alerts were kept on file; this was not found to be the case on the day of the inspection. The policy indicated that drug alerts were sent by the practice manager to the medical receptionists for them to ensure that action had been taken by the CCG pharmacist. This did not ensure clinical oversight of action taken from within the practice.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as inadequate for providing effective services overall with care for older people, care for patients with long-term conditions and care for patients with mental health conditions (including dementia) being rated inadequate; the other population groups were rated as requires improvement.

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

- There were areas where performance was significantly below local and national averages; for example in relation to the control of diabetes and depression.
- Clinical audits needed to be strengthened to ensure they included analysis, conclusion and clearly identified areas for improvement.

Effective needs assessment, care and treatment

The practice had some systems in place 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 were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The partners engaged with educational events locally; however, clinical staff working within the practice acted independently to keep themselves up to date. There was no evidence of a coordinated approach a practice level when guidelines were changed or updated.

Monitoring care and treatment

The practice had a limited programme of quality improvement activity to review the effectiveness and appropriateness of the care provided.

Some clinical audits had been undertaken within the practice. We were provided with copies of two two-cycle clinical audits undertaken in the last two years along with one audit for which there had been a single cycle undertaken; the two-cycle audits were related to atrial fibrillation and diagnosis of cancer. Although audits had been repeated; there were no clear conclusions drawn and no clear evidence of changes to drive quality improvement in future.

The most recently published (October 2017) Quality and Outcomes Framework (QOF) results showed that the practice had achieved 85% of the total number of points available for 2016/17; this was compared with the clinical commissioning group (CCG) average of 93% and national average of 96%. The overall exception reporting rate was 8% compared with the CCG average of 10% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Older people

This population group was rated inadequate because performance was below local and national average.

- The achievement for indicators related to osteoporosis was 67% which was 22% below the CCG average and 24% below the national average.
- The achievement for indicators related to rheumatoid arthritis was 83% which was 10% below the CCG average and 13% below the national average.
- Patients over 75 had a named GP.
- The practice had plans to improve their identification of frail older people and had requested support with using computerised tools.
- Flu vaccination rates for older people were below local averages. The practice had planned a Saturday flu clinic for the end of November.

People with long-term conditions:

This population group was rated inadequate because performance was significantly below local and national averages in some areas.

- Achievement for hypertension related indicators was 89% which was 8% below the local average and 9% below the national average.

Inadequate

Are services effective?

(for example, treatment is effective)

- Achievement for diabetes related indicators was 51% which was 31% below the local average and 40% below the national average. This was a reduction in achievement from the previous year.
- A monthly clinic was held in the practice with a diabetes specialist nurse.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group was rated requires improvement for providing effective services because there were areas where improvements needed to be made.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Published data showed that uptake rates for the vaccines given were below the target percentage of 90% for three of the four sub-indicators (achievement for the three indicators below standard ranged from 74% to 80%. The practice was aware of their performance and was seeking to improve this. The practice explained that they had a small number of children eligible for vaccinations at any time which meant one or two children failing to be vaccinated could have a large impact.
- Following the inspection, the practice provided data which indicated they were meeting the 90%; however, the data provided contained no information about the date range or time period.
- The flu vaccination rate for pregnant women was below the CCG average.

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

This population group was requires improvement because there were areas where improvement was required.

- The cervical screening rate was 67% which was below the CCG average of 73% and the national average of 73%.
- The breast cancer screening rate was 68% which was below the CCG average of 72% and the national average of 73%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The bowel cancer screening rate was 37% which was below the CCG average of 54% and the national average of 58%.

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 a register of patients living in vulnerable circumstances including those with a learning disability.

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

This population group was rated inadequate because there were areas where significant improvements were required.

- 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to local and national averages.
- Practice achievement for depression was 0%. There was no clear rationale as to the reason for this low achievement.

Effective staffing

- Staff had the skills and experience to carry out their roles.
- 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. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- Appraisals were undertaken regularly.

Coordinating care and treatment

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

Inadequate

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated care; this included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Consent to care and treatment

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

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

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, requires improvement for caring.

The practice was rated as requires improvement for caring because:

- There were areas where patient satisfaction was significantly below local and national averages
- A low number of carers had been identified by the practice

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. The practice manager's office was accessible from the main corridor and from the back office area.
- We received feedback from 34 patients via comment cards and completed questionnaires. Feedback from 33 were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. A total of 377 surveys were sent out and 100 were returned This was a 27% response rate and represented 4% of the practice population.

However, the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 78% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time compared with the CCG average of 84% and the national average of 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and the national average of 86%.

The practice was above or in line with the average for its satisfaction scores for interactions with nurses and reception staff. For example:

- 90% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 97% of patients who responded said the nurse gave them enough time compared to the CCG average of 90% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the 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 with the CCG average of 89% and the national average of 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

There was no evidence of the practice having reviewed or acted upon the results of the GP patient survey.

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 in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Requires improvement

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services.

The practice told us they sought to identify patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers; this was equivalent to 0.6% of the practice list.

Staff told us that if families had experienced bereavement, their usual GP contacted them where appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results for GPs were below local and national averages. For example:

- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 67% 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 81% and the national average of 82%.

Results for nurses were above local and national averages. For example:

- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 87% 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 83% 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.
- The practice complied with the Data Protection Act 1998.

Good

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 across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. This included the provision of extended hours opening and online services.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were provided for those patients who required them.
- Care and treatment for patients approaching the end of life and for those with conditions which required it was coordinated with other services.
- The practice was working with other local practices to offer appointments on Thursday afternoons (when local practices had previously been closed) as part of the CCG's primary care patient offer.

Older people:

- All patients had a named allocated GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Monthly baby clinics were held within the practice.

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

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

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had 13 patients on the learning disability register.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local

Good

Are services responsive to people's needs?

(for example, to feedback?)

and national averages. This was supported by observations on the day of inspection and feedback from patients. A total of 377 surveys were sent out and 100 were returned. This represented 4% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 82% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 71% and the national average of 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 81% of patients who responded said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 80% of patients who responded described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 54% of patients who responded said they don't normally have to wait too long to be seen; compared with the CCG average of 54% 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 available and it was easy to do. However, there was no information displayed in the waiting area regarding complaints. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were generally in line with recognised guidance.
- Records showed there had been two complaints received in 2017/18 and six received in 2016/17. We reviewed a range of 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.

Are services well-led?

Inadequate

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

Our findings

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

The practice was rated as inadequate for well-led because:

- Governance arrangements were not always operated effectively to ensure clinical oversight of the provision of regulated activities.
- Policies, procedures and processes needed to be strengthened to ensure the delivery of safe, high quality care.
- Arrangements to assess, monitor and mitigate risks across the practice needed to be improved.

Leadership capacity and capability

Leaders did not always demonstrate that they had the capacity and skills to deliver high-quality, sustainable care.

- Partners and the practice management team were experienced in the delivery of care but there was no coordinated strategy in place to ensure improvements to the quality of care.
- Leaders demonstrated limited knowledge about issues and priorities relating to the quality and future of services. They understood some challenges and were addressing them; for example through working with other local practices to deliver care on Thursday afternoons. However, there were areas of performance which had consistently been significantly below local and national averages.
- Leaders at all levels were visible and approachable when working at the practice and contactable when working at the senior partner's other practice.
- The practice had some processes in place to develop capacity and skills, including the development of an apprentice scheme.

Vision and strategy

- There was a clear vision and set of values. The practice did not have a documented strategy but articulated plans for the future regarding changes to the partnership and transferring of responsibilities to the other partner.
- We were provided with a copy of a business plan which had been developed following the last inspection; although the document set out some areas of priority for the practice, it did not define timescales or indicate who was responsible for leading different areas.
- The practice developed its vision and values with staff.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The practice did not have formalised arrangements in place, such as business or management meetings, to enable them to discuss business planning and monitor progress against strategic objectives.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice staff told us they were focused on the needs of patients; however there were areas where performance was below local and national averages.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Processes were not operated effectively to ensure that there were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Inadequate

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

Structures, processes and systems to support governance and management were difficult to understand and did not operate effectively.

Partners and the management team were not able to clearly articulate how governance operated within the practice, including how managerial and clinical decision making occurred.

Most staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Practice leaders needed to make improvements to ensure the establishment of clear, effective policies, procedures and processes to ensure safety and to assure themselves that they were operating as intended. This included, but was not limited to

- processes in relation to the practice's policy and operating arrangements in respect of the security of prescriptions
- the handling of uncollected prescriptions
- the monitoring of patients being prescribed high risk medicines
- maintaining the cold chain for vaccines
- safeguarding policies
- health and safety and risk management

There was limited awareness from partners and the management team in respect of areas of clinical performance requiring improvement. Arrangements to ensure the registered manager and partner maintained oversight of clinical performance needed to be improved to ensure there were clear objectives and plans in place to effect improvement; for example, in respect of areas of QOF where achievement had been consistently below local and national averages in particular for the management of patients with diabetes and depression.

Managing risks, issues and performance

The practice did not have clear and effective processes in place to manage risks, issues and performance.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not in place; for example, in respect of fire risk and the risks identified in the legionella risk assessment.
- The practice had limited processes to manage current and future performance as a provider although there were arrangements in place to monitor individual staff through appraisals.
- No evidence could be provided to demonstrate that practice leaders had oversight of MHRA alerts. Although the policy indicated oversight of this area by the senior partner, the process outlined in the policy and by staff did not indicate any oversight from clinicians.
- The business manager had oversight of incidents, and complaints.
- There was limited evidence that clinical audit was driving change within the practice or having a positive impact on quality of care and outcomes for patients. Audits did not draw conclusions or outline how changes would be made to improve the quality of care.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. There was some evidence of the practice reviewing information provided by the CCG and acting on this; for example in relation to cancer screening data.
- There was limited evidence of the practice having reviewed or acted upon the results of the national GP patient survey. We were told that surveys on individual GPs had previously been undertaken to enable a more detailed analysis but this had not happened at this practice since 2015.
- There was no evidence of discussions of quality and sustainability at a partnership or management level. However, there were discussions with the whole staff team related to areas such as complaints and significant events.
- There was limited evidence that the practice routinely monitored or used performance information to effect significant changes within the practice. There were no documented plans in place to address areas of weakness in performance.
- Arrangements for data security needed to be improvements. For example, systems being operated

Are services well-led?

Inadequate

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

within the practice meant there were folders and files containing confidential, personal information left unlocked at night and unlocked in clinical rooms during the day.

Engagement with patients, the public, staff and external partners

There was some evidence that the practice involved patients, staff and external partners to support the delivery of services.

- There was an active patient participation group.
- The practice engaged with staff and welcomed their views on how to improve services.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This included risks related to arrangements for dealing with emergencies; fire risk; legionella risk; the monitoring of patients being prescribed high risk medicines and the arrangements for the security of prescriptions. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider was not ensuring that governance arrangements were operated effectively to assess, monitor and improve the quality of services; to assess, monitor and mitigate risks relating to the service and to evaluate and improve the service. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.