Charterhouse Surgery

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?	Requires improvement
Are services caring?	Requires improvement
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 Charterhouse Surgery on 5 April 2016. The practice was rated inadequate in safe and requires improvement overall. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Charterhouse Surgery on our website at www.cqc.org.uk.

Following a period of six months after publication of the April 2016 inspection report an announced comprehensive inspection was carried out on 24 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Charterhouse Surgery on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 27 September 2017. Overall the practice is still rated as inadequate.

Our key findings were as follows:

- The provider had addressed some of the concerns identified in the last inspection. However, patients were still at risk of harm as the system in place for the monitoring of patients on high risk medicines was ineffective.
- The Quality and Outcomes Framework (QOF) outcomes for patients with long-term conditions had slightly improved since the last inspection especially for patients with Chronic Obstructive Pulmonary Disease (COPD); however outcomes for patients with diabetes, mental health and asthma still required further improvement.
- The practice only provided 26 GP sessions each week and this was reflected in significantly below average national GP patient survey results in relation to access to appointments. Whilst the practice was aware of this it had experienced a further loss of clinical staff since our last inspection.
- There was a leadership structure and staff felt that the support from management had improved since the

Summary of findings

last inspection; however this was not sufficient. The practice had policies and procedures to govern activity and held regular governance meetings; however some of the policies and protocols were not up to date.

- Results from the national GP patient survey published in July 2017 were generally below the local and national averages.
- Some of the patients said that the recent changes made by the practice had improved telephone access and made it easier to make an appointment with a GP, with urgent appointments available each day. However some of the patients still indicated difficulty in accessing appointments.
- There was a system in place for reporting and recording significant events and there was evidence of learning and communication with staff.
- Staff were aware of current evidence based clinical guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way for patients including the safe management of medicines.
- Ensure that all patients' needs are identified and care and treatment met their needs.
- Ensure all practice policies and protocols are up to date.

In addition the provider should:

- Review the results of the national GP patient survey results and address low scoring areas to improve patient satisfaction especially in access.

This service was placed in special measures in 30 March 2017 on publication of November 2017 report. Insufficient improvements have been made and the practice is still rated overall as inadequate and remains in special measures.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example the practice did not have a suitable system in place for the monitoring of patients on high risk medicines.
- From the sample of documented examples we reviewed
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were below average for the locality and compared to the national average. Unvalidated 2016/17 results indicated a slight improvement when compared to 2015/16 results.
- Staff were aware of current evidence based clinical guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Requires improvement

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

- Data from the national GP Patient Survey published in July 2017 showed patients rated the practice below average for many aspects of care.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- The practice had increased the number of patients identified as carers from 0.2% to 1.2% of the patient list and the practice manager had been appointed as the carers lead.

Are services responsive to people's needs?

Requires improvement

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

- The practice had reviewed the needs of its local population; however their plan to secure improvements for all of the areas identified at our last inspection needed further improvement.
- Some of the patients indicated that the recent changes made by the practice had improved telephone access and made it easier to make an appointment with a GP, with urgent appointments available each day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services.

- The practice had a vision to deliver high quality care. Staff were aware of their vision; however they were not always clear about their responsibilities in relation to it.
- There was a leadership structure and staff felt that the support from management had improved since the last inspection; however this was not sufficient. The practice had policies and procedures to govern activity and held regular governance meetings; however some of the policies and protocols were not up to date.
- The arrangements in relation to identifying and managing risk were not adequate especially in the monitoring of patients on high risk medicines.
- The practice provided 26 GP sessions each week and this was reflected in significantly below average national GP patient survey results in relation to access to appointments. Whilst the practice was aware of this it had experienced a further loss of clinical staff since our last inspection.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Summary of findings

- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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 providing safe services and for being well-led and requires improvement for being effective, caring and responsive. The issues identified as inadequate affected all patients including this population group.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally below average.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Inadequate

The provider was rated as inadequate for providing safe services and for being well-led and requires improvement for being effective, caring and responsive. The issues identified as inadequate affected all patients including this population group.

- Unvalidated national Quality and Outcomes Framework (QOF) data for 2016/17 provided by the practice indicated a slight improvement in outcomes of patients when compared to the 2015/16 data.
- The national QOF data showed that 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 78%. The number of patients who had received an annual review of their diabetes was 67%.
- 49% (2.8% exception reporting) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 89% and national average of 90%. A review of 2016/17 results indicated that the outcomes for patients with COPD had generally improved when compared to 2015/16 results. In 2016/17 75% of patients with COPD had received an annual review.

Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national QOF data showed that 66% of patients with asthma on the register had an annual review, compared to the CCG average of 73% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- Structured annual reviews were undertaken to check that patients' health and care needs were being met.

Families, children and young people

Inadequate

The provider was rated as inadequate for providing safe services and for being well-led and requires improvement for being effective, caring and responsive. The issues identified as inadequate affected all patients including this population group.

- Immunisation rates were in line with average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 84%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 81%.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for providing safe services and for being well-led and requires improvement for being effective, caring and responsive. The issues identified as inadequate affected all patients including this population group.

- The practice did not offer extended hours appointments with GPs or nurses to suit the needs of this age group. The practice patients had access to local GP hub where evening and weekend appointments could be obtained.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for providing safe services and for being well-led and requires improvement for being effective, caring and responsive. The issues identified as inadequate affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 80% of patients with a learning disability had received a health check in the last year (four out of five patients).
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for providing safe services and for being well-led and requires improvement for being effective, caring and responsive. The issues identified as inadequate affected all patients including this population group.

- 74% of 55 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was below the CCG average 83% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 82% which was in line with the Clinical Commissioning Group (CCG) average of 82% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed that the practice was performing below local and national averages. Two hundred and twenty three survey forms were distributed and 121 were returned. This represented approximately 2% of the practice's patient list.

- 26% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 72%, national average of 71%).
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 84%).
- 53% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 45% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 15 comment cards which mostly positive about the standard of care received. Patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 14 patients during the inspection. Most patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Charterhouse Surgery

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 manager specialist advisor.

Background to Charterhouse Surgery

The Charterhouse Surgery provides primary medical services in Orpington, Bromley to approximately 7400 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice populations of working age people and older people are higher than local and national averages and the population of children and younger people is lower than local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 68% are white British, 2% are Asian and 1% are Black/African.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to four doctors' consultation rooms, one nurse consultation room and one nurse practitioner consultation room on the ground floor.

The clinical team at the practice is made up of two part-time female GP partners, two part-time long-term male locum GPs, one part-time female practice nurse and one part-time female nurse practitioner. The non-clinical practice team consists of an interim practice manager and 13 administrative or reception staff members. The practice provided a total of 26 GP sessions and eight nurse practitioner sessions per week.

The practice had significant changes in partnership and management structure during the period between March 2014 and July 2015 where six GP partners, a practice manager, two practice nurses, a nurse practitioner and six reception staff left the practice. Another GP partner had shortly before our inspection visit, also left the practice.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8am till 6:30pm Monday to Friday. Appointments are available from 8:30am to 11:30am and 4pm to 6pm Monday to Friday.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Bromley CCG. The practice is a member of local GP Alliance and provides at least three appointments each day seven days a week through Primary Care Hubs; weekend appointments could be booked in advance.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Charterhouse Surgery on 24 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, responsive and well-led services and was placed into special measures for a period of six months. We issued two warning notices to the provider in respect of safe care and treatment and staffing and informed them that they must become compliant with the regulation and asked them to send evidence of compliance by 19 December 2016 and they were followed up. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Charterhouse Surgery on our website at www.cqc.org.uk.

Following the period of special measures we undertook a follow up inspection on 27 September 2017 to check that action had been taken to comply with legal requirements and to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 27 September 2017.

During our visit we:

- Spoke with a range of staff including two GP partners, one locum GP, practice nurse, nurse practitioner, practice manager, reception manager and two administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia)

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

Inadequate

Are services safe?

Our findings

At our previous inspection on 24 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of medicines management and monitoring, health and safety risk assessment and business continuity plan were not adequate.

We issued a warning notice in respect of these issues and, although the other areas had improved, found that the arrangements in respect to medicines management and monitoring had not improved when we undertook a follow up inspection on 27 September 2017. The practice is still rated as inadequate for providing safe services.

Safe track record and learning

There was a system 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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had a backlog of paper records that needed to be scanned into the electronic patient management system. Following this the practice implemented a protocol to ensure all patient records are scanned in a timely and efficient manner. This issue was discussed in a staff meeting and appropriate staff were trained.

Overview of safety systems and process

The practice had systems, processes and practices in place to minimise risks to patient safety; however processes in place for the monitoring of patients on high risk medicines were not adequate.

- Arrangements for safeguarding 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; however we found that the child safeguarding policy was due to be reviewed. There was a lead member of staff for safeguarding. From the documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to child safeguarding level 2, and non-clinical staff were trained to child safeguarding level 1.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We found that the practice's chaperone policy was not up to date and did not reflect their current practice.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual and bi-monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Inadequate

Are services safe?

The arrangements for managing patients taking high risk medicines were not adequate.

- During the last inspection on 24 November 2016 we found that the practice had many patients taking medicines to control high blood pressure who had not had a review of their blood pressure for over 15 months. Some of the patients taking medicines for heart rhythm disorders, heart failure, blood cholesterol, auto immune disorders, cancer and mental health disorders were not adequately monitored before the issue of repeat prescriptions.
- During this inspection we reviewed a sample of records of patients taking high risk medicines including methotrexate (medicine used to treat some types of cancer), lithium (medicine used to treat mental health disorders), amiodarone (medicine used to treat heart rhythm disorders) and azathioprine (medicine used to treat certain types of arthritis) and found the monitoring of these patients to be satisfactory.
- However the processes for handling repeat prescriptions for patients' taking the high risk medicine warfarin (a medicine that stops blood clotting) were not adequate. During the inspection we reviewed the records of 15 patients taking warfarin of which six patients had their repeat prescriptions without the signing doctor having sight of the most recent blood result. The day following the inspection the practice sent us a copy of their new warfarin protocol and informed us that all patients taking warfarin would be sent a letter informing them of the new protocol. The practice informed us that all staff would be trained in using this protocol. The practice also sent us a list of 126 patients taking warfarin with details of the dates of issue of prescription and blood results. We reviewed the information sent by the practice and found that on 46 occasions patients had their repeat prescriptions without the signing doctor having sight of the most recent blood result; this affected 19 out of 126 patients taking warfarin. Regular monitoring of patients on warfarin with regular blood tests and dosage adjustments are very important as incorrect dosage could be dangerous.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice used regular long-term locum GPs and performed all the required recruitment checks.

Monitoring risks to patients

During the inspection carried out on 24 November 2016 we found that there were limited procedures in place of monitoring risks to patient and staff safety. We found that these arrangements had improved in this inspection.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had a health and safety risk assessment of the premises and actions following the risk assessment had been implemented.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure

enough staff were on duty to meet the needs of patients; however there was a lack of regular clinical staff and the provider acknowledged this during the inspection.

Arrangements to deal with emergencies and major incidents

During the inspection carried out on 24 November 2016 we found that there were no adequate arrangements in place to manage emergency medicines and found out of date medicines and did not have a clear system to check the working status of a defibrillator. The practice did not have a business continuity plan in place. We found that these arrangements had improved in this inspection.

The practice had adequate arrangements 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 annual basic life support training and there were emergency medicines available in the treatment room.
- 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 a secure area 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 24 November 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), outcomes for patients with long term conditions, clinical audits and staff appraisal were not adequate.

We issued a warning notice in respect of these issues and found some of these arrangements had improved when we undertook a follow up inspection on 27 September 2017; however outcomes of patients with long term conditions still required improvement. The provider is now rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based clinical guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had a system in place to for the implementation and monitoring of medicines and safety alerts. During the inspection we saw evidence that the practice had actioned a recent alert.
- We reviewed 23 sets of medical records (17 GP and six nurse practitioner consultations) during the inspection and found these to be satisfactory.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 82.3% of the total number of points available, which was below the Clinical Commissioning Group (CCG) average and national average of 95.4%, with an exception reporting rate of 5.9%.

(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.) Unvalidated QOF data for 2016/17 provided by the practice indicated that practice had achieved 86.2% of the total number of points available, with 4% clinical exception reporting which is a slight improvement when compared to 2015/16 results.

Data from 2015/16 showed (The same data was reported in the last report published on 30 March 2017):

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national average. For example, 69% (2.0% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 76% and the national average of 78%. The number of patients who had received an annual review for diabetes was 67%. The percentage of patients with diabetes on the register for whom the last blood pressure reading was 140/80 mmHg or less was 56% (6.3% exception reporting) which was below the CCG average of 75% and national average of 78%.
- Performance for mental health related indicators was below the CCG and national averages; 74% (3.6% exception reporting) of patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 83% and national average of 89%. We reviewed a sample of five patient records with severe mental health conditions and found these to be satisfactory.
- 66% (0.2% exception reporting) of patients with asthma on the register had received annual reviews compared to the CCG average of 73% and the national average of 76%.
- 49% (2.8% exception reporting) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 89% and national average of 90%. A review of 2016/17 results indicated the outcomes had generally improved when compared to 2015/16 results. Unverified data for 2016/17 provided by the practice indicated that 75% of patients with COPD had received an annual review.
- All the patients (0% exception reporting) over 75 with a fragility fracture were on the appropriate bone sparing agent, which was above the CCG average of 89% and national average of 84%.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 87% (4.5% exception reporting) of patients with atrial fibrillation were treated with anticoagulation or antiplatelet therapy, which was in line with the CCG average of 86% and national average of 87%.
- 82%(1.5% exception reporting) of patients with dementia had received annual reviews, which was in line with the CCG average of 82% and national average of 84%.
- 80% of patients with learning disability had received a health check in the last year (four out of five patients). We reviewed the records of patients with learning disability and found these to be satisfactory.

Clinical audits demonstrated some quality improvement.

- There had been two clinical audits carried out since the last inspection, both of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if patients taking methotrexate (medicine used to treat some types of cancer) were prescribed and monitored in primary care under shared care agreement with a specialist. In the first cycle the practice identified 27 patients on methotrexate of which eight patients had a shared care agreement, two patients had medicine issued through hospital and 17 patients did not have a shared care agreement. Following this letters were written to specialists requesting shared care agreement. In the second cycle, after changes had been implemented including discussion of the audit findings in a clinical meeting, the practice identified 26 patients on methotrexate of which nine patients had a shared care agreement, five patients had medicine issued through hospital and 12 patients did not have a shared care agreement. This was an improvement when compared to the first cycle.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

During the inspection carried out on 24 November 2016 we found that many non-clinical staff had not received yearly appraisals. We found that these arrangements had improved in this inspection.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

Requires improvement

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. The practice had regular clinical meetings with all clinical staff where they discussed clinical issues. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

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

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

The practice's uptake for the cervical screening programme was 84%, which was in line with the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 80% compared with 75% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 63% compared with 57% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were in line with the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in two out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9 (compared to the national average of 9.1).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 24 November 2016, we rated the practice as requires improvement for providing caring services as the national GP patient survey results were significantly below average and the practice had identified only 15 patients as carers.

We found that the identification of carers had improved when we undertook a follow up inspection on 27 September 2017; however the national GP patient survey results had not improved. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Most of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Five patients said that the service provided by the practice had recently improved and staff were helpful, caring and treated them with dignity and respect.

We spoke with 14 patients including nine members of the patient participation group (PPG). Most of them told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP patient survey published on 6 July 2017 showed the practice was in line with or below the local and national averages. For example:

- 75% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 88%; national average of 89%).
- 75% said the GP gave them enough time (CCG average 84%, national average 86%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 86%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 75% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 personalised.

Results from the national GP patient survey published on 6 July 2017 showed that the patients' response to questions about their involvement in planning and making decisions about their care and treatment with GPs and nurses were in line with or below average. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (1.2% of the practice list); this was an improvement when compared to the number of carers identified during the last inspection on 24 November 2016. Written information was available to direct carers to the various avenues of support available to them. The practice manager was appointed as the carers lead. One of the carers we spoke to indicated that the support from the practice had improved.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 24 November 2016, we rated the practice as inadequate for providing responsive services as the national GP patient survey results were significantly below average and patients had difficulties in accessing both routine and emergency appointments when they needed them.

These arrangements had slightly improved when we undertook a follow up inspection on 27 September 2017; however it required further improvement. The practice is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile; however the plan they put in place to secure improvements for all of the areas identified at the last inspection required improvement:

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Patients could electronically check in on the touchscreens available in the reception area.
- The practice offered a text messaging service which reminded patients about their appointments and reviews.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:30am to11:30am and 4:00pm to 6:00pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. All the emergency appointments were covered by the nurse practitioner. The practice was part of local GP Alliance and provided three appointments seven days a week through primary care hubs; weekend appointments could be booked in advance.

The practice provided 26 GP sessions each week and this was reflected in significantly below average national GP patient survey results in relation to access to appointments. Whilst the practice was aware of this it had experienced a further loss of clinical staff since our last inspection.

Results from the national GP patient survey published on 6 July 2017 showed that patient's satisfaction with how they could access care and treatment were in some cases significantly below the local and national averages.

- 59% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 76%).
- 26% patients said they could get through easily to the practice by phone (CCG average 72%, national average 71%).
- 24% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 56%).

The practice was aware of the below average national GP patient survey results and had compared their results to two other local practices. They had made the following improvements:

- Moved their telephones from reception to an upstairs office operated by two dedicated members of reception staff whose sole responsibility was to answer calls.
- Additional reception and administrative staff members had been recently recruited.
- Changed their telephone menu system which allowed patients to select secretaries or prescription clerks which automatically re-routed these calls to the correct member of staff to deal with their enquiry.
- A nurse practitioner had been appointed to cover emergency appointments. This allowed the practice to increase the availability of pre-bookable GP appointments so that they were available within two or three days.
- The availability of telephone appointment for patients had been increased.
- Customer service training for staff.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Staff were monitored on an ad-hoc basis to see how calls were being handled.

The above changes had been recently implemented by the practice and some of the patients we spoke to acknowledged that the above changes had improved telephone access and availability of appointments. However some patients said telephone access and routine appointment availability with a GP of their choice was still an issue. During the inspection we found that a routine GP appointment was available within two days.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 13 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a record of correspondence for each complaint. Lessons were learned from individual concerns and complaints and action was taken to 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

At our previous inspection on 24 November 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

Whilst some improvements had been made when we undertook this inspection of the service on 27 September 2017; the practice is still rated as inadequate for being well-led because of poor governance and a lack of clinical staff delivering care.

Vision and strategy

The practice had a vision to deliver high quality care.

- The practice had a mission statement which was displayed in the waiting areas. Staff were aware of their vision; however they were not always clear about their responsibilities in relation to it.
- The practice had a strategy which reflected the vision and values.

Governance arrangements

The practice had a governance framework however it did not adequately support the delivery of good quality care.

- There were limited arrangements for identifying, recording and managing risks. Patients were at risk of harm because systems and processes were not in place to keep them safe. For example the practice had no robust system in place for the monitoring of patients on high risk medicines. These arrangements had not improved since the last inspection in November 2016.
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, some of the policies we reviewed including incident reporting and chaperoning policies were not up to date and required a review.
- The practice did not have enough regular clinical staff as they were not able to provide sufficient GP sessions and the provider acknowledged this during the inspection.
- The patients we spoke to acknowledged that the recent changes had improved telephone access and availability of appointments. However some patients said telephone access and routine appointment availability with a GP of their choice was still an issue.
- There was some understanding of the performance of the practice. Practice meetings were held every 4-6 weeks which provided an opportunity for staff to learn about significant events and complaints.
- Clinical audits were used to monitor quality and to make improvements.
- Staff we spoke to felt that the practice systems were more organised and had improved since the last inspection.

Leadership and culture

The leadership team told us they prioritised safe, high quality and compassionate care; however this has not resulted in improved outcomes for patients. Staff told us the partners were approachable and took the time to listen to all members of staff. Staff we spoke to said that the support provided to the staff had improved since our last inspection; however staff felt that there were areas that needs to be further improved.

- The practice had significant changes in partnership and management structure in the last two years during which four partners and two salaried GPs retired or left the practice in a short time and two new partners joined the practice.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice encouraged and valued feedback from patients, staff and through the patient participation group (PPG). Following patient feedback from patients following the national GP patient survey the practice

Are services well-led?

Inadequate

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

had made a number of changes including changes in their appointment and telephone system. The practice had plans to conduct a PPG led patient survey to obtain feedback following the recent changes.

- The practice had an active PPG with 21 members which met regularly and submitted proposals for improvements to the practice management team.
- Following the inspection on 24 November 2016 the practice met with the PPG and discussed the findings of the report and action plan.

Continuous improvement

The provider had made improvements in some of the areas where issues were identified in the inspection report from November 2016 and we saw evidence to support this. The practice had sought the help of the local Clinical Commissioning Group and NHS England to help them address the issues identified in the previous inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. **How the regulation was not being met:** The registered person did not ensure the care and treatment of service users met their needs. The Quality and Outcomes Framework (QOF) outcomes were below average when compared to local and national averages. They did not ensure all policies and procedures are up to date and reflect their current practice. This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.