Phoenix Medical Group

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**

Key findings

Contents

Letter from the Chief Inspector of General Practice

This practice is rated as inadequate overall, At our previous inspection on 2 February 2016 the practice was rated as good overall, but requires improvement for providing safe services)

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 recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

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

The population groups are rated inadequate overall because there are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

We carried out an announced comprehensive inspection at Phoenix Medical Group on 8 March 2018. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 February 2016.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Security at the practice was poor and patient's records were not held securely.
- Health and safety risk assessments had not been carried out or were not followed by the practice
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Summary of findings

- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Some staff had not received appropriate staff appraisals and some staff training was not up to date.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Generally patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice was aware of and complied with the requirements of the duty of candour.
- The practice were not following their own policies, for example, their recruitment policy.
- We were not satisfied with the leadership at the practice and governance arrangements did not operate effectively.
- The CQC registration was not up to date; the practice had not informed us of changes to partnership at the practice.

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

- Ensure all premises and equipment used by the service provider is fit for use (See Requirement Notice Section at the end of this report for further detail).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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

- Review the audit process for exception reporting in QOF.
- Review the satisfaction scores on consultations with GPs in the National GP Patient Survey.

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

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

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

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

Summary of findings

The six population groups and what we found

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

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

Key findings

Areas for improvement

Action the service MUST take to improve

- Ensure all premises and equipment used by the service provider is fit for use (See Requirement Notice Section at the end of this report for further detail).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Action the service SHOULD take to improve

- Review the audit process for exception reporting in QOF.
- Review the satisfaction scores on consultations with GPs in the National GP Patient Survey.

Phoenix Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist advisor, a second CQC inspector and a CQC observer.

Background to Phoenix Medical Group

Phoenix Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately 7,500 patients from three locations. We visited all of these locations as part of this inspection;

- Thornley Practice, Dunelm Road, Thornley, County Durham, DH6 3HW
- The Surgery, Ashmore Terrace, Wheatley Hill, County Durham, DH6 3NP
- The Surgery, 2 The Green, Woodland Crescent, Kelloe, County Durham, DH6 4NU

Thornley Practice is located in purpose built premises. The practice has its own car park, dedicated disabled parking bays and step free access.

The Surgeries at Wheatley Hill and Kelloe are purpose built. They have car parking with disabled bays and level access.

The practice has three GP partners (two male and one female) and one male salaried GP, all are full time. There is one full time advanced nurse practitioner, three practice nurses (WTE 2.4), a phlebotomist (WTE 0.8) and a healthcare assistant (WTE 0.6). There is a practice manager and assistant practice manager both full time. There are 13 administration and reception staff (WTE 12.1)

The opening times at the Thornley Practice and The Surgery at Wheatley Hill are 8am until 6pm Monday to Friday. Consulting times at both surgeries are 9am until 11:30am and 2:40pm to 5:30pm.

The Surgery at Kelloe is open Monday to Wednesday 8am until 12:30pm and Thursday and Friday 8am until 12 noon. Consulting times are 9am until 11:30am.

Late evening GP appointments were available on a Monday alternating between Wheatley Hill and Thornley Surgeries. There were early morning and late evening nurse appointments.

The practice is part of a local federation of GP practices which provides extended opening hours for patients; appointments are available late evening, weekend and bank holidays. Patients can contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out of hours service provided by NHS 111.

The practice is part of NHS Durham Dales and Sedgefield clinical commissioning group (CCG). The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

Information from Public Health England places the area in which the practice is located in the second most deprived decile. The income deprivation score for the practice is 36 compared to the CCG average of 30 and the national average of 24. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 77 years which is lower than the national average of 79. Average female life expectancy at the practice is 79 years which is lower than the national average of 83 years.

Inadequate

Are services safe?

Our findings

At our previous inspection on 2 February 2016, we rated the practice as requires improvement for providing safe services. Appropriate recruitment checks were not in place for staff. A fire risk assessment was out of date and there was no risk assessment for what emergency medication was stocked.

Some of these arrangements had improved when we undertook this inspection on 8 March 2018. However, there were also further areas of concern.

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:

- Security of the practice was inadequate.
- Patient records were not held securely.
- Controlled stationary was not held in accordance with national guidance.
- The practice was not following their polices in relation to recruitment, infection control and staff training.
- PSDs (Patient Specific Directions) had not all been signed by the healthcare professionals or countersigned by an authorised person.
- Health and safety risk assessments had not been carried out or were not followed by the practice.

Safety systems and processes

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

- They had safety policies which were regularly reviewed and communicated to staff in relation to safeguarding. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, there were quarterly safeguarding meetings. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At our previous inspection in February 2016 we found that one member of clinical staff had no Disclosure and Barring Service (DBS) check in place and references had not been taken up for some staff. (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). At this inspection we found that DBS checks had been undertaken on all staff. However, we found the practice was not following their recruitment policy in relation to staff vacancies. Vacancies had not been advertised or candidates interviewed before employment.
- Clinical staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, seven non-clinical members of staff had not received safeguarding training for between three and four years when the practice policy was to provide it every 36 months.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were some systems in place for infection control. There was a policy in place however, this was not comprehensive. For example, it did not contain details of cleaning of equipment and staff training requirements. The infection control lead was not fully aware of what their role entailed. The policy stated that an audit would be carried out every six months. The last one to be carried out was in April 2017.
- Healthcare waste was not stored securely in accordance with Department of Health Guidance. The used waste bags were stored in a cupboard in a consulting room which was not locked.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff tailored to their role.
- 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.

Inadequate

Are services safe?

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 had some systems for appropriate and safe handling of medicines.

- At our previous inspection of February 2016 there was no rationale for which emergency medicines were stored. We saw that this had now been addressed.
- There were systems in place for managing medicines, including vaccines and medical gases.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- The health care assistant administered vaccines; however, this was not in line with legal requirements or national guidance. For example, some of the PSDs (Patient Specific Directions) had not all been signed by the healthcare professionals or countersigned by an authorised person. A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber.
- We saw signed prescriptions awaiting collection were not stored in a locked cupboard when the Thornley surgery was closed.
- We saw that blank prescriptions were left in printers in consulting and treatment rooms which were unlocked at both at the Wheatley Hill and Kelloe surgeries.
- There was a log kept of which blank computer prescriptions went to which surgery but no way of tracking which numbers went to each clinical room.

Track record on safety

At our previous and current inspection we saw that not all risks were kept under review. At this inspection we also identified further risks which had not been addressed which made facilities unsafe.

- The practice had a health and safety policy but no health and safety risk assessment had been carried out to identify risks at each surgery. The practice told us they had recently booked a health and safety company to come to the practice in April 2018 to give them advice on this.
- At our previous inspection we saw that water testing was carried out but no legionella risk assessment had been undertaken. At this inspection we saw a copy of a legionella test certificate from 2013 which asked the practice to contact the testing company to arrange a way forward for water testing; this had not been done.
- We saw at the Thornley Surgery the vaccine refrigerator was plugged into an extension cable. The original plug was labelled that it belonged to the vaccine refrigerator to minimise the risk of it being switched off. At Kelloe Surgery the vaccine refrigerator was plugged into an extension cable. This was not labelled to minimise the risk of it being turned off. The extension cable was placed above the consulting room couch which presented a safety risk.
- At our previous inspection in February 2016 we saw that a fire risk assessment from 2011 highlighted some corrective actions which had not been followed up. At this inspection we saw that a basic fire risk assessment had been compiled from a template from the internet, this was not comprehensive; it only listed which items should be portable appliance tested (PAT).
- On the day of our inspection a contractor attended the practice to test the emergency lighting. The next day a gas service engineer was coming to the practice to service the boilers.
- We saw that portable appliance testing (PAT) and the calibration of medical equipment had been carried out.
- We saw that the door in the conference room at the Thornley Surgery which led to the car park was left unlocked on the inspection day. We further observed this door being used as a staff entrance and there was a significant risk it could be left unlocked due to the nature of the lock on the door. Patient records were

stored in this room in cabinets and we saw three of the ten cabinets were not locked. We saw that a contractor working at the practice was left unsupervised in this room.
- We observed the door from the receptionist's room into the waiting area at Thornley Surgery was left unlocked when the surgery was open to the public.

Lessons learned and improvements made

The practice learned but did not always make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice had significant event meetings where there was an action log and actions were followed up. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

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

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

- Some staff had not received appropriate staff appraisals.
- Some staff training was not up to date.
- Management were unaware of high exception reporting in the Quality Outcomes Framework.

Effective needs assessment, care and treatment

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

- Patients' needs 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.

Older people:

- All patients over the age of 75 had been offered an annual health check to coincide with their birthday month.
- GPs and advanced nurse practitioners from the practice reviewed care plans to avoid unplanned admissions to hospital. They held a register of the frail and elderly which the GPs reviewed and visited those patients in their own homes and care homes.

People with long-term conditions:

- Patients with long-term conditions had, as far as possible, one structured annual review to check their health and medicines needs were being met. The practice nurses who are trained in chronic disease management coordinated this.
- The management of diabetes in the practice was via the GP and specialist practice nurse. The diabetic consultant from the local hospital worked closely with the GP lead for diabetes.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates were above the target percentage of 90%, for example, the uptake rate for children aged two for measles, mumps and rubella (MMR) was 97%.
- There were same day appointments for all children aged five and under.
- The smoking cessation advisors were trained to help all ages, including children from age 16.

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

- The practice's uptake for cervical screening was 83%, which was above the target of 80% for the national screening programme.
- The practice's uptake for breast cancer screening was 68%, which was in line with the local average of 65% and the England average of 62%.
- The practice's uptake for bowel cancer screening was 58%, which was in line with the local average of 58% and the England average of 54%.
- 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.

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 homeless people, and those with a learning disability. The practice's multi-disciplinary meetings (MDT) included discussions regarding the needs of vulnerable patients.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable with the national average of 84%.

Inadequate

Are services effective?

(for example, treatment is effective)

- 100% 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 above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100% compared to the national average of 91%.
- The practice had a register of patients with a diagnosis of dementia. They were offered an annual review.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results, 2016/17, showed the practice achieved 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and the national average of 96%. The overall exception reporting rate was 14% compared with a 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.)

We asked the practice about the exception reporting rate to ensure it was audited appropriately. Some of the exceptions were high, for example, the rate for cancer was 50% compared to the CCG average of 37% and the national average of 25%. The practice told us that patients received three invitations for a review; if they did not attend they were exception reported. We asked why, for example, the cancer rate was high and neither the lead GP nor the practice manager were aware of this or could explain the reason for this. They advised us they would have a look at this. Other areas where the exception rates were high were chronic obstructive pulmonary disease (COPD) 23% and asthma 18%.

- There were audits relating to administrative activity. For example, one of the audits was an audit on appointments and another on hospital admissions. There were limited clinical based audits related to patient outcomes.

Effective staffing

Staff did not always have the support to carry out their roles.

- Staff were not receiving regular appraisals. The practice manager told us there was no plan in place for these. Nursing staff last received an appraisal in early 2016, with the exception of the lead nurse who had received an appraisal in the last few weeks. However, there was no clinical input into this; they had been appraised by the practice manager. We saw no recent appraisals for non-clinical staff.
- Mostly staff had received training appropriate to their role. However, seven non-clinical members of staff had not received safeguarding training for three to four years when the practice policy was to provide it every 36 months. Staff did take part in protected learning time both in house and at outside venues.

Coordinating care and treatment

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

- 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 and person-centred 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 consistent and proactive in helping patients to live healthier lives.

Inadequate

Are services effective?

(for example, treatment is effective)

- 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.
- One of the receptionists who issued the reminders for cervical screening had devised a follow up letter which was coloured pink to draw attention to it when it was sent out to patients.
- 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 and tackling obesity campaigns. Two staff who were trained as smoking cessation advisors won an award for outstanding performance for their stop smoking service in 2015/16.

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.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

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

The practice was rated as requires improvement for caring because:

- Satisfaction scores on consultations with GPs in the National GP Patient Survey were below when compared to local and national averages.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were 22 Care Quality Commission comment cards completed by patients prior to the inspection. Fifteen of the comment cards were wholly positive and described the service as excellent, good and patients being very happy with the reception staff. The other cards raised issues but these were unrelated.

Results from the July 2017 annual National GP Patient Survey showed that the practice was below average for their satisfaction scores on consultations with GPs and above or comparable to local and national averages for nurses. 279 surveys were sent out and 118 were returned. This represented less than 1% of the practice population. For example:

- 68% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 68% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 90% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 59% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 95%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

We discussed the low scores for GPs in the survey with the practice staff who said that they were aware of these issues and they thought the low scores had been in relation to previous staff who had worked at the practice and had now left. There was no action plan in place to address this.

Involvement in decisions about care and treatment

Staff helped patients 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. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was a carer. The practice had identified 82 patients as carers (1% of the practice list).

Results from the National GP Patient Survey showed results were in line with local and national averages for nurses and lower than average for GPs when patients were asked about their involvement in planning and making decisions about their care and treatment.

Requires improvement

Are services caring?

- 66% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 59% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

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.

Responding to and meeting people's needs

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

- The practice understood the needs of their population and tailored services in response to those needs. There were extended opening hours, telephone appointments, online services such as repeat prescription requests and advanced booking of appointments.
- Specialist clinics were provided, including minor surgery, the practice nurse provided contraceptive advice and was trained to fit interuterine devices (IUD) (coils).
- The practice held open flu immunisation.
- The facilities and premises were appropriate for the services delivered other than the security of the buildings.
- The practice made reasonable adjustments when patients found it hard to access services. For example, practice nurses would visit housebound patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching end of life was coordinated with other services.
- There was a text messaging service for patients to be reminded of their appointments which aimed to reduce the number of did not attend (DNA) appointments.

Older people:

- Advanced nurse practitioners employed by the local federation of GPs carried out a Vulnerable Adults Wrap around Service (VAWAS) which supported vulnerable patients.
- Patients were offered flu and shingles immunisations. The practice nurses visited the housebound and care homes early in the flu vaccine campaign.

People with long-term conditions:

- Spirometry tests were carried out at all of the three practice sites.
- A community coronary heart disease nurse held clinics at the practice and the anticoagulation nurse attended the practice weekly to hold an INR clinic. International Normalised Ratio is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose.
- Flu vaccinations were offered to patients as part of the seasonal flu campaign.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- There were weekly midwife led clinics held at the practice.
- There were well-baby clinics for immunisations and baby checks every week at Kelloe Surgery and alternative weeks between Thornley and Wheatley Hill Surgeries.
- Staff had received C card training. C Card is a condom distribution scheme that provides registered young people 13-24 years with a C Card which entitles them to free condoms. It also givesyoung people access to sexual health information, advice and support.

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 they offered to ensure these were accessible, flexible and offered continuity of care. For example, late evening GP appointments were available on a Monday alternating between Wheatley Hill and Thornley Surgeries. There were early morning and late evening nurse appointments.
- On-line access and electronic prescribing is available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- Any patients with special needs or disabilities had this recorded on their clinical record so that help could be offered.
- Patients with learning difficulties were offered an annual health check. This included ensuring that where appropriate the patients had received other checks such as cervical and bowel screening.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- Staff had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a primary care mental health specialist who held clinics on site who they could refer patients to. An in house counsellor held clinics at the surgeries.

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.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment were variable when compared with local and national averages. 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%. Of the 22 Care Quality Commission comment cards completed by patients prior to the inspection, four of the patients who completed them said it could be difficult to obtain an appointment.

- 85% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average - 71%.
- 68% 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; CCG - 76%; national average - 76%.
- 60% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.

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. Staff treated patients who made complaints compassionately.

The complaints policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.

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 providing a well-led service because:

- Management of risks relating to the health, safety and welfare of patients and staff were ineffective.
- Governance arrangements did not operate effectively. For example, the practice had ineffective systems in place to identify health and safety risks. We were not satisfied with the leadership at the practice.
- There was overall lack of leadership, for example, management were not aware of the reason for high exception rates for Quality Outcome Framework or that some results from the National GP Patient Survey were low.

Leadership capacity and capability

The leadership did not always support the delivery of high-quality person centred care.

- The practice did not have a business plan. The managers had not developed a strategy to deal with the issues and priorities of the running of the practice.
- We were not satisfied with the leadership at the practice. Managers were not clear about who was accountable for managing risks, performance or ensuring their own policies were followed.
- Managers were visible and approachable to staff. They worked closely with them.

Vision and strategy

The priority of the practice was to deliver quality care and promote good outcomes for patients.

Culture

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and felt they went the extra mile for patients.
- 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.
- Staff told us they had the opportunity for learning and career development conversations. However, not all staff had received an appropriate appraisal and some training had lapsed.
- The practice actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality.

Governance arrangements

The governance arrangements did not always operate effectively.

- The practice was not always following their own policies, for example, regarding recruitment and infection control.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. These were set out, understood and effective.
- Staff were clear on their own roles and accountabilities, for example, in respect of safeguarding.

Managing risks, issues and performance

The processes in place for managing risks, issues and performance were not effective.

- There was no process in place to manage health and safety and the security of the surgeries.
- Where risk assessments had been carried out they were not followed up.
- Clinical audit had been carried out; however this was not linked to good clinical practice and improvements in patients' care.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Quality and operational information was not used to ensure and improve performance. Managers had not identified or could explain to us the reasons for the high QOF exception rates.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Inadequate

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

- The practice submitted data or notifications to external organisations as required.
- The arrangements in place to ensure the security of information were poor.
- The ratings from the previous CQC inspection were not displayed at the branch surgeries.
- The CQC registration was not up to date, the practice had not informed us of changes to partnership at the practice.

Engagement with patients, the public, staff and external partners

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

- The practice had an established patient participation group which met bi-monthly. We spoke with members of the group. They told us the practice listened to them and gained their views. The practice arranged customer service training for staff and introduced name badges following suggestions from the patient group.
- The practice had a Facebook page to connect with patients. One of the receptionists actively monitored this and was responsible for posting healthcare and practice information.
- The practice attended a local steering group in Wheatley Hill where local issues were discussed and other partner agencies attended.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was some evidence of staff development at the practice.

- Staff took part in protected learning time both in house and at outside venues.
- The practice hosted and mentored career start nurses and placements for student nurses from the local university.
- One of the GP's mentored a district nurse working towards their prescribing qualification.
- The practice employed apprentice administration staff who wished to gain knowledge of working in NHS environment. They employed some staff as permanent employees from the apprenticeships and others went on to other employment within the NHS.
- Staff had been upskilled to become phlebotomists and health care assistants.

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 **The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:** • The practice had ineffective systems in place to identify health and safety risks. There was no health and safety risk assessment. • Actions deemed necessary following fire and legionella risk assessments had not been carried out. • Safety certificates were out of date, for example, emergency lighting and gas servicing. • The practice was not following their own policies, for example, their recruitment policy in relation to staff vacancies. • Patient Specific Directions did not comply with legal requirements as some were not signed by the healthcare professional or an authorised person. **This was in breach of Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance (1)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Persons employed by the service did not receive the appropriate support, supervision, appraisal and training in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:** • Some staff had not received appropriate staff appraisals. • Some staff training was not up to date.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. 2

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The registered person had failed to ensure that all premises used by the service were secure. In particular:** • The external and internal doors at the Thornley Surgery were not secure. • Patient records were not held securely. • Healthcare waste was not stored securely in accordance with Department of Health Guidance. • Controlled stationary was not held in accordance with national guidance. **This was in breach of Regulation 15 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment (1)**