Fernbank Medical Practice

Quality Report

508-516 Alum Rock Road
Birmingham
B8 3HX
Tel: 0121 678 3800
Website: www.fernbankmedical.org.uk

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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?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice was first inspected on 17 November 2016 under the previous provider and was rated as requires improvement for providing safe, caring, responsive and well-led services, and found to be inadequate for providing effective services. As a result of our findings during the November 2016 inspection, we asked the practice to provide a report that says what actions they were going to take to meet legal requirements. Since our November 2016 inspection, the practice changed their registration from a two GP partnership to a single handed GP provider.

This practice was inspected on 7 November 2017 under the new registration and rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Requires Improvement

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

We carried out an announced comprehensive inspection at Fernbank Medical Practice on 7 November 2017 as part of our inspection programme.

At this inspection we found:

Staff operated systems and processes to support the delivery of services to the local community; however, there were areas where processes were not effective enough to keep people safe. Systems for monitoring training needs were not operated effectively; there was limited participation in multidisciplinary working and the practice did not analyse national surveys or establish plans to improve patient satisfaction. The approach to service delivery, improvements and risk management were reactive and only focused on short-term issues. Clarity amongst the management team regarding their responsibilities was limited and the management team was not always working cohesively.

Summary of findings

- The practice had systems to manage risk so that safety incidents were less likely to happen; however, staff members did not consistently follow the system. For example, when incidents happened, the practice were unable to demonstrate that they consistently learned from them and improved processes as a result.
- Safety alerts were not acted on to ensure compliance and corrective actions identified in some risk assessments had not been completed.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was mainly delivered according to evidence- based guidelines. However, the practice did not ensure staff received appropriate training in some areas to cover the scope of their work.
- There were systems in place to monitor and ensure the use of medicines prescribed such as antibiotics remained effective and in line with national guidelines.
- Staff demonstrated how they involved and treated patients with compassion, kindness, dignity and respect. However, results from the July 2017 annual national GP survey showed patient satisfaction was below local and national averages in a number of areas. The practice was aware of these results; however, had not analysed the results or established a plan to improve patient satisfaction.
- Patients found the appointment system easy to use; however, some completed Care Quality Commission (CQC) comment cards and national GP survey results showed that patients were not always able to access care when they needed it.
- The practice operated effective systems for identifying carers and staff were actively involved in ensuring carers received support.
- Complaints were well managed, taken seriously and responded to in a timely way.
- Leadership, management and governance arrangements did not always support the delivery of high-quality and effective care. For example, oversight of systems and processes did not provide assurance that identified risks and areas of poor performance were being sufficiently responded to. There were some evidence of shared learning; however, improvements were not always identified and evidence of actions taken were limited.

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

- Ensure care and treatment is provided in a safe way to patients
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Continue to encourage patients to attend national screening programmes and ensure clear access to cervical screening is established.
- Establish processes for sharing information with community teams to ensure care plans and medication reviews are carried out with patients in receipt of interventions for substance and alcohol dependency and recorded on the clinical syatem.

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.

Summary of findings

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

Fernbank Medical Practice

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 CQC inspection manager, a second CQC inspector and a GP specialist adviser.

Background to Fernbank Medical Practice

Dr Nawaz Hussain Bangash is the registered provider of Fernbank Medical Practice which is located at 508-516 Alum Rock Road, Ward End, Birmingham B8 3HX . The practice is situated in a Health Centre which is a multipurpose modern built building providing NHS services to the local community. Further information about Fernbank Medical Practice can be found by accessing the practice website at www.fernbankmedical.org.uk

Based on data available from Public Health England, the levels of deprivation in the area served by Fernbank Medical Practice are above the national average, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged from birth to 44. Patients aged between 45 to over 85s are below local and national average. Based on data available from Public Health England, the ethnicity estimate is 4% Mixed, 61% Asian, 9% Black and 2% other non-white ethnic groups.

The patient list is 4,700 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair and pushchairs.

The practice staffing comprises of one male principal GP, two locum GPs (both male) and one health care assistant; however, at the time of our inspection, the health care assistant was working her notice. Management and reception team consists of a practice manager and an assistant practice manager who are supported by a business secretary and a team of receptionists and administrators.

The practice is open between 8.30am and 6.30pm Mondays, Tuesdays, Thursdays and Fridays. The practice is open between 8.30am and 2pm on Wednesdays.

Consulting hours are from 8.30am and 6.30pm Mondays, Tuesdays, Thursdays and Fridays. Wednesday's consulting hours are from 8.30am to 1.30pm.

The practice has opted out of providing cover to patients in their out of hours period including weekends and Bank Holidays. During this time, services are provided by, Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services. During in hour closure periods on Wednesdays from 1.30pm to 2pm cover is also provided by BADGER.

Inadequate

Are services safe?

Our findings

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

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

- The arrangements in respect of managing risks, ensuring compliance with safety alerts as well as national recognised guidelines and the management of significant events did not provide assurance that patients were being protected from avoidable harm or risk of harm. The practice was unable to demonstrate that all staff had received appropriate training such as safeguarding to cover the scope of their role.

Safety systems and processes

The practice had safeguarding processes in place; however, staff were unable to demonstrate safeguarding training for some non-clinical staff.

- The practice conducted safety risk assessments. It had a set of safety policies, which were reviewed and communicated to staff. Staff received safety information for the practice as part of their induction. Policies were reviewed and were accessible to all staff. They outlined clearly, who to go to for further guidance. However, not all staff were able to correctly identify who the lead for safeguarding was.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff we spoke with were able to explain steps required to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis to ensure relevant registration were up to date. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff generally received up-to-date safety training appropriate to their role; however, not all staff received safeguarding training. Staff we spoke with knew how to identify concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control (IPC). The practice manager was acting as the IPC lead while the practice recruited a practice nurse to take over this role. We were told that the practice manager was in the process of completing IPC refresher training. Following the inspection, the practice provided evidence, which demonstrated training had been completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, there were areas where systems were not effective.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a rota system in place for different staffing groups to ensure that enough staff were on duty. Members of the management team explained that reception staffing levels had been identified as an area where staffing levels needed to be increased. We were told that there were informal arrangements in place with a neighbouring practice who provided reception support once a week.
- When there were changes to services or staff the practice assessment and monitoring of the impact on safety was not effective. Although the practice had discussed the staffing issues, they had not established an effective action plan to ensure changes to the clinical team were addressed in a timely manner. For example, although non-clinical nurse and health care assistant related tasks had been covered, the practice did not establish a plan to fill clinical responsibilities while they carried out a recruitment campaign. Nurse related appointments were still available on the clinical system. We saw three patients had been booked in to see the nurse, despite no nurse being available. Staff we spoke with were not clear in regards to alternative options for

patients who were booked in for things such as cervical screening. Following our inspection, the practice explained why they had taken the decision to keep these patients booked in on their clinical system. Members of the management team we spoke with during our inspection, explained that they were attempting to recruit a practice nurse.

- Non-clinical staff were supporting clinicians with duties which were previously carried out by the practice health care assistant during baby clinics. Staff discussed their role and explained that they were not going outside their level of competency as clinicians always led these clinics.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians we spoke with knew how to identify and manage patients with severe infections, for example, sepsis.

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. Non-clinical staff supported the principal GP with transferring clinical notes from consultations onto patient care templates. Staff we spoke with explained that this was carried out under the guidance of the principal GP. During our inspection, we did not identify any issues with the anonymised records we viewed.
- 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 systems for appropriate and safe handling of medicines. However, there were areas of record keeping which did not enable the practice to operate an effective recall system to ensure patients were followed up in line with national guidelines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Clinical staff prescribed medicines to patients and gave advice on medicines; however, staff we spoke with were unable to demonstrate that they had responded to recommendations from safety alerts to ensure prescribing was in line with legal requirements and current national guidance.
- The local Clinical Commissioning Group medicines management team audited the practice prescribing of antimicrobials and we saw evidence of actions taken to support further good antimicrobial prescribing.
- Although we were informed of a system in place to ensure medicines were being used safely and followed up on appropriately. Information recorded on the clinical system following reviews did not enable the practice to operate an effective recall system for patients diagnosed with a long-term condition. For example, a sample of anonymised records we viewed did not include a record of spirometry or bloods taken for patients diagnosed with asthma and a review date had not been recorded in the clinical records. Following our inspection, the practice provided a copy of their process for managing long-term conditions.
- The practice involved patients in reviews of their medicines.

Track record on safety

The practice maintain safety records; however, there were areas where actions to ensure patients' safety was not being monitored or completed. For example;

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed most activity. This helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements in most areas. However, actions identified following a fire safety risk assessment carried out in 2011 and repeated in 2016 had not been completed. For example, fire risk assessment

recommended that fire doors be fitted with cold smoke seals and intumescent strips (a substance that swells as a result of heat exposure) along the top and two sides of doors. Fire drills were not being carried out.

Lessons learned and improvements made

The practice was unable to demonstrate that staff had learned and made improvements when things went wrong following all significant events and incidents. The system for recording and sharing learning was not fully embedded. For example:

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Records showed that seven incidents were recorded in the last 12 months. From the sample we viewed, we saw inconsistencies in how these were recorded and followed up and staff were not always following the practice process for recording incidents. For example, there was no evidence of shared learning or actions to reduce the risk of the same thing happening again following an incident relating to incorrect medicine being added to patient's prescription.
- There were systems for reviewing and investigating when things went wrong; however, we saw variations' in the recording of investigations and learning outcomes. For example, there were some incidents where the practice was unable to demonstrate that an investigation had been carried out. Members of the management team explained that investigations had been carried out; however, these were informal discussions with individuals involved. Following our inspection, members of the management team provided evidence of a new incident reporting process received from a neighbouring practice which they intend to implement.
- Documentation we viewed showed some evidence of shared learning and actions taken to reduce the risk of the same thing happening again. For example, the practice took appropriate actions such as placing vaccines under quarantine, contacted the local screening and immunisation team and reviewed their policy regarding temperature monitoring when staff discovered that a vaccination fridge had been out of the correct temperature range. However, evidence of shared learning and actions to improve safety was not consistent for other significant events and incidents we viewed.
- There was a system for receiving patient and medicine safety alerts; however, the practice did not establish an effective process to ensure actions were taken to ensure compliance with safety recommendations. For example, we viewed four safety alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA); the practice was unable to demonstrate that appropriate actions had been taken as a result of the alerts (although receipt of safety alerts had been acknowledge during meetings). Following our inspection, the practice explained that they were taking steps to improve the management of safety alerts. For example, the practice took action to identify women of childbearing age who were prescribed a medicine which carried high risks to unborn children were invited in for a review. The practice have reviewed their system for processing alerts in response to this finding.

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:

- The arrangements in respect of managing training needs and improving the uptake of cervical screening required improvement. The practice was not always working jointly with other health and social care professionals. The practice used Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. A protocol for reviewing patients medical conditions specified by national guidelines were in place; however, this was not fully embedded. For example, the practice did not follow a structured recall system and health care reviews were often carried out opportunistically.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. However, not all clinicians were able to independently access this information; as a result, we were told non-clinical staff provided assistance when required. Clinicians we spoke with explained how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance; this was supported by clear clinical pathways and protocols. Documents we viewed showed that all GPs had a primary medical qualification and were registered with the appropriate medical body.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The prescribing of Hypnotics and Antibacterial medicines was in line with local and national averages.
- There was effective prescribing of broad-spectrum antibiotics which can be used when other antibiotics have failed.
- 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:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan. Unverified data provided by the practice showed that over a three year period 2% of patients aged over 75 had a health check carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- A call and recall report provided by the practice during our inspection, showed that out of 282 patients with a particular long-term condition, 244 (86%) received an annual review. Data also showed 38 (13%) were last reviewed between November and December 2016. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients whose last blood pressure reading was within acceptable range was 71%, compared to CCG average of 77% and national average of 78%.
- 55% of patients had a HBA1C (a measure of how well diabetes is being controlled) reading within a specific range in the preceding 12 months, compared to CCG average of 75% and national average of 72%. This demonstrated an 8% increase since the previous QOF year.
- 96% of patients newly diagnosed with diabetes were referred to a structured education programme compared to CCG average of 94% and national average of 93%.
- Clinicians were trained to a level which enabled them to provide insulin initiation and titration for patients diagnosed with diabetes.

Inadequate

Are services effective?

(for example, treatment is effective)

- 76% of patients diagnosed with asthma had a review in the preceding 12 months that included an assessment of asthma control using recognised methods, compared to CCG average of 75% and national average of 76%.
- Data from the 2016/17 QOF year showed that performance relating to the management of patients diagnosed with asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation (an irregular and sometimes fast pulse) was either above or comparable to local and national averages. The practice offered in-house spirometry for respiratory patients, ambulatory blood pressure monitoring (ABP involves a digital machine which measures blood pressure at regular intervals), and electrocardiogram testing (ECG is a test that can be used to check patients heart rhythm and electrical activity).

Families, children and young people:

- Staff attended monthly health visitor meetings and health visitors had access to a direct line, which supported active communication with the practice.
- The practice provided a room for the community midwife where weekly in-house midwife support was available.
- Same day appointments, as well as follow ups to missed immunisation and hospital appointments for children were available.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. 2015/16 data showed that uptake rates for the vaccines given were in line with the target percentage of 90% or above. When requested staff were unable to provide 2016/17 data.
- The arrangements to identify and review the treatment of pregnant women and women of child bearing age on long-term medicines did not provide assurance that these arrangements were always effective.

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

- 2016/17 data showed that the practice's uptake for cervical screening was 66%, which was below the local and national average of 80%.
- There was a policy to offer telephone reminders and follow up invitation letters for patients who did not attend for their cervical screening test and staff discussed the uptake as an area which required more focus during clinical meetings. The practice had a failsafe system in place to ensure results were received for all samples sent for the cervical screening programme; this included following up women who were referred because of abnormal results**.** In the absence of a practice nurse, staff we spoke with explained that patients would either be asked to call back within a week or referred to the family planning clinic.
- 2015/16 data showed that the practice was comparable to local and national averages for the uptake of breast and bowel cancer screening. Staff explained that the practice produced information leaflets in various languages' following patient feedback and staff were opportunistically encouraging patients to engage in testing.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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:

- There was a lead clinician in charge of end of life care; the practice maintained a list of palliative care patients.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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

- The practice was unable to demonstrate coordination with Mental Health teams, we were informed this was due to a mental health team being unavailable in the locality. The practice had held one meeting with the

Mental Health team over 12 months ago, following this meeting there had been no further contact. Staff explained they communicated with a neighbouring practice and there was an agreement in place to hold a joint meeting with the practice and the mental Health team in December 2017.

- 92% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months; demonstrating an increase of 56% since the previous QOF year. This is comparable to the local average of 87% and national average of 84%.
- The percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months increased from 16% to 70%. However, performance remained below the local average of 91% and national average of 90%.
- The practice generally 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 88%; compared to CCG average of 92%; national 91%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, staff provided evidence of six clinical audits carried out in the last 12 months, which demonstrated quality improvements. From the audits we viewed, we saw that actions were effectively implemented and monitored. For example, audits demonstrated quality improvement in the monitoring of Antipsychotic and Rheumatoid Arthritis medicines. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice worked with the local Clinical Commissioning Group medicines management team who supported the practice to ensure prescribing was in line with best practice guidelines for safe prescribing.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The most recent published Quality and Outcome Framework (QOF) results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 96%. The overall exception reporting rate was below national average, for example 5% compared to the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice). Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- Staff we spoke with were aware of QOF performance and able to demonstrate actions taken to improve areas of poor performance. An anonymised sample of records we viewed showed staff were following established protocols and where required appropriate decisions were made to remove patients from QOF calculations.
- Staff we spoke with explained that the practice did have a protocol in place for reviewing patients; however, we found that this was not fully embedded. For example, staff were required to send appointment reminder letters to identified patients; this was then followed up by phone calls to encourage patients to attend appointments and required reviews**.** However, from anonymised sample of records we viewed during our inspection, we found that reviews dates were not always recorded on clinical templates.
- The practice used information about care and treatment to make improvements. For example, the practice reviewed a sample of up to 15 referral letters sent in the past 12 months. This identified gaps in the information included to ensure effective continuity of care. As a result, the practice redesigned their protocol and policy to improve the quality of referrals.

Effective staffing

Most staff had the skills, and experience to carry out their roles. For example, staff whose role included immunisation had received specific training. However, the practice did not operate an effective process to enable appropriate action when training requirements were not being met.

- Staff were provided with protected time when required in order to complete training to meet their needs. Staff we spoke with explained the system used to monitor training needs; however, oversight to ensure training needs were being met was not carried out effectively. For example, we saw gaps in the completion of training

Inadequate

Are services effective?

(for example, treatment is effective)

such as information governance, infection prevention and control for non-clinical staff, fire safety, safeguarding and Mental Capacity Act 2005 for clinical as well as non-clinical staff.

- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a process in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Practice staff mainly worked together to deliver effective care and treatment. However, there was limited evidence of joint working with other health and social care professionals.

- Records we viewed showed that all appropriate practice staff were involved in assessing, planning and delivering care and treatment. However, those in different teams, services and organisations, were not always involved. The practice had been able to establish meeting with some services such as the district nursing team.
- Patients mainly 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 was unable to demonstrate 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.
- Staff we spoke with explained they experienced difficulties co-ordinating Gold Standard Framework multi-disciplinary team meetings for patients with end of life care needs. (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life). Following a two-year gap, we were told that the practice held an engagement meeting in September 2017 to discuss joint working arrangements. Staff told us that a full GSF meeting had been scheduled for November 2017.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

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 support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 38 completed patient Care Quality Commission comment cards we received were mainly positive about the service experienced. For example, patients felt staff were caring, polite and helpful.

Results from the July 2017 annual national GP patient survey showed patients felt they were not always treated with compassion, dignity and respect. A total of 383 surveys were sent out and 69 were returned. This represented about 1% of the practice population. The practice was mainly below average for its satisfaction scores on consultations with GPs and nurses. Results also showed areas where patient satisfaction had either improved or declined since the July 2016 annual national GP patient survey. For example:

- 74% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%. Demonstrating a 4% decline since the 2016 annual national GP survey.
- 69% of patients who responded said the GP gave them enough time; compared with the CCG and national average of 86%. This demonstrated a 3% increase since the previous national GP survey.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; compared with CCG average of 96%; national average of 95%. Demonstrating a 16% improvement since the previous national GP survey.
- 66% of patients who responded said the last GP they spoke to was good at treating them with care and concern; compared with CCG average of 85%; national average of 86%. Demonstrating an 11% decline since the 2016 national GP survey.
- 81% of patients who responded said the nurse was good at listening to them; compared with CCG average of 90%; national average of 91%.
- 81% of patients who responded said the nurse gave them enough time; compared with CCG average of 91%; national average of 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; compared with CCG and national average of 97%.
- 77% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; compared with CCG average of 88%; national average of 91%.
- 70% of patients who responded said they found the receptionists at the practice helpful; compared with CCG average of 83%; national average of 87%. This demonstrates a 13% improvement in patient satisfaction since the 2016 national GP survey.

Staff we spoke with explained that the practice were aware of the national GP survey results and had planned to discuss the results during forthcoming governance meetings, however at the time of our inspection the practice had not devised an action plan to improve patient satisfaction . The practice had carried out their own surveys; however, surveys were not directly linked to improving patient satisfaction in areas where the practice were below local and national averages. For example, the practice carried out a survey to assess patients' satisfaction with the changes to improve the lighting in reception and communal areas.

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 explained that they noticed an increase in Romanian speaking patients; as a result, the practice increased the range of leaflets available in other languages.

- 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 proactively identified patients who were carers. For example, the practice encouraged self-identification by ensuring their new registration form included questions to enable the practice to identify carers, posters were located in patient waiting areas and staff proactively asked patients questions regarding their carer status. The practice's computer system alerted GPs if a patient was also a carer and staff ensured carers' status remained accurate within clinical records. The practice had identified 80 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- 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.

Results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages:

- 69% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care; compared with CCG and national average of 82%.
- 72% of patients who responded said the last nurse they saw was good at explaining tests and treatments; compared with CCG average of 88%; national average of 90%.
- 68% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG compared with 84%; national average of 85%. This demonstrated a 11% decline since the July 2016 national GP survey.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs in some areas. It took account of patient needs and preferences. However, there was minimal engagement with other health care professionals and plans to ensure continuity of access to a practice nurse or health care assistant had not been clearly defined.

- The practice understood the needs of its population and tailored some services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments and patients had access to an advice service for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice made use of interpretation services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was not always coordinated with other services. For example, multidisciplinary meetings were not always being carried out. Staff we spoke with explained that there were aiming to develop a more integrated approach to manage patient care. For example, the practice commenced holding dedicated diabetes management clinics jointly with the community diabetes team and were planning on holding clinics jointly with the community respiratory nurse.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with health visitors. Staff explained that a preliminary meeting with the district nurse to discuss joint working arrangements to attend to the needs and improve the management of patients with complex medical issues had been arranged for November 2017.

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. Anonymised records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- Patients had online access through the clinical system as well as access through an app, this allowed flexible access for patients who have work or study commitments during the day.
- Telephone and GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. The practice allowed the local addiction service to use their premises as a satellite location. Data provided by the practice showed that 23% of patients receiving support for drug dependency had a medication review

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

and care plans in place and 94% had a face-to-face review in the past 12 months. Data provided also showed that 17% of patients, receiving support for alcohol dependency had a care plan in place, 26% received a medication review and 94% had a face-to-face which did not include a medication review in the past 12 months.

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

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system for following up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Access to the service

Patients were mainly able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to appointments carried out by GPs for initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. However, results showed some improvement since the July 2016 national GP patient survey. This was supported by observations on the day of inspection and completed comment cards.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%. This demonstrates an 8% decline since the July 2016 national GP survey.
- 40% of patients who responded said they could get through easily to the practice by phone; compared with CCG average of 59%; national average of 71%. This demonstrates a 6% increase since the 2016 national GP survey.
- 73% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared with CCG average of 80%; national average of 84%. This demonstrates a 27% improvement since the July 2016 national GP survey.
- 62% of patients who responded said their last appointment was convenient; compared with CCG average of 75%; national average of 81%.
- 52% of patients who responded described their experience of making an appointment as good; compared with CCG average of 66%; national average of 73%.
- 24% of patients who responded said they do not normally have to wait too long to be seen; compared with CCG average of 51%; national average of 58%.

Staff explained that there were issues regarding the number of missed appointments and there were plans to carry out an audit on a monthly basis to identify how much time were being lost due to missed appointments. However, at the time of our inspection the practice had not commenced this work and the practice did not have a policy or procedure for managing patients who missed their appointments.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed one complaint and found that it was satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, staff were reminded of the importance of providing patients with accurate information and staff were required to familiarise themselves with the practice appointment allocation procedure.
- Following feedback from patients the practice carried out a survey to assess patients' satisfaction with the changes to improve the lighting in reception and communal areas. Data provided by the practice showed 25 survey forms were handed out and completed between October and November 2017, 99% of patients were satisfied with the changes.

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 as inadequate for providing a well-led service. This was because the delivery of high quality care was not assured by the leadership and governance structure within the practice.

Leadership capacity and capability

Leaders had the capacity and skills to deliver care.

- Leaders had the experience; however, were unable to demonstrate the capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and staff we spoke with explained they were addressing them. For example, the practice were holding informal discussions with a neighbouring practice regarding future succession planning.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear set of values. The practice had a strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice mainly planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy. Risks related to succession plans had been identified and informal discussions with a neighbouring practice had taken place. The practice informed us they had regular contact with the CCG regarding their plans for the future. Members of the management team explained that the practice planned to formalise their strategy following our inspection.

Culture

The practice had a culture of aspiring to deliver high-quality sustainable care. However, there were areas where systems and processes to support this aspiration was not fully embedded.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that complaints were well managed taken seriously and responded to in a timely way. However, some processes were not fully embedded and we saw differences in how members of the management team responded to incidents. Documentation provided by members of the management team showed the practice's internal incident policy and procedure was not consistently followed. The practice was unable to demonstrate a consistent approach to shared learning or actions aimed at preventing the same thing happening again. Members of the management team we spoke with explained that informal discussions had been carried out with staff involved in all documented incidents. However, there was no system to bring all this together in order to identify themes and trends.
- The practice 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.
- There were processes for providing all staff with regular annual appraisals, which included discussions around the development they need. Staff received an appraisal in the last year and were supported to meet the requirements of professional revalidation where necessary. Members of the management team explained that clinicians who required additional support with using the practice clinical IT systems were receiving external support and guidance as part of their

Are services well-led?

Inadequate

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

personal professional development plan. However, we found gaps in staff training and the practice did not operate an effective system to monitor and address learning needs.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Some staff had received equality and diversity training and staff we spoke with felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities and systems of accountability throughout the clinical team; however, the management team had not established good governance and management processes. For example:

- Roles and responsibilities throughout the non-clinical management team were not fully defined. Staff we spoke with explained that they had identified this as an issue and the impact this were having on practice processes and line of accountability. We were told that informal discussions had taken place to enable more clarity on roles and responsibilities.
- Structures, processes and systems to support good governance and management were not always set out, and fully understood. The governance and management of partnerships working arrangements and shared services promoted interactive and co-ordinated person-centred care in some areas. For example, joint working arrangements with the local addiction service had been established; however, the practice had not established an effective method to ensure multidisciplinary meetings with other health care professionals occurred at regular intervals.
- Staff were clear on their individual roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However; not all staff were aware of policies such as whistleblowing. Staff we spoke with explained that they would approach members of the management team or Clinical Commissioning Group if needed.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, oversight of some of these processes were not carried out effectively. For example:

- The process to identify, understand, monitor and address current and future risks including risks to patient safety was not managed effectively. For example, measures to reduce or remove identified fire related risks within an agreed timescale had not been established. The practice did not develop an effective plan to address issues relating to clinical staffing levels as soon as they became aware of the risks. For example, the health care assistant had handed in her notice and at the time of our inspection, was towards the end of her working contrat. However, alternative measures to ensure continuity of access to health care assistants and nurses while the practice carried out their recruitment campaign had not been established. Following our inspection, the practice provided assurance that they were communicating with a female salaried GP and employment start dates had been confirmed. Members of the management team also explained that they were communicating with recruitment agencies regarding the recruitment of a practice nurse and health care assistant.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders did not have clear oversight of MHRA alerts or incidents. Following our inspection, the practice provided documentation which showed systems for sharing MHRA alerts and ensuring required actions were completed had been introduced.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Are services well-led?

Inadequate

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

- The practice had plans in place and had trained staff for some major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information in most areas.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice implemented a new process for managing QOF performance. However, the plans to improve on areas of performance required further time to become fully embedded.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements which were in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, and staff to support the delivery of sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, in response of patient feedback the practice recruited a female GP. Documents provided by the practice showed that access to a female GP would commence December 2017.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. However, actions aimed at improving service delivery were not always taken.

- There was some evidence of continuous learning and improvement within the practice. However, the practice did not react sufficiently to areas of improvement identified in the national GP patient survey.
- The practice did not operate an effective system to ensure that all improvement methods were fully embedded. For example, the new process relating to the management of incidents were not being followed consistently.
- The practice made use of internal complaints; however did not always make effective use of incidents. There was some evidence, which demonstrated learning was shared and used to make improvements; however, shared learning was not consistent.
- Leaders and managers encouraged staff to take time out to review individual and team objectives.

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 **How the regulation was not being met:** The registered person had systems and processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: Systems and processes to enable the provider to identify, assess and introduce measures to reduce risk were not carried out effectively. For example, remedial actions required to reduce fire related risks had not been carried out. The provider did not ensure governance systems remained effective. In particular, the provider did not ensure that systems and processes were fully embedded. The provider did not establish systems to ensure regular monitoring of patient satisfaction or analyse survey results in order to drive improvements to patients experience of engaging with the provider. Oversight to ensure staff follow practice protocols for measuring performance and the quality care provided against programmes such as Quality and Outcomes Framework were not carried out effectively. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and professional development as was necessary to enable them to carry out the duties they were employed to perform. In particular, information governance, fire safety, safeguarding and Mental Capacity Act 2005.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not ensure care and treatment is provided in a safe way to patients. In particular: The registered person were unable to demonstrate compliance with relevant Patient Safety Alerts, recalls and rapid response reports. The registered person did not ensure that all Incidents that affect the health, safety and welfare or people using the service were reviewed, thoroughly investigated and monitored to make sure that action was taken to remedy the situation, prevent further occurrence and make sure that improvements are made as a result. The registered person did not actively work with others externally to make sure that care and treatment remains safe for people using services. The registered person did not provide assurance that staff worked within the scope of their qualifications, competence, skills and experience. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.