

Dr Thomas Barnwell

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Little Venice Medical Centre on 19 September 2016. Overall the practice is rated as Inadequate.

The provider had been previously inspected on 1 December 2015 and was rated as 'Requires Improvement' for Safe and Effective; 'Good' for Caring and Responsive; and 'Inadequate' for Well Led. This inspection was planned to check the action taken in response to findings of the inspection undertaken on 1 December 2015 to consider whether sufficient improvements had been made. The lead GP had decided not to attend the inspection on 19 September 2016 and was therefore asked to provide comments and evidence to support the inspection via email following our visit.

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

- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

- Staff understood and fulfilled their responsibilities to raise concerns, however not all staff were clear about reporting incidents and there was no evidence of learning shared with staff to improve safety within the practice.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement initiatives.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had a number of policies and procedures to govern activity, but the majority were overdue a review.
- The practice had not proactively sought feedback from patients and the patient participation group was not active.

The areas where the provider must make improvements are:

- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

Summary of findings

- Develop effective systems and processes to ensure safe care and treatment including reporting and learning from significant events; consistent monitoring of the temperature of the medicines fridge and implementation of infection control procedures including infection control audit, correct use and disposal of sharps boxes and cleaning of clinical curtains.
- Undertake a risk assessment for the omission of glucagon and rectal diazepam from the emergency medicines kit.
- Ensure all staff have access to essential information and training including safeguarding and basic life support to enable them to carry out the duties they are employed to perform. Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure Patient Group Directions are signed by the appropriate persons to allow practice nurses to administer medicines in line with legislation.
- Ensure appropriate recruitment checks are documented for all locum GPs and agency nurses working at the practice in line with regulations.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Carry out clinical audits including re-audits to ensure improvements have been achieved. Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.

- Seek and act on feedback from patients.

In addition the provider should:

- Consider improving communication with patients who have a hearing impairment.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 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.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

Inadequate



- The system in place for reporting and recording significant events required improvement. We saw no evidence to demonstrate any significant events had been recorded since 2015.
- Not all non-clinical staff had received safeguarding training relevant to their role.
- Appropriate recruitment checks for locum GPs and agency nurses working at the practice were inconsistent.
- Infection control procedures within the practice required improvement.
- Medicines management arrangements required improvement including monitoring of the temperature of the medicines fridge.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- There was no system in place to ensure all clinical staff were up to date to deliver care and treatment that met peoples' needs in line with current evidence based guidance.
- Patient outcomes were hard to identify as little or no reference was made to second-cycle audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- The system in place for the recall of patients with long term conditions was not effective.
- Not all staff had received essential training such as safeguarding, fire procedures, basic life support and information governance awareness.

Summary of findings

- The learning needs of staff were not identified as there was no system in place for one-to-one meetings, coaching and mentoring or clinical supervision.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

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

- The practice did not engage with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice offered extended hours on Saturdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Translation services were available however there was no hearing loop system provided to assist patients with reduced ranges of hearing.
- Wheelchair bound patients accessed the surgery through the adjacent medical centre as there were no ramp facilities available outside the practice.

Requires improvement



Summary of findings

- Patients could get information about how to complain in a format they could understand. However, it was unclear who acted as the practice lead for complaints as the complaints policy required updating.

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a clear vision and strategy and staff were unsure of the succession plans for the practice.
- The practice had a number of policies and procedures to govern activity, but these had not been reviewed and updated to reflect changes in personnel who acted as leads and responsible persons.
- There was no programme of clinical and internal audit used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice was not maintained.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective.
- The practice did not hold regular meetings and staff communicated practice information between themselves.
- The practice had not proactively sought feedback from staff or patients and did not have an active patient participation group or undertook any analysis of the Friends and Family test.

Inadequate



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

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe and well-led and requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for people with long term conditions. The provider was rated as inadequate for safe and well-led and requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- It was unclear which staff had lead roles in chronic disease management.
- We were not assured the system in place for the recall of patients with long term conditions was effective. Our previous inspection found not all of these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met. We were unable to assess care plans and reviews for patients at this inspection due to the lead GP not attending the inspection.
- Performance for diabetes related indicators were in line with the national averages. The percentage of patients with diabetes, on the register, who received an influenza immunisation, was 92% in comparison to the national average of 94%; and the percentage of patients with diabetes, on the register, who received a foot examination, was above the national average at 96% in comparison with 88%.
- Longer appointments and home visits were available when needed.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led and requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to the CCG and national averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 64%, which was above the CCG average of 57% but below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people. The provider was rated as inadequate for safe and well-led and requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on Saturdays from 9:30am-12:45pm for working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of vulnerable people. The provider was rated as inadequate for safe and well-led and requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Inadequate



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children however not all non-clinical staff had received formal training in safeguarding.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health. The provider was rated as inadequate for safe and well-led and requires improvement for effective and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators was above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 95% and the national average is 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 95% which was above the national average of 84%. We were unable to assess the provision of mental health care for patients in further detail due to the lead GP not attending this inspection.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty one survey forms were distributed and 95 were returned. This represented 2% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable and caring.

Areas for improvement

Action the service **MUST** take to improve

- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Develop effective systems and processes to ensure safe care and treatment including reporting and learning from significant events; consistent monitoring of the temperature of the medicines fridge and implementation of infection control procedures including infection control audit, correct use and disposal of sharps boxes and cleaning of clinical curtains.
- Undertake a risk assessment for the omission of glucagon and rectal diazepam from the emergency medicines kit.
- Ensure all staff have access to essential information and training including safeguarding and basic life support to enable them to carry out the duties they are employed to perform. Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.

- Ensure Patient Group Directions are signed by the appropriate persons to allow practice nurses to administer medicines in line with legislation.
- Ensure appropriate recruitment checks are documented for all locum GPs and agency nurses working at the practice in line with regulations.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Carry out clinical audits including re-audits to ensure improvements have been achieved. Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.
- Seek and act on feedback from patients.

Action the service **SHOULD** take to improve

- Consider improving communication with patients who have a hearing impairment.

Dr Thomas Barnwell

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 adviser and a second CQC inspector.

Background to Dr Thomas Barnwell

Little Venice Medical Centre provides GP primary medical services to approximately 4,796 patients living in the London Borough of Westminster. The borough of Westminster has a diverse population being home to some of the wealthiest people in Britain alongside a high proportion of people living in poverty. A large proportion of the local population speak English as a second language.

At the time of our inspection in December 2015 the practice team was made up of one male GP, three female locum GPs, two agency practice nurses, a practice manager, Health Care Assistant and seven administrative staff. The majority of staff working at the practice at this time had temporary contracts of employment. The provider informed us during our inspection of negotiations which were underway for an imminent take-over of the practice by another provider.

At the time of our inspection in September 2016 the practice team was made up of one male GP, two new female GP locums, two new agency nurses, a Health Care Assistant and seven administrative staff, two of which were new employees. We saw evidence of new administrative

staff having permanent contracts in place. At this inspection the provider again informed us of negotiations which were underway for an imminent take-over of the practice by another provider.

The practice is open between 9:00am-1:00pm and 2:00pm-6:30pm on Monday; 9:00am-1:00pm and 2:00pm-7:00pm Tuesday to Friday and 10:00am-12:45pm on Saturdays. Appointments are from 9:00am-12:30pm and 2:20pm-5:40pm on Mondays; 9:00am-12:30pm and 2:00pm-7:00pm on Tuesdays; 10:30am-12:40pm and 4:30pm-7:00pm on Wednesdays; 9:00am-12:30pm and 2:30pm-7:00pm on Thursdays; 10:30am-12:40pm and 4:30pm-7:00pm on Fridays; and 10:00am-12:30pm on Saturdays. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the London Central and West Out of Hours and the NHS '111' service for healthcare advice during out of hours.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. The provider had been previously inspected on 1 December 2015 and was rated as 'Requires Improvement' for Safe and Effective; 'Good' for Caring and Responsive; and 'Inadequate' for Well Led. This inspection was planned to check the action taken in response to findings of the inspection undertaken on 1 December 2015 to consider whether sufficient improvements had been made and to check whether the provider is now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 September 2016. The lead GP was not present for this inspection and was therefore invited to comment and provide evidence to support the inspection after our visit.

During our visit we:

- Spoke with a range of staff (administrative staff, Health Care Assistant, locum GP- the lead GP did not attend the inspection) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events was inadequate.

- Staff told us they would inform the GP of any incidents however not all staff were aware there was an incident recording form available on the practice's computer system. The lead GP told us there was an 'Incident Book' for staff to record incidents. We saw no evidence of any significant events recorded since the last inspection visit in December 2015 however the lead GP told us there had been three significant events in the past 12 months.
- We saw no evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again in accordance with the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, the lead GP told us if a patient is affected by an incident, they received a verbal and written apology.
- We saw no evidence of practice meeting minutes since our last inspection in December 2015 to demonstrate incident reports and patient safety alerts were discussed or that lessons were shared and action was taken to improve safety in the practice. However, the lead GP told us these had been discussed with staff at staff meetings.

Overview of safety systems and processes

The practice systems and processes in place to keep patients safe and safeguarded from abuse were inadequate:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and we saw posters in the reception area detailing these contact telephone numbers for leads within social services. The lead GP was the lead member of staff for safeguarding. On both inspections we found staff demonstrated they

understood their responsibilities however, not all non-clinical staff had received training relevant to their role. GPs were trained to Safeguarding level 3. We found no evidence of safeguarding training for the agency practice nurses.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Arrangements in place for infection control within the practice required improvement. The practice premises were observed to be clean and tidy. However, there had been no infection control audit since June 2015; we found clinical curtains within the nurses' room and a GP consultation room had not been changed since 2015; some sharp boxes in use had not been appropriately dated and we found one full sharps box which was dated 2015 and overdue for disposal. On both inspections we found there was no lead identified for infection control as the practice nurses were employed on a temporary basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required improvement. Our previous inspection found the practice did not carry out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The lead GP told us the practice had undertaken prescribing incentive scheme audits; however, we were not provided with evidence of these.

Prescription pads were securely stored and there were systems in place to monitor their use. On both inspections we found Patient Group Directions (PGDs) had not been signed by staff to allow practice nurses to administer medicines in line with legislation. At our inspection in December 2015 we raised this issue with the practice manager and arrangements were made for this to be completed following our inspection; however, at our inspection in September 2016 there were two new agency

Are services safe?

nurses working at the practice and PGDs for these staff members had not been signed. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD).

We reviewed the documentation relating to the monitoring of the temperature of the medicines fridge and found it was inconsistently monitored. For example, in the month of September 2016 we found six days when the practice was open the fridge monitoring had not been undertaken.

- We reviewed hard copy personnel files for six administrative staff and the Health Care Assistant and found At our previous inspection we found inconsistent recruitment checks had been documented within the personnel files for the locum GPs and agency nurses. We reviewed the electronic personnel files for the new GP locums and agency nurses working currently at the practice and found inconsistent recruitment checks were still an issue. The lead GP told us one of the administration team was responsible for checking locum GPs GMC registration; indemnity insurance; qualifications and appraisals. At our previous inspection the practice manager told us the practice relied upon external agencies to undertake the necessary checks for agency and locum staff.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There was a health and safety policy available and the practice had an up to date fire risk assessment. At our previous inspection we found the fire extinguishers had not been serviced since July 2013 and this had been identified as part of the fire risk assessment but had not been actioned. However, we found on this inspection this issue had been rectified and fire extinguishers had been serviced appropriately.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice arrangements in place to respond to emergencies and major incidents required improvement.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and there were emergency medicines available in the treatment room.
- Since our last inspection, not all staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, we found there was no glucagon used for treating hypoglycaemia or rectal diazepam used for treating epileptic seizures and there was no evidence of a risk assessment undertaken for the decision for these medicines to be omitted from the emergency medicines kit.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were not assured that the practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There was no system in place to ensure all clinical staff were kept up to date to deliver care and treatment that met peoples' needs. The lead GP told us NICE guidelines were available on a link on the practice computer system and all GPs and nurses were aware of this.
- There was no evidence the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Our previous inspection found the lead GP did not demonstrate a comprehensive understanding of the performance of the practice. We were told there was no effective system in place for the recall of patients with long term conditions following the departure of one of the practice nurses in August 2015. As part of this inspection the lead GP told us there was a register of patients with long term conditions and these patients were invited to attend for review of their condition and treatment.

The most recent published Quality and Outcomes Framework (QOF) results were 99% of the total number of points available. (QOF is a system intended to improve the quality of general practice and reward good practice and exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the national averages. For example, the percentage of patients with diabetes, on the register, who received an influenza immunisation, was 92% with 14% exception reporting in comparison to the national average of 94% and 18% exception reporting; and the percentage of patients with

diabetes, on the register, who received a foot examination, was above the national average at 96% with 5% exception reporting in comparison with 88% and 8% exception reporting.

- Performance for mental health related indicators was above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 95% and the national average is 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 95% with 10% exception reporting which was above the national average of 84% and 8% exception reporting.

The lead GP told us the practice had undertaken prescribing incentive scheme; A&E attendance; medicine coding and vaccine administration audits; however, we were not provided with evidence of these. We looked for evidence of quality improvement initiatives and there wasn't any. At both inspections there was no evidence of any practice based second-cycle audits completed in the last two years where improvements made were implemented and monitored. Prescribing incentive scheme audits are not second-cycle audits.

Effective staffing

On both inspections we were not assured staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have an induction programme for newly appointed staff to cover essential topics as safeguarding, infection prevention and control, fire safety and health and safety. There were no induction packs for clinical staff including locum GPs.
- The learning needs of staff were not identified as there was no system in place for one-to-one meetings, coaching and mentoring or clinical supervision. Staff told us this was as a result of the uncertainty of the future plans for the practice.
- There were no systems in place to demonstrate the practice ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- We saw evidence of training certificates to demonstrate that practice nurses administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Not all staff had received essential training such as safeguarding, fire procedures and basic life support.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- Two members of staff had undertaken dementia awareness training to help them to understand the difficulties faced by patients with dementia and those at risk of dementia.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

On our previous inspection in December 2015 we saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The MDT 'Village' meetings attendance included representatives from six local practices, district nurses, palliative care and social workers. On this inspection staff told us these MDT meetings had continued to take place.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 64%, which was above the CCG average of 57% but below the national average of 82%. Telephone reminders were provided for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 45% to 84% and five year olds from 63% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Patients we spoke with said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 81%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Our previous inspection found the translation service was not advertised to patients however, we observed notices in the reception areas informing patients this service was available on this inspection. The practice website featured a translation function for patients to be able to read all the information about the practice in their preferred language and some staff members were able to speak additional languages to English.
- The lead GP told us patients were routinely educated and informed about their condition by the use of images and videos and other educational material from the internet.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (1% of the practice list). One staff member was

Are services caring?

nominated as the lead for carers and a 'Carers Pack' was available providing written information was available at reception to direct carers to the various avenues of support available to them. The lead GP also told us there was a carer's action plan on the shared drive.

Staff told us that if families had suffered bereavement, the GP contacted them and they were offered a patient consultation at a flexible time and referred to the in-house counsellor as required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice did not engage with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Saturdays from 9:30am-12:45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Translation services were available however there was no hearing loop system provided to assist patients with reduced ranges of hearing.
- Wheelchair bound patients accessed the surgery through the adjacent medical centre as there were no ramp facilities available outside the practice.

Access to the service

The practice was open between 9:00am-1:00pm and 2:00pm- 6:30pm on Monday; 9:00am-1:00pm and 2:00pm-7:00pm Tuesday to Friday; and 10:00am-12:45pm on Saturdays. Appointments were from 9:00am-12:30pm and 2:20pm-5:40pm on Mondays; 9:00am-12:30pm and 2:00pm-7:00pm on Tuesdays; 10:30am-12:40pm and 4:30pm-7:00pm on Wednesdays; 9:00am-12:30pm and 2:30pm-7:00pm on Thursdays; 10:30am-12:40pm and 4:30pm-7:00pm on Fridays and 10:00am-12:30pm on Saturdays. Between 1:00pm and 2:00pm Monday to Friday, patients with an emergency were able to contact the lead GP via his mobile telephone. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 91% patients said they could get through easily to the surgery by phone (national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception team recorded the patient details of those requesting a home visit and these were passed on to the GPs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice system for handling complaints and concerns required improvement.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice policy however stated the practice manager was the designated 'Complaints Manager' who was responsible for handling complaints. As there was no practice manager in post since January 2016, it was unclear who was taking the lead for this role.
- We saw that information was available to help patients understand the complaints system on the practice website.

We did not have access on our inspection to any complaints which may have been made since our last visit to the practice in December 2015; however, of the four complaints received in 2015, it was unclear what lessons were learned in response to these and what action was taken to improve the quality of care. The lead GP told us there was one complaint made by a patient in relation to an agency nurse and the patient was satisfied with the action taken by the practice.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

Our previous inspection found the practice did not have a specific vision to deliver high quality care and promote good outcomes for patients and there was no strategy in place to deliver this. We found no evidence on this inspection that a practice vision or strategy had been developed following our last visit. On both inspections we were told that the lead GP was planning to retire and found staff were unsure of the succession plans for the practice. Following our inspection the lead GP told us the practice vision was to provide excellent patient care in a caring, compassionate, empathetic manner but always mindful that care must be effective and relevant to the patients' needs and wishes.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of good quality care:

- On both inspections we found the staffing structure and staff roles and responsibilities within the practice were unclear.
- Practice specific policies were available for staff; however, we were not assured these had been implemented and some required updating in relation to nominated leads. The lead GP told us he was the lead for all areas but this was not reflected within all of the practice policies.
- A comprehensive understanding of the performance of the practice was not maintained and there was no performance benchmarking with other practices.
- There was no quality improvement programme including second-cycle clinical and internal audit used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective.

Leadership and culture

There was a lack of leadership within the practice as a result of the lead GP's plans to leave the practice. There had been no practice manager in post since January 2016 and clinical staff, other than the Health Care Assistant, were employed on temporary contracts.

We were not assured the provider was aware of and complied with the requirements of the Duty of Candour.

The leadership structure was unclear and not all staff felt supported.

- Staff told us the practice did not hold regular formal team meetings. We asked staff with the absence of meeting minutes how they kept themselves up to date with practice information. We were told staff kept each other up to date verbally and wrote messages in a book on reception.
- Staff were not involved in discussions about how to develop the practice.

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

The practice did not proactively seek patient feedback or engage with patients and staff in the delivery of the service.

- The practice did not have an active patient participation group (PPG) in place to gather feedback from patients. We were provided with evidence of a PPG meeting held in 2014 and staff told us the practice was currently trying to recruit new patients to the group.
- The practice was seeking feedback through the 'Friends and Family Test' survey and we observed this was available for patients to complete at the reception desk. However, there was no formal analysis of the results or communication with patients on action being taken by the practice in response to their feedback since January 2015.
- Staff were not involved or engaged with how the practice was run. On both inspections staff told us team meetings were infrequent and they were unsure of the succession plans for the practice.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess risks to the health and of service users and mitigate any such risks.</p> <ul style="list-style-type: none">• Not all staff had received basic life support training.• Not all staff had received formal training commensurate to their role in Safeguarding children and adults.• Patient Group Directions had not been signed by the appropriate persons to allow practice nurses to administer medicines in line with legislation.• Effective systems were not in place to assess risks to the health and of service users and mitigate any such risks including reporting and learning from significant events;• consistent monitoring of the temperature of the medicines fridge;• implementation of infection control procedures including infection control audit, correct use and disposal of sharps boxes and cleaning of clinical curtains. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The leadership structure required clarification and review to ensure there is leadership capacity to deliver all improvements.

Enforcement actions

Treatment of disease, disorder or injury

- Formal governance arrangements required development including systems for assessing and monitoring risks and the quality of the service provision.
- Second-cycle audits had not been carried out to ensure improvements had been made.
- There was no system in place to ensure clinicians were kept up to date with national guidance.
- Recruitment checks for clinical staff was inconsistent.
- Practice policies required review and updating to provide staff with appropriate guidance to carry out their roles in a safe and effective manner which is reflective of the requirements of the practice.
- The provider did not proactively seek and act on feedback from patients.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.