The Haymarket Health Centre

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at The Haymarket Health Centre on 11 January 2017. Overall the practice is rated as inadequate.

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

- Staff did not sufficiently understand their responsibilities to raise concerns, and to report incidents and near misses. We found that there was insufficient reporting of significant events and that some staff were unaware of the procedure.
- Risks to patients were not assessed and well managed. We found that The Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates had not been actioned.
- The majority of patients said they were treated with compassion, dignity and respect.
- There was not a clear leadership structure as the practice had gone through a period of unsettlement due to GPs leaving and a problem with recruitment of new GPs. The new leadership structure was very new and not yet embedded. The practice was aware of this and had implemented measures to address it, including requesting support from NHS England.
- Appointment systems were not working well so patients did not receive timely care when they needed it. Patients said they found it difficult to make an appointment with a GP and on the day of the inspection there were insufficient appointments to meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Introduce processes for reporting, recording, acting on and monitoring significant events, incidents, Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates and near misses in order to prevent avoidable harm to patients.
- Introduce a procedure to ensure that all medicines, including emergency medicines in the GP's bag, are not out of date to prevent patients from receiving unsafe care or treatment.
- Carry out quality improvement activity including re-audits to ensure improvements have been achieved.
- Introduce safeguarding meetings in partnership with other relevant bodies to regularly review outcomes for patients using the service.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity and good governance to deliver all improvements.
- Review the training of chaperones to ensure that they perform the duty correctly and keep patients safe.

In addition the provider should:

- Improve processes for making appointments.
- Increase the identification and support to carers on the practice list.
- Ensure whole team meetings and sharing of information with staff are embedded in practice.
- Ensure that all staff have an annual appraisal.

I am placing the service into 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 vary the provider's registration to remove this location or cancel the provider's registration.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing effective services.

- Safety was not prioritised. There was limited monitoring of safety. There were few reports of serious incidents or significant events and there were no significant event or pathology results management protocols. There was limited evidence that lessons were shared from incidents reported, to make sure action was taken to improve safety in the practice. Some staff were not clear how to raise concerns.
- Safeguarding meetings were not held.
- Systems, processes and practices were not always reliable or appropriate to keep people safe. Monitoring whether safety systems were implemented was not reliable. There had been no Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates actioned, there was no protocol and no searches had been done.
- There were periods of understaffing or inappropriate skill mix, which were not addressed quickly. Substantial or frequent staff shortages increased risks to people who used services.
- Medicines in the GP's bag were out of date.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Requires improvement

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

- The outcomes of peoples' care and treatment was not always monitored regularly or sufficiently. Few clinical audits were carried out and participation in local audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality with the exception of those undertaken by nursing staff. They had good links with stakeholders and could provide positive examples of activities to improve patient outcomes.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision, professional development and support for revalidation.
- There was limited participation in multidisciplinary working.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice comparable with others for several aspects of care.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment, however some patient survey results were below local and national averages in this area.
- The practice had identified only 0.8% of the practice population as carers.
- 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. Some patients stated that they had no access to a female GP.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example; the practice had acknowledged that they were struggling with recruitment issues after several key members of staff had left. They had contacted NHSE to request support.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- People found the appointments system difficult to use, including appointments not being available for urgent cases. Patients reported considerable difficulty in accessing a named GP and poor continuity of care.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The vision and values were not yet embedded due to a new leadership and management team. Clinical leadership was not evident.

Summary of findings

- Risks, issues and poor performance are not always dealt with appropriately or in a timely way.
- Staff satisfaction was mixed. Staff did not always feel actively engaged or empowered by the new management team. There was some evidence of division between groups of staff.
- The approach to service delivery and improvement had been reactive and focused on short term issues. Improvements had not always been identified or action not always taken. Where changes had been made, the impact on the quality of care had not been fully understood nor monitored.
- The practice had a number of policies and procedures to govern activity. Staff and nurse meetings had been held regularly, however clinical and safeguarding meetings had not been held.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. Some of the factors leading to this rating cross all population groups.

- The practice had referred patients to Age UK for assessment of needs; however this service had now ended. The practice now had an Elderly Care Facilitator who identified elderly patients who may be at risk of unplanned admission to hospital or who may have unmet needs.
- The practice offered home visits and urgent appointments for older people with enhanced needs, however some people told us that they were unable to get through on the telephone to book an appointment.
- Weekly visits were made to a local care home by a dedicated GP.
- Practice nurses provided care to care home residents with regard to long term conditions care, advanced care planning and avoidance of unplanned admission to hospital, however no safeguarding meetings were held.
- MHRA drug safety updates had not been searched for or actioned upon, which meant that patients may be at risk of harm.
- There were insufficient appointments due to staff shortages.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. Some of the factors leading to this rating cross all population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 79% which was comparable with local figures of 83% and national figures of 80%.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 69% which was lower than local figures of 78% and national figures of 78%.

Summary of findings

- Longer appointments and home visits were available when needed.
- Patients with a long term condition had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. However we found that new guidance was not shared and discussed in clinical meetings.
- MHRA safety alerts had not been searched for or actioned upon, which meant that patients may be at risk of harm.
- There were insufficient appointments due to staff shortages.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. Some of the factors leading to this rating cross all population groups.

- 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, however safeguarding meetings were not held. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 73% which was lower than local figures of 79% and national figures of 81%.
- Patients told us that they did not have a choice of GP gender as they were all male.
- Some patients stated that staff performing chaperone duties stood outside of the curtain therefore not ensuring that patients were safely treated.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- MHRA safety alerts had not been searched for or actioned upon, which meant that patients may be at risk of harm.
- There were insufficient appointments due to staff shortages.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). Some of the factors leading to this rating cross all population groups.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified, however the lack of GPs made it difficult to get an appointment.
- 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.
- MHRA safety alerts had not been searched for or actioned upon, which meant that patients may be at risk of harm.
- There were insufficient appointments due to staff shortages.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. Some of the factors leading to this rating cross all population groups.

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability; however we were told that annual reviews were not currently undertaken for patients 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, however no safeguarding meetings were held.
- 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. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- MHRA safety alerts had not been searched for or actioned upon, which meant that patients may be at risk of harm.
- There were insufficient appointments due to staff shortages.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). Some of the factors leading to this rating cross all population groups.

Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 85% which was lower than the local average of 90% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- MHRA safety alerts had not been searched for or actioned upon, which meant that patients may be at risk of harm.
- There were insufficient appointments due to staff shortages.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below, and in some cases in line with, local and national averages. 290 survey forms were distributed and 105 were returned. This represented just less than 1% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% 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%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We only received one comment card which was negative about the standard of care received.

We also received five CQC patient questionnaires given out to patients during the inspection. These were mostly positive however patients said that they were unable to get an appointment, even urgently on the same day, and there was no option of seeing a female GP. Patients said staff were approachable, committed and caring. The recent results from the friends and families test indicated that 82% were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Introduce processes for reporting, recording, acting on and monitoring significant events, incidents, Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates and near misses in order to prevent avoidable harm to patients.
- Introduce a procedure to ensure that all medicines, including emergency medicines in the GP's bag, are not out of date to prevent patients from receiving unsafe care or treatment.
- Carry out quality improvement activity including re-audits to ensure improvements have been achieved.
- Introduce safeguarding meetings in partnership with other relevant bodies to regularly review outcomes for patients using the service.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity and good governance to deliver all improvements.
- Review the training of chaperones to ensure that they perform the duty correctly and keep patients safe

Action the service SHOULD take to improve

- Improve processes for making appointments.
- Increase the identification and support to carers on the practice list.
- Ensure whole team meetings and sharing of information with staff are embedded in practice.
- Ensure that all staff have an annual appraisal.

The Haymarket Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC Inspector and a GP specialist advisor.

Background to The Haymarket Health Centre

Haymarket Health Centre, Dunning Street, Tunstall, Stoke On Trent, Staffordshire, ST6 5BE is a GP practice. The practice covers the area of Tunstall. The area of Tunstall is measured as having one of the highest levels of deprivation in the country. The building is leased, which is under negotiation at present. The practice has a General Medical Services (GMS) contract and also offers a range of enhanced services.

The practice had premises and recruitment issues in the last year. A request for support was made by the practice from NHS England The 'Supporting Change in General Practice' team, an action plan was developed to address the concerns and this was implemented. This resulted in a change of governance and new leadership in October 2016 and the practice is now operated by the GPs of a practice which is situated approximately four miles away. The practice is undergoing a period of change and adjustment and they have successfully recruited GPs and Nurse Practitioners who are due to commence work within a month. The aim of the collaboration is to facilitate cross site working, and they have already implemented shared policies and procedures enabling staff to access information technology and training facilities at both sites. The practice are currently in the process of updating their registration details with the Care Quality Commission due to the changes in staff.

There are two GP partners and a salaried GP, all full time (all male), a business partner, a practice manager, an assistant practice manager, three Nurse Practitioners, one full time, one 0.92 Whole Time Equivalent (WTE), one 0.135 WTE (all female), three practice nurses, one full time, one 0.92 WTE and one 0.27 WTE (all female), two health care assistants one 0.86 WTE and one 0.95 WTE, (both female), twelve receptionists, three administrative staff and two secretaries. The practice told us that they had been relying on locum GP cover but that now clinical staff would be utilised from the practice that had taken over the contract. The practice has a patient list size of approximately 11495 patients. Student nurses on placement are supported with mentorship from the nursing team.

The practice is open between 8am and 6pm Monday to Friday with extended appointments offered on Saturday mornings each week from 8.15am to 12.30pm. They offer a mixture of pre-bookable and drop-in clinics. When the practice is closed (including between the hours of 6pm and 6.30pm) they have an agreement for out of hours care to be provided Staffordshire Doctors Urgent Care (SDUC) which is commissioned by Stoke-on-Trent Clinical Commissioning Group (CCG).

Pre-bookable appointments are available daily (up to three weeks in advance), with urgent appointments available on the day.

Detailed findings

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 part of our regulatory functions. The inspection was planned to check whether the provider is 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 11 January 2017. During our visit we:

- Spoke with a range of staff, including GPs, managers, nurses and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards and Care Quality Commission questionnaires 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, however we saw limited evidence of significant event analysis. There had been seven significant events reported and recorded in the last 12 months but there was no policy and there was little evidence of learning from events or action taken to improve safety.

- Most of the staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates had not been actioned and there was no protocol in place, we found no evidence of any searches done. A recent alert not acted upon was for spironolactone and renin-angiotensin system medicines in heart failure which posed a risk of potentially fatal hyperkalaemia (high blood potassium levels); this meant that patients were at a high risk of avoidable harm. (The Medicines and Healthcare products Regulatory Agency (MHRA) is a Government body which is responsible for ensuring that medicines and medical devices work and are acceptably safe. They send updates regarding safety issues to practices and the practice needs to respond to these updates by doing searches of patients affected by medicines/medical devices issues to ensure patient safety.) Following the inspection we sent a formal request to the provider to ask them to confirm that all drug safety alerts had been actioned.

Overview of safety systems and processes

The practice did not have systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse and these arrangements reflected relevant legislation and local requirements but no safeguarding meetings were held. Staff told us that no safeguarding meetings had been held in the past year due to GP shortages and the fact that there was only one permanent GP at the practice who had been responsible for the entire clinical governance. This meant that the practice was unable to work in partnership or contribute to individual risk assessments with other relevant bodies such as Health Visitors to help prevent abuse of patients. Regular reviewing of safeguarding outcomes for patients using their service was not done.
- Safeguarding 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. There was a lead member of staff for safeguarding, but one staff member was unsure who this was. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. We saw evidence that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However some patients told us that chaperones did not always stand inside the curtain during examinations which was not the correct procedure and did not keep patients safe.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Inadequate

Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. High risk medicines were monitored and prescribed by the hospital.
- There was no policy for the handling of pathology results.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. One of the nurses was the nurse prescriber co-ordinator within the CCG and ensured that the other prescribers received mentorship and support for this extended role from the CCG with updates and study days.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were mainly assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and had carried out a recent fire drill. 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 control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix to meet patients' needs. However, due to recruitment issues the practice did not have the capacity to meet patient demand.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), as we found out of date medicines in a GP's bag.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However we were told that new alerts and guidance was not disseminated to staff.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.5% of the total number of points available, with 5.5% exception reporting which was similar to local and national figures. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 82% which was comparable to the local average of 79% and above the national average of 78%.
- Performance for mental health related indicators was similar to the local average and above the national average; The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 85% compared to the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 85% compared to the local average of 90% and the national average of 89%.

There had been audits undertaken but there was little evidence of quality improvement activity. The practice nursing team participated in peer review and external research.

Information about patients' outcomes was used to make improvements such as: a change to the policy and education of staff following an incident when a child was sent away from the practice who should have been seen.

Effective staffing

Staff mainly had the skills, knowledge and experience to deliver effective care and treatment, however chaperone training had not been effective (chaperones are required to stand inside the curtain in order to observe the procedure).

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. However, not all staff had received an appraisal within the last 12 months, with the majority of staff last appraised in September 2015. We were told that plans were in place to address this and staff had appraisals booked.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice participated in protected learning time for all staff.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening was 52% which was comparable to the CCG average of 55% and below the national average of 58%. Breast cancer screening uptake was 73% which was the same as the CCG average and comparable with the national average of 72%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 95% to 100%.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

We only received one comment card which was negative about the standard of care received. We also received five Care Quality Commission questionnaires which were given out on the day of the inspection. The questionnaires said staff were helpful, caring and treated them with dignity and respect however some patients highlighted that there was not a choice of the gender of the GP as they were all male.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 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. We also saw that care plans were personalised.

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 79% 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%.
- 91% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 97 patients as carers (0.8% of the practice list). There was a carer's information area in the waiting room and written information was available to direct carers to the various avenues of support available to them.

Requires improvement

Are services caring?

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in response to a request by the practice a local practice had undertaken to provide support and new leadership due to issues with a shortage of GPs.

- People found the appointments system difficult to use, including appointments not being available when they got through on the telephone system and including appointments not being available for urgent cases.
- Patients reported considerable difficulty in accessing a named GP and poor continuity of care. The next available routine GP appointment was ten days away.
- The practice had instigated telephone consultations but patients told us that they had difficulty getting through on the telephone lines.
- The practice offered a clinic on a Saturday morning 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 had clinical needs which resulted in difficulty attending the practice.
- Weekly visits were made to a care home in the area by a dedicated GP.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. For patients with hearing and visual impairments, this was flagged on the computer system and the clinician came to greet them for their appointment.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours appointments were offered on a Saturday morning from 8.15am to 12.30pm. Between 6pm and 6.30pm the practice had an arrangement with the out of hours service to provide cover.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed in comparison to national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were not able to get appointments when they needed them. The practice were aware of this and had an action plan in place to recruit more staff. They told us that they had a GP and a Nurse Practitioner due to start within the next month.

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.

If necessary the GPs rang patients to discuss their needs to establish the correct method of consultation. 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 had an effective system in place for handling complaints and concerns.

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

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, referrals were now reviewed by peers in locality meetings following an incident regarding a late referral.

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

The practice was under new leadership and had a vision to deliver high quality care and promote good outcomes for patients, however this was not embedded at the time of inspection.

- The practice had a mission statement.
- The practice had a strategy and supporting business plans which reflected the vision and values, but these were new and not yet embedded. Some staff said that they felt unsure as to the leadership structure and that more vision and more clear communication were needed. Some staff stated that they felt unsettled and that they did not know where the practice was going.
- The governance arrangements and their purpose were unclear.

Governance arrangements

The practice had a governance framework which had been developed in conjunction with the new practice. We found that several areas of governance were not sufficiently overseen. For example;

- An understanding of the performance of the practice was not sufficiently maintained, for example with regard to the patient survey, quality outcomes framework and significant events. For example 50% of patients had said that they were unable to get through easily by telephone to the practice yet this had not been acted upon.
- The practice did not have adequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, we found that there was no system in place for the actioning of MHRA alerts and searches and this had put some patients at risk of harm.
- There were no arrangements in place to check the medicines in the GP's bag.
- The practice had experienced staffing issues with the resignations of three GP partners. The new staffing structure was not yet embedded.
- Some staff did not feel supported or valued by the new team and also felt that information sharing in the practice was not good. One of the nurses had recently resigned.
- There were low levels of staff satisfaction, high levels of stress and work overload. One member of staff told us of the lack of resources in the team and another of the stress they had suffered because of the staff shortages.
- There was some evidence of division between groups of staff.
- The partners were unaware of the low levels of satisfaction within the staff team.
- The practice were not working with other partner agencies for example safeguarding meetings were not held.
- The practice did not have systems and processes such as regular audits of the service provided and did not assess, monitor and improve the quality and safety of the service.
- No clinical re-audits had been done to ensure improvements have been achieved.
- There were few reports of serious incidents or significant events and there were no significant event management protocols.
- The practice had not had clinical meetings since April 2016.
- Practice specific policies including whistleblowing, equality and diversity and bullying were implemented and were available to all staff via the computer system.

Leadership and culture

On the day of inspection the partners in the practice told us that they had an action plan and support from NHS England to run the practice and ensure high quality care. They told us that they had already put in place recommendations from the Supporting Change in General Practice team and had an action plan. This included working collaboratively with the new management team and looking at new ways of working to sustain the practice. As part of this they had made a change in their model of care with a reduction in the use of locums and an increase in the use of Nurse Practitioners. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Inadequate

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had arranged in house speakers who were qualified to speak on various subjects and promote healthy lifestyles.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to mitigate risks to service users due to the fact that processes for reporting, recording, acting on and monitoring significant events, incidents, Medicines and Healthcare products Regulatory Agency (MHRA) drug safety updates and near misses were not carried out sufficiently. The registered person did not have any arrangements in place for checking medicines in the GP's bag. Regulation 12 (1)

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 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance How the regulation was not being met: The practice did not have systems and processes such as regular audits of the service provided and did not assess, monitor and improve the quality and safety of the service. No clinical re-audits had been done to ensure improvements have been achieved. There were few reports of serious incidents or significant events and there were no significant event management protocols. There was no pathology results management protocol. There was insufficient access to appointments. Providers did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons to make sure that they could meet people's care and treatment needs. Systems and processes were not established and operated effectively to prevent abuse of service users. No safeguarding meetings were held and the practice were not working in partnership with other relevant bodies to contribute to developing plans for safeguarding children and adults at risk, including regularly reviewing outcomes for people using the service. Staff did not always adopt the correct procedure when chaperoning. No clinical meetings were held.

This section is primarily information for the provider

Enforcement actions

Clinical leadership not robust, staff division seen, staff were unsure of the way ahead.

This was in breach of regulation 17(2)(a) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014