

Jubilee Health Centre

Inspection report

1 Upper Russell Street
Wednesbury
West Midlands
WS10 7AR
Tel: 0121 556 4615
www.jubileehealth.co.uk

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This practice is rated as requires improvement

overall. (Previous inspections carried out under the previous providers in January 2017 and September 2017. The practice was rated as Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Jubilee Health Centre under the previous provider in January 2017 and September 2017. The practice was rated overall inadequate. As a result, we carried out enforcement actions as legal requirements were not being met and placed the practice into special measures.

We received a registration application from a new partnership and the new legal entity was successfully registered with Care Quality Commission (CQC) in July 2018. The new partnership is formed of two GPs, one of which was a partner in the previous partnership. This inspection, of the new registration, was an announced comprehensive inspection carried out on 11 September 2018 the report covers our findings in relation to all five key questions and six population groups.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Systems for appropriate and safe monitoring of medicines were not always effective. For example, we saw examples where high-risk medicines were monitored appropriately; however, other medicines were not reviewed or checked in line with guidance to keep patients safe.
- The practice had a system in place for receiving and acting on drug safety alerts and medicine recalls but not for patient safety alerts. As a result, patient safety alerts which required action had not been acted on. The practice addressed the issues identified during our inspection.

- Clinical audits showed that the practice was in the first stages of their audit cycle. However, the practice did not have an effective plan to review the effectiveness and appropriateness of the care it provided. The practice was unable to demonstrate actions taken as a result of findings from their data collection exercises.
- The 2016/17 Quality Outcome Framework related to the previous provider. Data showed that performance for the practice was below local and national averages in several areas. The practice was aware of this and taking some action to improve the monitoring of patients' treatment.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Although the 2018 national GP patient survey results which related to the previous partnership indicated positive changes in patient satisfaction with how patients were treated and involved in their care and treatment the results were still below local and national averages.
- Completed Care Quality Commission (CQC) comment cards showed that patients were positive about the care they received but did not always find the appointment system easy to use and were not always able to access care when they needed it.
- The practice was aware of patients views and had an active patient participation group who they worked jointly with to improve patient satisfaction. Actions to improve patient satisfaction formed part of the practice business plan.
- There was a focus on continuous learning and improvement following incidents, complaints and patient satisfaction surveys at all levels of the organisation.
- The practice was making positive steps towards improving the delivery of the service. For example; since the new partnership formed the practice had developed a clear vision and strategy. The practice were actively strengthening the governance framework; however, improvement plans were ongoing and we found that oversight of clinical governance arrangements were not entirely operating effectively.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue reviewing systems to ensure all relevant safety alerts are received and appropriate actions taken to keep patients safe.

- Establish a system to validate the practice carers list to ensure accurate identification of carers.
- Continue reviewing patient feedback and taking action to improve areas where survey results and feedback shows low patient satisfaction.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a pharmacist from the CQC medicines team.

Background to Jubilee Health Centre

Dr Samares Bhaumik & Dr Syed Ayaz Ahmed have been the registered providers of Jubilee Health Centre since July 2018.

The surgery is located in the heart of Wednesbury Town, West Midlands in a purpose-built building within easy reach of the bus station, providing NHS services to the local community. Further information about Jubilee Health Centre can be found by accessing the practice website at

Based on data available from Public Health England, the levels of deprivation in the area served by Jubilee Health Centre shows the practice is located in a more deprived area than national averages, ranked at two out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The age of the practice population served is comparable to local and national averages. For example, patients aged between five and 65 were comparable to local and national averages. Based on data available from Public Health England, the ethnicity estimate is 57% White, 5% Mixed race, 32% Asian and 5% Black.

The patient list size is 4,300 of various ages registered and cared for at the practice. Services to patients are provided

under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

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

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. On-site parking is available for patients who display a disabled blue badge and for cyclists. Patients without a disabled blue badge are able to access local pay and display parking facilities. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male GP partners, two male sessional GPs, a practice nurse, one health care assistant, a practice manager, an administrator, a secretary, five receptionists and one senior receptionist.

The practice is open between 8am and 6.30pm Monday to Fridays, except Thursdays when the practice is open between 8am to 2pm.

GP consulting hours are from 9am to 12.30pm and 4pm to 6.30pm Mondays to Fridays; except Thursdays when consulting hours are from 9am to 2pm. There are arrangements in place with a neighbouring practice where patients are able to access appointments on Thursdays from 2pm to 6pm and Saturdays from 10am to 12pm.

The practice is part of Primary Care Commissioning Framework (PCCF) which allows the practice to offer eight pre-booked out-of-hours appointments which are available between 6.30pm and 8pm Mondays to Fridays.

The practice has opted out of providing cover to patients in their out-of-hours period. During this time, NHS 111 provides services.

Dr Samares Bhaumik & Dr Syed Ayaz Ahmed have been registered to provide Diagnostic and screening procedures; Treatment of disease, disorder or injury, Maternity and midwifery services since July 2018.

The practice was inspected under the previous providers in September 2017 and rated overall inadequate.

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- All non-clinical staff had completed Identify and Refer to Improve Safety (IRIS) training in domestic violence and arrangements had been made for clinical staff to attend the clinical version of this training.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff knew about sepsis early warning signs and systems to report this to a clinician.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Most of the care records we saw showed that information needed to deliver safe care and treatment was available to staff. However, we saw areas where medicines reviews had been recorded as completed without evidence of a full review being carried out.
- There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- Patients' health was not always monitored in relation to the use of medicines and followed up on appropriately. Patients were not always involved in regular reviews of their medicines. The practice recognised this as an area for further development within the practice.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

The practice had a good track record on environmental safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as medicine safety alerts. However, during our inspection, we identified that the practice were not receiving patient safety alerts. Staff considered this and took appropriate action to ensure all future patient safety alerts were received.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- The practice had not established a targeted programme of quality improvement activities which prioritised specific clinical areas of concern; such as the monitoring and management of medicines. This impacted on all population groups.

Effective needs assessment, care and treatment

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

- Patients' immediate needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. However, ongoing needs were not always fully assessed. For example, the clinical system showed that reviews to support appropriate monitoring of patients' treatment and to evidence whether treatment options remained effective were not always carried out.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- Audits carried out by an external company identified that those identified as being frail or who had a fall did not always have a clinical review including a review of medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as

voluntary services and supported by an appropriate care plan. Staff explained that the practice were targeting patients on four or more medicines and inviting them in for a review.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Most patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice system for recalling patients did not provide assurance that all patients were being identified when searches were being carried out.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- To support the monitoring of patients, the practice employed extra GPs who carried out dedicated surgeries where patients were invited in for their reviews.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention.
- People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk. However, following diagnosis, records we viewed showed that the management of these patients was not always carried out effectively.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data which covered the period when the previous provider operated the practice showed uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice offered contraceptive advice and services to patients aged 16 and over. Clinical staff demonstrated competencies in the principles used to judge capacity in children to consent to medical treatment and understood the importance of involving them in the decision-making process as far as possible.

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

- The practice's uptake for cervical screening under the previous provider was 65%, which was below the 80% coverage target for the national screening programme. The new provider was aware of this and taking action to improve screening rates.
- The practice's uptake for breast cancer screening was above the local averages and in line with national average. Bowel cancer screening was above the local averages; however, was below national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability and homeless people were able to register with the practice.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice worked with the local addiction service to effectively coordinate patients care. Staff explained that the practice were in discussion with the service to enable access to a substance misuse worker within the practice.

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

- The practice assessed and monitored the physical health of people with mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average.
- Patients had access to a counsellor who visited the practice to support patients with anxiety and depression.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice carried out some quality improvement activities; for example, we saw two data collections carried out for the first stage of clinical audits. However, there was no evidence of actions taken from these to improve quality.

Are services effective?

The practice was aware of several clinical areas which required strengthening. However, the practice had not established a targeted programme which prioritised these areas to improve effectiveness and appropriateness of the care provided. For example, a targeted plan to improve the monitoring of medicines which required closer monitoring had not been established. Following our inspection, the practice provided evidence of actions they were planning to take to improve the quality of care provided in identified clinical areas.

Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice received support from the local Clinical Commissioning Group medicines management team.

- There was a change in registration with CQC and partnership in July 2018. The 2016/17 QOF data used in our inspection report covered the period during the previous partnership. The new partnership consisted of a partner from the previous partnership and a new partner. Published data showed areas where the practice was performing below local and national averages. The practice was aware of this and taking action to improve the monitoring of long-term conditions such as diabetes, atrial fibrillation and asthma. Unverified data provided by the practice showed that at the time of our inspection, performance in clinical areas such as long-term conditions had improved.
- The practice used information about care and treatment to make improvements.

Effective staffing

Staff we spoke with had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mainly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The 2018 national GP patient survey published in August 2018 indicated positive changes in patients' satisfaction regarding how they were treated since the July 2017 survey. (The data for the national GP patient survey was collected prior to changes to the partnership and provider registration with CQC).

Involvement in decisions about care and treatment

Staff we spoke with explained how they helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Although the practice proactively identified carers and supported them; the practice did not operate a process to validate their carers list.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services except for people with long-term conditions population group which was rated requires improvement.

Responding to and meeting people's needs

Since the new partnership formed in July 2018 the practice took measures to improve services to meet patients' needs. It took account of patient needs and preferences. For example:

- The practice understood the challenges and needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services and were part of Sandwell and West Birmingham CCG Federation (a group of practices and primary care teams who worked jointly to improve the delivery of services).
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Staff we spoke with explained that GPs had started holding clinics at a local care home. At the time of our inspection, the GPs had carried out one clinic.

Older people:

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

- There was telephone access for ordering medicines and delivery service for housebound patients. There was also a dedicated telephone line for nursing homes, residential homes and community teams.
- The practice actively engaged with local neighborhood teams, carried out immunisation campaigns such as flu, shingles and pneumonia.
- Since July 2018 the practice started holding remote surgeries at a local care home where clinicians saw patients with spinal injuries and addressed residents care needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice operated a system for recalling patients who required an annual review. However, the recording of diagnoses and blood monitoring results did not ensure the system consistently operated effectively.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Patients under the age of 16 had access to same day appointments and there were flexible appointments outside of school hours.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, Saturday morning as well as Sunday evening appointments accessible from a neighbouring practice.

Are services responsive to people's needs?

- Females who were eligible were offered cervical screening. Data under the previous provider for 2016/17 showed that 41% of new cancer cases treated resulted from an urgent two week wait referral, which was below the CCG average of 53% and national average of 52%.
- The practice carried out healthy lifestyle checks for patients over the age of 45 years and offered advice and support with lifestyle changes.
- Meningitis vaccines for 18-year olds and students going to university were available at the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people with complex needs, such as housebound patients. The practice had a dedicated phone number which terminally ill patients were able to use if they required medical attention.
- The practice registered terminally ill patients with the local CCG end of life hub which staff explained provided round the clock access to trained specialists to address their care needs and where appropriate signposted patients to other community services.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice offered patients access to a counselling service for those experiencing anxiety and depression. This was carried out by a counsellor who visited the practice.
- Clinicians carried out dementia screening including annual blood tests. There were referral processes in place where identified patients were referred to secondary care memory clinics.

Timely access to care and treatment

Surveys carried out when the previous partnership operated the practice and patient feedback showed that patients felt that they were not always able to access care and treatment from the practice within an acceptable timescale for their needs. Staff were aware of this and taking action to improve patient satisfaction. For example:

- Patients had access to initial assessment, test results, diagnosis and treatment. The practice also increased their clinical team and secured support from a clinical pharmacist which was planned to commence September 2018.
- The practice was part of the Primary Care Commissioning Framework (PCCF) where they worked as part of a group of practices to improve access. For example, patients were able to access appointments from neighbouring practices as well as access to a female GP.
- Waiting times, delays and cancellations were managed appropriately. However, although the 2018 national survey results indicated positive changes in patient's satisfaction regarding questions relating to access; completed CQC comment cards and comments placed on NHS choices showed low patient satisfaction.
- Patients with the most urgent needs had their care and treatment prioritised.

The practice was aware of the data as well as patient feedback which they had discussed with their PPG. The practice continued taking action to improve patient satisfaction and included actions required in their business development plan. For example, newsletters included information regarding PCCF and access to additional appointments, staff were reminded to clearly explain the various types of appointments available and GPs were exploring ways within their consultations to help improve time management.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from

Are services responsive to people's needs?

individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, to improve phone access during busy periods such as 8am, staff were advising patients to call for test results after 11am to help improve telephone access for patients who needed an appointment.

Please refer to the Evidence Tables for further information.

Are services well-led?

The practice was rated as requires improvement for well-led because:

- Some systems and processes did not support good governance arrangements and the management of patient care was not always in line with good guidance to keep patients safe. First stage clinical audits showed proposals for change and actions required. However; the practice was unable to demonstrate clear evidence of improvement activity. The practice was unable to provide an action plan which demonstrated that clinical areas which required attention had been prioritised.

Under the previous provider the service was placed in special measures following our January 2017 inspection. We then carried out a focused follow up inspection, in May 2017 and a comprehensive inspection in September 2018. Insufficient improvements had been made such that there remained a rating of inadequate for providing safe, effective and well-led services. Therefore, we took action in line with our enforcement procedures to prevent the previous provider from operating the service. During the process the provider formed a new partnership which included part of the previous partnership and a new partner. The new providers developed a 2018/19 business plan and submitted a new partnership application to carry out regulated activities. Following a registration inspection in May 2018 CQC accepted the application and the partnership commenced in July 2018.

Leadership capacity and capability

Leaders demonstrated that they had the capacity and skills to deliver patient care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the history of the service, the challenges associated with taking over a service which had been previously placed into special measures and developed a business plan to address the challenges.
- Leaders at all levels were visible and approachable. They worked closely with staff keeping them informed during the change process and other stakeholders to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The new partnership had developed a clear vision and strategy to improve systems and processes to support the delivery of high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners all involved.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- Members of the management team explained that the strategy was in its early stages; however, progress would be monitored against delivery of the strategy.

Culture

The practice had a culture aimed at maintaining staff motivation and commitment to providing high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and were keen to support positive changes to improve the patient experience.
- The practice focused on the needs of patients.
- Leaders and managers explained that they would act on behaviour and performance inconsistent with the vision and values and there were systems in place to support this.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

Are services well-led?

- All staff including clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams and the management team maintained high levels of staff engagement during challenging times.

Governance arrangements

Staff were clear of their responsibilities and roles; however, systems of accountability to support good governance and management were not always effective.

- Structures, processes and systems to support non-clinical governance and management were set out. However, a systematic approach to maintaining and improving the quality of patient care had not been fully established. For example, clinical indicators were not always added to patient records therefore the patient recall system was not effectively picking up patients who required medicine or health reviews.
- The governance and management of partnerships, joint working arrangements and shared services mainly promoted interactive and co-ordinated person-centred care. However, engagement with secondary care services showed that information to support safe management of patient care was not always available or acted on.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure environmental safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes in most areas for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of most national and local safety alerts, incidents, and complaints. During our inspection, the practice took action to ensure patient safety alerts were received and acted on.
- Since the new partnership commenced in July 2018 the practice had carried out two first stage clinical audits which involved the initial data collection. The practice was unable to demonstrate whether this had a positive impact on the quality of care and outcomes for patients as the practice was unable to show whether actions for improvement had commenced or were being measured.
- The practice was aware of priority areas which required attention such as medicine management; however, were unable to provide evidence of a targeted action plan to change practice to improve quality. Following our inspection, the practice provided an action plan aimed at improving the clinical care being provided.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care such as survey data was accurate and useful in monitoring patient satisfaction. However, clinical records were not always accurate or used to provide effective management of patients' clinical needs. There were plans to address most identified weaknesses.

Are services well-led?

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information...

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The registered person had not established an effective programme such as regular audits of the service provided to enable the practice to identify where quality and safety were being compromised and to respond appropriately and without delay.</p> <p>The registered person had not established a system to enable them to demonstrate how they monitored progress against plans to improve the quality and safety of services.</p> <p>The registered person had not assured themselves that records relating to the care and treatment of people using the service were complete as far as is reasonable. This includes results of medicine and health care reviews.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>S29 Warning notice for the breach of regulation 12 safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure proper and safe management of medicines. In particular:</p> <p>The registered persons did not ensure that nationally recognised guidance about delivering safe care and treatment such as monitoring of medicines were being carried out in line with guidance to keep patients safe.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>