

Central Healthcare 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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Central Healthcare Centre on 2 October 2014. The practice was rated good overall with good ratings for every domain.

A full comprehensive inspection was carried out on the 31 May 2017. The practice was rated as inadequate overall, and inadequate for providing safe, responsive and well led services and requires improvement for providing effective and caring services, and was placed in special measures. As a result of the findings on the day of the inspection, the practice was issued with a warning notice on 28 July 2017 for regulation 17 (good governance). The practice was placed into special measures for six months. The full inspection reports on the October 2014 and May 2017 inspections can be found by selecting the 'all reports' link for Central Healthcare Centre on our website at www.cqc.org.uk.

A focused inspection was carried out on 18 October 2017 to check on improvements detailed in the warning notice issued on 28 July 2017, following the inspection on 31 May 2017.

We carried out an announced comprehensive inspection at Central Healthcare Centre on 29 January 2018. This inspection was undertaken following the period of special measures. Overall, the practice is now rated as requires improvement. The practice is no longer in special measures.

The key questions are rated as:

Are services safe? good

Are services effective? requires improvement

Are services caring? good

Are services responsive? requires improvement

Are services well-led? requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – requires improvement

People with long-term conditions – requires improvement

Families, children and young people – requires improvement

Working age people (including those 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

At this inspection we found:

Summary of findings

- The practice had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the practice learned from them and improved their processes.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines. Monitoring of the work undertaken by the advanced nurse practitioners was formalised and effective.
- The practice performance in relation to the Quality and Outcomes Framework for 2016/2017 was lower than the national averages. Data the practice shared with us for 2017/2018 showed there was an improvement but it was insufficient to assure that all patients would receive appropriate follow up in a timely manner.
- The practice had 94 patients on the practice learning disability register; 43 of these patients had received a health review since October 2017.
- The practice supported staff to undertake training and obtain additional qualifications. For example, training on atrial fibrillation, and asthma. One nurse was being supported to become an advanced nurse practitioner.
- Staff involved and treated patients with compassion, kindness, dignity and respect. All staff had received equality and diversity training.
- Patients we spoke with said they did not find it easy to make an appointment and that urgent appointments were difficult to access. The 2017 national GP patient survey had lower than average results relating to access to services. Although the results of a practice survey in November 2017 showed some improvement in relation to waiting time after arriving for their appointment and convenience of appointment time, they still had low results for access.
- Information on the complaints process was available for patients at the practice and on the practice's website. There was an effective process for responding to, investigating and learning from complaints.
- The practice had worked hard to develop an overarching governance system which gave the

management team an overview of the performance of the practice. For example, recruitment, training and appraisal. Actions from the health and safety risk assessment were monitored, although not all actions had been completed.

- There was no formalised strategy or business plan and, although there was a set of values, not all staff were aware of these.
- The practice had undertaken a staff survey in August 2017 and identified actions had been collated and discussed. However some of the staff we spoke with did not feel that concerns raised, would be acted upon. Some staff we spoke with did not feel supported by the practice, due to the pressure of work.
- The practice had an active patient participation group. They had held a coffee morning to promote the identification of carers and had planned a mental health and young people event in April. They also produced seasonal newsletters and had a social media page to promote practice information.

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

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

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

- Continue to action the recommendations from the health and safety risk assessment.
- Continue to monitor the national GP patient survey data and continue to make changes to improve the experience of patients.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

Central Healthcare 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 GP specialist adviser, a practice manager adviser, and a second CQC inspector.

Background to Central Healthcare Centre

Central Healthcare Centre provides services to approximately 16,200 patients in residential area in Great Yarmouth. The practice has two GP partners (male), one salaried GP (female) and four long term locum GPs (female). There is a practice manager, a finance manager and a business administrative assistant. The practice employs six advanced nurse practitioners, one nurse practitioner, three practice nurses, one of which is the nurse manager and a trainee practice nurse. The practice also employs five health care assistants and two healthcare specialists. Other staff include 14 receptionists and an apprentice receptionist, six secretaries and six admin assistants. The practice holds a General Medical Services contract with NHS England.

In June 2016 the Family Healthcare Centre, East Anglian Way, Gorleston relocated into the Central Surgery and renamed the two practices Central Healthcare Centre. The

Central Healthcare Centre formally merged on 2 November 2016. This involved the practice taking on an extra 5,000 patients from a deprived area and a merger of both clinical and non-clinical staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice is closed between 12.30pm and 1.30pm on Tuesdays. Appointments can be booked up to three to four weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance with a GP.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Integrated Care 24. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 25 to 44 years old compared with the national average. It has a larger number of patients aged 60 to 84 compared to the national average. Income deprivation affecting children is 21%, which is lower than the CCG average of 25% and comparable to the national average of 20%. Income deprivation affecting older people is 19%, which is comparable to the CCG average of 17% and national average of 16%. The practice is rated in the fourth more deprived decile and 1.8% of the practice population is Asian, while 1.7% of patients are other non-white ethnic groups. Life expectancy for patients at the practice is 79 years for males and 82 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years.

Are services safe?

Our findings

At this inspection on 29th January 2018, we rated the practice, and all of the population groups, as good for providing safe services.

At our previous inspection on 31 May 2017 we found that systems and processes were not in place to assess, monitor, and improve the quality and safety of the service.

- There was no effective system in place to deal with patient safety alerts. The alerts were sent to all GPs, but there was no system in place to monitor the actions taken in response to the alert. We looked at three safety alerts and reviewed patient records affected by these. Appropriate actions had been taken for some patients, such as medicine changes and discussions about medicines. However some patients had not had documented action taken relating to the alert.
- The practice had a medicine review system in place to support patients who take medicines that require monitoring. However, data demonstrated this system was not always effective.
- On the day of our inspection on 31 May 2017, the practice told us that approximately 10,000 clinical letters had not been coded. The practice reported that all letters had been reviewed by a clinician when they were received.
- There were no health and safety risk assessments in place. There was not an effective risk assessment for the gym.
- The Hepatitis B immunisation status for some clinical staff was not known and there was no risk assessment in place for this.

Our focused inspection on 18 October 2017 found that:

- Patients who required monitoring had been reviewed and extra phlebotomy clinics had been offered to address the increase in workload due to the high number of patients requiring blood tests. The GPs risk assessed those patients who did not attend appointments for medicines reviews and a spreadsheet to monitor the progress and status of reviews was kept up to date.

- There was a lead GP and lead administrative staff member who had responsibility for actioning patient safety alerts. The practice now kept a log of alerts and there was a clear system in place for the management and monitoring of these alerts.
- The practice had employed additional staff to manage the backlog of clinical coding and these members of staff had undergone workflow optimisation training. There was no longer a backlog of letters and there was a system and process in place to ensure this did not happen again.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Registers of patients with safeguarding needs were in place, although not all the patients we checked had an alert on the computer system to identify this. The practice confirmed at the end of the inspection that these had now been added. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. There was a lead GP and deputy lead advanced nurse practitioner (ANP) for safeguarding. All staff had received safeguarding training; GPs and advanced nurse practitioners and nursing team staff were trained to level three.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Are services safe?

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. There was a lead for infection control who had received additional training and attended local meetings to keep updated. An external infection control audit had been completed in July 2017 and identified actions had been completed. The infection control lead nurse completed monthly checks to ensure infection control measures were effective. This included for example, auditing the cleaning. Internal infection control audits were completed. All staff had received training in infection control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role, for example, the locum practice nurse.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Appropriate guidance was in place for staff. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible and timely way.
- There was a protocol and system in place for the coding of clinical letters and there was no backlog of letters which required coding. Five reception staff had received

read code training and two had completed workflow optimisation training. Monthly coding audits were completed and identified errors in the coding had been collated, although it was unclear whether these errors had been rectified. We checked the records of seven patients where errors had been identified and found that these had been rectified in six of the seven records. The practice advised they would action this for the other patient and would record that identified errors had been actioned.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The referrals made by the advanced nurse practitioners were audited by a GP to ensure they were appropriate.
- Referral letters we viewed included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The practice had a system in place to check that patients prescribed high risk medicines were monitored appropriately. High risk medicines, such as methotrexate, warfarin and lithium require regular blood monitoring before they are re-prescribed. We reviewed the patient information on the high risk medicines spreadsheet and a sample of the care records of patients prescribed methotrexate and warfarin. Appropriate monitoring was in place for most patients we reviewed. Four patients were overdue their blood test and had been contacted by the practice; three of these patients had an appointment arranged and the practice continued to follow up the other patient.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Reviews of the prescribing of advanced nurse

Are services safe?

practitioners was in place. The practice met on a monthly basis with the Clinical Commissioning Group medicines team to discuss and review prescribing related issues.

- Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow nurses and health care assistants to administer medicines in line with legislation. The directions we checked were signed and dated appropriately by the clinicians.

Track record on safety

The practice had a good safety record.

- A health and safety risk assessment had been completed by an external company in June 2017. A number of recommendations had been completed, for example, fire alarms were tested regularly and this was documented and fire exit signage was in place. The practice had a plan to implement the outstanding recommendations.
- Health and safety was a standing agenda item at practice meetings.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had 22 significant events recorded since January 2017. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified trends and took action to improve safety in the practice. For example, the practice audited all patients on opioids (a medicine used for severe pain) following a significant event.
- There was a lead GP and lead administrative staff member who had responsibility for actioning patient safety alerts. The practice kept a log of alerts and there was a clear system in place for the management and monitoring of these alerts. They had all been actioned. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At this inspection on 29th January 2018, we rated the practice, and all of the population groups, as requires improvement for providing effective services.

At our previous inspection on 31 May 2017 we found that:

- Data from the Quality and Outcomes Framework showed patient outcomes were below average compared to the national average.
- There was scope to formalise the clinical supervision given to nurses. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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

- The practice performance in relation to the Quality and Outcomes Framework for 2016/2017 was lower than the local clinical commission group (CCG) and the national averages. Unverified data the practice shared with us for 2017/2018 showed there was an improvement but it was insufficient to assure that all patients would receive appropriate follow up in a timely manner. This data affects all patients in 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 assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice's rate for antibacterial prescribing was 1.3 which was in line with the CCG and the national average of 1. The practice's rate for prescribing broad spectrum antibiotics was 3.9% which was in line with the CCG average of 4.4% and the national average of 4.7%. The practice's rate for hypnotic prescribing was 2.2% which was above the CCG average of 1.3% and the national average of 1%. The practice had reviewed this area of prescribing and it had reduced gradually over the past three months.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Nationally reported Quality and Outcomes Framework (QOF) data 2016/2017 showed that some outcomes for patients for conditions commonly found in older people, including dementia and heart failure were comparable to the CCG and England averages. Outcomes for patients with rheumatoid arthritis were below the local and national averages. For example, the practice performance for rheumatoid arthritis was 17%, which was below the CCG of 74% and the national average of 97%. The exception reporting rate was 0%, which was below the CCG average of 14% and the England average of 7%. In response to this, some staff had received training in rheumatoid arthritis. 2017/2018 unverified data showed the practice had achieved 52% so far.
- The advanced nurse practitioners followed up on older patients discharged from hospital. They ensured that patients' care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Nationally reported data showed that outcomes for patients with long term conditions, including asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation were in line with the local and national averages. Outcomes for patients with diabetes were below the local and national averages; the practice achieved 67%, which was below the CCG average of 78% and the England average of 92%. Exception reporting for this indicator was 9% which was below the CCG average of 14% and the national average of 11%. 2017/2018 unverified data showed the practice had achieved 69% so far.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, representatives of patients who lived in five of the six care homes, where patients were registered at the practice, advised they felt patients with long term conditions were not proactively reviewed, although some were reviewed following a visit for an urgent health need. The provider submitted evidence following the inspection to demonstrate that

Are services effective?

(for example, treatment is effective)

some patients with long term conditions had been reviewed during both scheduled and opportunistic visits. However we were not assured there was an effective system in place.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. For example, rates for the vaccines given to two year olds ranged from 92% to 97% and for five year olds from 91% to 98%. Appropriate follow up of children who did not attend for their immunisations were in place. A policy was not in place to support this process. We raised this with the practice who agreed to write a policy.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme. The practice had completed a second cycle audit on inadequate smears and these had reduced from eight in 303 patients between September 2016 and February 2017, to six in 384 patients between March 2017 to August 2017. Patients had been followed up appropriately.
- 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. 1079 health checks had been offered in the previous 12 months and 651 had been completed. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Staff who completed health checks had been trained for this role.

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 and those with a learning disability.
- Annual health assessments for people with a learning disability were undertaken by the advanced nurse practitioner who had attended additional training to undertake this work. They visited patients with a learning disability in their own home if necessary. The practice started offering health assessments in October 2017. They had 94 patients on the practice learning disabilities register; 43 of these patients had received a health review so far.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was in line with the CCG average of 80% and below the national average of 84%. Exception reporting was 2% which was below the CCG average of 9% and the national average of 7%. 2017/2018 unverified data showed the practice had achieved 89% so far.
- 84% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months. This was in line with the CCG average of 89% and the national average of 90%. The exception reporting was 4% which was below the CCG average of 19% and the national average of 12%. 2017/2018 unverified data showed the practice had achieved 52% so far.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a clinical audit was completed in November 2016, this identified 19 patients over the age of 65, who were prescribed more than the recommended dose of a specific antidepressant. The third cycle of this audit completed in 2017 showed this had reduced to four patients, of whom two were invited for a review and two were agreed to be clinically appropriate for the patient.

The most recent published Quality Outcome Framework (QOF) showed the practice's total achievement was 89% compared with the clinical commissioning group (CCG)

Are services effective?

(for example, treatment is effective)

average of 81% and national average of 96%. The overall exception reporting rate was 10%, which was lower than the CCG rate of 13% and the same as the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) 2017/2018 unverified data showed the practice's total achievement was 90% so far.

The practice had established QOF clinical leads who took responsibility for their identified areas. The practice held QOF meetings to monitor and review their performance. The practice were aware of the work that needed to be undertaken in order to meet the threshold and expected to meet this for some of the clinical areas. 2017/2018 unverified data showed the practice's achievement for cancer, depression, mental health and stroke and transient ischaemic attack (TIA) were currently below their achievement for 2016/2017.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, 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, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including for example, non-medical prescribing, referrals and record keeping.
- There was a clear approach for supporting and managing staff when their performance was poor or variable and we saw evidence to support this.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personalised 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 proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. A range of self-help information was available in the practice.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, smoking cessation counselling and weight management support.

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. Although the practice was registered for minor surgery, they were not currently undertaking any minor surgical procedures.

Are services caring?

Our findings

At our inspection on 29th January 2018, we rated the practice, and all of the population groups, as good for caring.

At our previous inspection on 31 May 2017 we found that:

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice below or in line with national and local averages for several aspects of care.
- The national GP patient survey information we reviewed showed that patients did not always report that they were treated with compassion, dignity and respect or that they were involved in decisions about their care and treatment.
- The practice were unaware of this survey data so had not taken any action in response to the findings.
- The practice had identified less than 1% of the patient list as carers and did not offer carer health checks. Information for support groups was available in the waiting room.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A photo and the name of staff members and patient participation group members were displayed on the wall in the entrance to the practice.
- All of the 14 patient Care Quality Commission comment cards we received gave some positive feedback about the service experienced in relation to the kindness of staff and being treated with respect and dignity. This was in line with the feedback we received from eight patients we spoke with during the inspection. Feedback from staff in care homes where patients were registered with the practice was generally positive in this area, although staff from two care homes reported that the views of care staff were not listened to.

Results from the July 2017 National GP patient survey showed patients felt they were treated with compassion, dignity and respect. 225 surveys were sent out and 115 were returned. This represented a 51% completion rate. This represented under 1% of the practice population. Results were mixed in comparison to local and national averages:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 68% of patients who responded said the GP gave them enough time compared with the CCG average of 88% and the national average of 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.
- 69% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 86%.
- 91% of patients who responded said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 91% of patients who responded said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

In response to these results, the practice had undertaken their own patient survey in November 2017. The practice received 372 responses. They asked similar questions as the national GP patient survey but in relation to a clinician, rather than stating GP or nurse. The unvalidated results found that:

Are services caring?

- 87% of patients who responded said the clinician was good or very good at listening to them.
- 83% of patients who responded said the clinician was good or very good at giving them enough time.
- 91% of patients who responded said they had confidence and trust in the last clinician they saw.
- 88% of patients who responded said the clinician was good or very good at treating them with care and concern.
- 92% of patients who responded said they found the receptionists at the practice very or fairly helpful.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. There was a self-check in screen for patients who had arrived for their appointment and this was available in different languages.
- Staff communicated with patients in a way that they could understand and communication aids and easy read materials were available. For example, there was a hearing loop and easy read information was available for testicular and breast self-examination.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Forms for patients to identify themselves as carers were easily accessible at the reception desks. Patients were asked if they had a carer or were a carer at long term condition reviews. The patient participation group (PPG) had also held a coffee morning at the practice to encourage carers to register at the practice. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 365 patients as carers, which was just over 2% of the practice list. The practice offered the influenza vaccination to patients who were identified as carers.

Staff told us that if families had experienced bereavement, the practice gave them a sympathy card in person. The PPG

had developed a 'bereavement help and advice' leaflet on behalf of the practice, which provided practical information and useful contact information. Staff had received training on bereavement.

Results from the national GP patient survey showed a mixed response to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages in response to GPs and in line with local and national averages in response to nurses.

- 77% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 86% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice had undertaken their own patient survey in November 2017. The practice received 372 responses. They asked similar questions as the national GP patient survey but in relation to a clinician, rather than stating GP or nurse. These unvalidated results found that:

- 84% of patients who responded said the clinician was good or very good at explaining tests and treatments.
- 80% of patients who responded said the clinician was good or very good at involving them in decisions about their care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At this inspection on 29th January 2018, we rated the practice, and all of the population groups, as requires improvement.

At our previous inspection on 31 May 2017 we found that:

- Patients we spoke with said they did not find it easy to make an appointment with a named GP and there was a lack of continuity of care, and that urgent appointments were difficult to access.
- The practice had lower than average national GP patient survey results and were unaware of this data.
- The process for dealing with complaints needed improvement and learning outcomes cascaded to all members of staff. The practice had not undertaken a trend analysis for significant events and complaints.

The practice was rated as requires improvement at this inspection for providing responsive services because:

- Patients we spoke with said they did not find it easy to make an appointment and that urgent appointments were difficult to access.
- The 2017 national GP patient survey had lower than average results for access. Although the unvalidated results of the practice survey in November 2017 showed some improvement, they still had low results for access.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

- The practice offered online services such as repeat prescription requests, access to medical records and advanced booking of appointments with a GP. There were limited advanced booking appointments and these were not available with an advanced nurse practitioner, although the practice was speaking with the computer company to enable this.
- Phlebotomy (blood taking) appointments were available at the practice every week day.
- A physiotherapist held a clinic at the practice one day a week for patients with musculoskeletal needs. Patients were able to self-refer.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there was a toilet for people who were disabled, a hearing loop and a lift to access the first floor.

- The practice had amended the nurse appointment system to increase the flexibility of appointments for patients. For example, diabetic appointment were available at any time when the nurse who specialised in diabetes was working, rather than previously being at set times.

Older people:

- All patients had a named GP.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Advanced nurse practitioners provided regular weekly home visits, as part of a contract to patients who lived in four of the care homes covered by the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- A specialist diabetes team held a clinic at the practice every month to review patients with complex diabetes.

Families, children and young people:

- Registers of children who were at risk were in place, although not all the patients we checked had an alert on the computer system to identify this. The practice confirmed at the end of the inspection that these had now been added.
- A midwife held clinics at the practice twice a week.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- There was a children's play area in the waiting room.

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

- The practice ensured one GP was working early and another GP was working late, so that an 8am and 6.20pm appointment was available for patients who found it difficult to attend during usual working hours.

People whose circumstances make them vulnerable:

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

Are services responsive to people's needs?

(for example, to feedback?)

- Learning disability health checks were completed by an advanced nurse practitioner and were undertaken at the patient's home if necessary.
- They provided services to patients who were on the special allocation scheme. This scheme is for patients who have been removed from other practices list due to behaviour other practices have deemed unacceptable, for example the threat of verbal or physical abuse.

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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A mental health counsellor was employed by the practice and held a clinic once a week at the practice.

Timely access to the service

- Staff we spoke with advised that on the day appointments were usually all booked by 8.15am. All of the eight patients we spoke with told us there was often a wait for the telephone to be answered in the morning, with no facility to be put on hold, and often appointments had been allocated when they spoke with a receptionist. The practice had an advanced nurse practitioner and GP on call every day. Requests for urgent appointments were triaged by the on call advanced nurse practitioner and GP and allocated for an appointment or home visit as appropriate. This service was previously provided in the morning and had been extended to cover all day due to the patient demand for urgent appointments.
- We spoke with representatives of patients who lived in six of the care homes covered by the practice. Five of the six representatives we spoke with advised that they felt there was a lack of GP input, although one felt that this had improved over the last few weeks. The provider told us that the advanced nurse practitioners visited the care homes and consulted with a GP when it was appropriate.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients had access to initial assessment, test results, diagnosis and treatment.

- Delays and cancellations were minimal and managed appropriately.

Results from the July 2017 National GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with and below the local and national averages. This was supported by observations on the day of inspection, the view of the eight patients we spoke with and completed comment cards.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 39% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 77% and the national average of 71%.
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 65% of patients who responded said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 45% of patients who responded described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 56% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 64%.

The practice had undertaken their own patient survey in November 2017. The practice received 372 responses. They asked similar questions as the national GP patient survey. The unvalidated results found that:

- 81% of patients who responded were very or fairly satisfied with the practice's opening hours.
- 35% of patients who responded said they could get through very or fairly easily to the practice by phone.
- 71% of patients who responded said that the last time they wanted to see or speak to someone they were able to get an appointment.
- 87% of patients who responded said their last appointment was very or fairly convenient.

Are services responsive to people's needs?

(for example, to feedback?)

- 64% of patients who responded described their experience of making an appointment as very good or fairly good.
- 63% of patients who responded said they had to wait less than 15 minutes after their appointment time to be seen.

The practice had planned to undertake an appointment audit in December 2017, but this was cancelled due to the sickness of clinical staff. The practice planned to undertake this in February 2018. The practice had also identified the need to undertake patient education in relation to the role of the advanced nurse practitioner. This had been planned as a locality and although it had not gone ahead, the practice still planned to undertake an event for their patients.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do this. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 21 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had a list of local pharmacies in reception to share with patients. This information had not been available and had been identified as a positive action following a complaint.

Are services well-led?

Requires improvement 

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

Our findings

At this inspection on 29th January 2018 we rated the practice, and all of the population groups, requires improvement for providing a well-led service.

At our previous inspection on 31 May 2017 we found that systems and processes were not in place to assess, monitor, and improve the quality and safety of the service.

- The practice did not demonstrate overarching clinical or non-clinical governance or leadership. Although there was an informal open door policy, we found there was limited clinical oversight of the nursing staff as the GPs held one teaching session every fortnight. There was no one to one clinical supervision on a regular basis for the nursing staff.

Our focused inspection on 18 October 2017 found that:

- The management team had redefined the structure and roles within the practice. The nursing team had regular monthly meetings with the lead GP for the nursing team. Each nurse had a named GP who completed regular supervision sessions and audits of clinical consultations and prescribing.

The practice was rated as requires improvement at this inspection for providing well-led services because:

- There was no formalised strategy or business plan and although there was a set of values, not all staff were aware of these. Some of the staff we spoke with did not feel that concerns raised would be acted upon. Four staff did not feel supported by the practice, due to the pressure of work.

Leadership capacity and capability

- The leadership team had the skills to deliver high quality care, although there was an acknowledgement that the practice had difficulty recruiting GPs and therefore GP capacity was stretched. The practice was involved in a programme with the clinical commissioning group (CCG) to recruit GPs from abroad which, if successful, meant the practice would be assigned a GP.
- The team were knowledgeable about issues and priorities relating to the quality and future of services. For example, the CCG were recruiting pharmacists and planned to place one of these pharmacists at Central

Healthcare Centre. However there was no formalised strategy or business plan to detail the future plans and development of the practice to meet the needs of the practice population.

- The practice linked with other practices in the locality and planned to continue to develop this relationship.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The practice was currently supporting one of the nurses to complete their advanced nurse practitioner training.

Vision and strategy

- The practice had a clear vision 'to deliver high quality care, effectively manage illness and create an ideal setting for the sick and their carer's health'. This was displayed on the practice's website. Staff were aware of the vision.
- There was a set of values, although not all staff we spoke with were aware of these. There was no formalised strategy or supporting business plan.

Culture

- The practice had a comprehensive action plan following their CQC inspection on 31 May 2017 and staff we spoke with said there was a strong emphasis on getting the practice out of special measures.
- Staff we spoke with said that improvements had been made, however four members of staff told us that they did not feel supported by the practice, due to the pressure of the workload.
- Staff we spoke with told us they were able to raise concerns, although not all staff had confidence that these would be addressed. Two staff said they had raised concerns, and these had not been addressed.
- Leaders and managers acted on behaviour and performance which were inconsistent with the vision and values.
- 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.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff, apart from one, had received an appraisal in the last year. The

Are services well-led?

Requires improvement 

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

member of staff who had not received an appraisal in the last year, had an appraisal scheduled. Staff were supported to meet the requirements of professional revalidation where necessary.

- The practice actively promoted equality and diversity and staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- A number of staff had lead roles, for example for safeguarding, information governance, and complaints. Clinical staff also had lead responsibility for the clinical areas in the Quality and Outcomes Framework (QOF). Staff were clear on their roles and accountabilities and staff were aware of those in lead roles.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended, or working towards that, for example in relation to QOF.
- There was a named GP mentor for the advanced nurse practitioners (ANP) and a named ANP who supported the nursing team.
- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However this was not always effective, for example, in relation to patient satisfaction feedback for access.
- 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 Medicines & Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had oversight of their current Quality and Outcomes Framework data. The practice shared their

data for 2017/2018 which showed there was an improvement but it was insufficient to assure that all patients would receive appropriate follow up in a timely manner.

- The practice had plans in place for major incidents.
- The practice implemented service developments and where efficiency changes were made and this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality was discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were effective 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 high-quality sustainable services.

- There was an active patient participation group (PPG) with seven members, who met every six weeks with the practice manager. The PPG had a table in the entrance area where information was available to advise patients about the PPG and encourage them to join. The PPG gave a number of examples of positive engagement with the practice and where suggestions for improvement had been listened to and acted upon. For example, the PPG were planning a mental health and young people event in April 2018. The practice also had

Are services well-led?

Requires improvement 

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

a virtual PPG with 79 members, who they contacted by email for views and suggestions about practice issues. The PPG produced seasonal newsletters and had a social media page to promote practice information.

- The practice obtained feedback through the NHS Friends and Family test. The results from December 2017 showed that from 13 responses, 69% of patients would recommend the service and 31% would not. The practice displayed these results in the practice and had included their response to the comments.
- The practice had established a service development group, where a representative from each staff group and a patient representative from the patient participation group met on a six weekly basis. The aim of the group was to inform everyone of changes within the practice and to also gain and act on feedback from the group.
- The practice undertook a staff survey of both clinical and non-clinical staff views in August 2017. Views were collated and discussed at the practice management meeting in October 2017.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Staff at the practice were due to complete care navigation training in April 2018. One of the advanced nurse practitioners had completed internal care navigation training with staff who book patient appointments. Guidance was available for appropriate allocation of appointments.

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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Assessments of the needs and preferences for patient care and treatment were not being carried out collaboratively with the relevant person. In particular:</p> <ul style="list-style-type: none">• The practice performance in relation to the Quality and Outcomes Framework for 2016/2017 was lower than the local clinical commission group (CCG) and the national averages. Data the practice shared with us for 2017/2018 showed there was an improvement but it was insufficient to assure that all patients would receive appropriate follow up in a timely manner.• Representatives of patients who lived in five of the six care homes, where patients were registered at the practice, advised they felt patients with long term conditions were not proactively reviewed, although some were reviewed following a visit for an urgent health need.• The practice started offering health checks for people with a learning disability in October 2017. There were 94 patients on the learning disability register and 43 had received a health check.