

Dr Shada Parveen

Quality Report

The Maybury Surgery
Alpha Road
Woking
Surrey
GU22 8HF

Tel: 01483 728757

Website: www.mayburysurgery.co.uk

Date of inspection visit: 26 September 2017

Date of publication: 14/03/2018

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Shada Parveen	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shada Parveen (also known as The Maybury Surgery) on 15 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. We carried out a focused inspection on 26 April 2017 to ensure that the practice had complied with legal requirements. We reviewed the safe, effective and well led domains and found these still to be inadequate. Therefore the practice remained in special measures. The full comprehensive report on the 15 November 2016 and the focused report on the 26 April 2017 inspection can be found by selecting the 'all reports' link for Dr Shada Parveen on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection undertaken on 26 September 2017, following the period of special measures. The practice has failed to adequately improve and overall the practice remains rated as inadequate.

Our key findings at this inspection in September 2017 were as follows:

- We received positive feedback from patients who said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- There was an effective system for identifying, risks and issues. However it was not always clearly recorded when mitigating actions had been completed.
- The practice had a number of policies and procedures to govern activity, although a few contained out of date or missing information.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, and learning from significant events and complaints was shared to support improvement.
- The practice had identified the needs of its population and was working closely with a community link worker to support the population.

Summary of findings

- Staff felt supported by management; however the leadership structure was not clear.
- The practice proactively sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider needs to make improvements.

The provider must:

- Ensure that recruitment checks, including indemnity insurance and Disclosure and Barring, are completed for all staff including locums prior to starting work in the practice.
- Ensure that training records are maintained for all staff, including locums, to ensure that they have the skills, knowledge and experience to deliver effective care and treatment.
- Ensure that a clear leadership structure is in place with roles and responsibilities clearly defined.
- Ensure that computer printable prescription paper is stored securely.

- Ensure that systems for safety checking within the practice are completed and monitored, including medicine and consumable expiry dates and infection control.

The provider should:

- Review the emergency medicines held on site.
- Continue to review and update practice policies.
- Review and improve uptake of health screening by patients within the practice.

Although I recognise improvement made to the quality of care provided by the service, the practice had failed to make sufficient improvement in some areas. I am therefore extending the period of special measures for a further six months.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

At our inspection on 26 September 2017, we found:

- Vaccines and medicines were appropriately stored. However we noted that checks required were not always recorded as having been completed. We also saw some water for injections which were out of date.
- Staff were appropriately authorised to administer vaccines and medicines.
- All GPs and staff had received safeguarding training appropriate to their job role and staff we spoke with could easily locate the safeguarding policies. However, the practice did not have records of safeguarding training for the locum GPs and nurses that had worked in the practice within the last six months.
- The practice did not have complete records of recruitment checks for locum GPs and nurses.
- Risks to patients were assessed and well managed, with the exception of infection control and managing medical emergencies. All appropriate building safety checks and risk assessments had been completed and there were clear action plans in place to implement mitigating actions that were identified.
- Clinical waste, including sharps waste, was stored securely.

Inadequate



Are services effective?

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

At our inspection on 26 September 2017, we found:

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and England averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. However, there was no record of training completed by some of the locum GPs and nurses who had worked in the practice within the last six months. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Following our previous inspection in November 2016 the practice had made significant improvements. At the inspection on 26 September 2017, we found:

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Following our previous inspection in November 2016 the practice had made significant improvements. At the inspection on 26 September 2017 we found;

- Practice staff reviewed the needs of its local population and engaged with the clinical commissioning group to secure improvements to services where these were identified.
- Feedback from patients reported they had difficulty accessing appointments, although some patients told us they thought access had improved recently.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Following our previous inspection in November 2016 the practice had responded positively to the report compiled by the Care Quality Commission, where action was required. However, there were still areas that the practice needed to improve. At the inspection on 26 September 2017, we found:

- There was an effective system for identifying, risks and issues, with the exception of infection control and managing medical emergencies. We noted that mitigating actions were not appropriately recorded when action was taken.

Inadequate



Summary of findings

- The practice had a number of policies and procedures to govern activity, although we saw two with out of date or missing information.
- Systems that had been put in place to ensure patient safety were not always followed or monitored.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- The practice had failed to make sufficient improvements in some areas, such as recording of recruitment checks, staff training, infection control and ensuring clear leadership responsibilities in specific areas.

Summary of findings

The six population groups and what we found

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

Older people

Our inspection in November 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of older people.

At this inspection in September 2017 we saw improvements, however in some areas these were not sufficient and the practice remains rated as inadequate overall. Concerns found affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered integrated care with a locality health hub to reduce hospital admissions.

Inadequate



People with long term conditions

Our inspection in November 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people with long-term conditions.

At this inspection in September 2017 we saw improvements, however in some areas these were not sufficient and the practice remains rated as inadequate overall. Concerns found affected all patients including this population group.

- The practice was performing in line with the local and national averages for Quality and Outcomes Framework clinical indicators.
- Longer appointments and home visits were available when needed.

Inadequate



Families, children and young people

Our inspection in November 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of families, children and young people.

Inadequate



Summary of findings

At this inspection in September 2017 we saw improvements, however in some areas these were not sufficient and the practice remains rated as inadequate overall. Concerns found affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Data available to CQC indicated that immunisation rates were below the 90% target level for two year old standard childhood immunisations. The practice has provided unverified data for 2016-17 that showed they had met the 90% target level for all childhood vaccinations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the clinical commissioning group average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Our inspection in November 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of working age people.

At this inspection in September 2017 we saw improvements, however in some areas these were not sufficient and the practice remains rated as inadequate overall. Concerns found affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice did not offer formal extended hours appointments but did offer some flexible appointments for patients who were unable to attend during normal surgery hours.
- The practice also offered walk in clinics two mornings a week, which was in response to patient feedback.

Inadequate



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. However patients told us they had difficulty finding appointments that they could book online.

People whose circumstances may make them vulnerable

Our inspection in November 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people whose circumstances may make them vulnerable.

At this inspection in September 2017 we saw improvements, however in some areas these were not sufficient and the practice remains rated as inadequate overall. Concerns found affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.
- The GP partners offered flexible appointment times for patients who had difficulty with transport to the surgery.

Inadequate



People experiencing poor mental health (including people with dementia)

Our inspection in November 2016 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people experiencing poor mental health.

At this inspection in September 2017 we saw improvements, however in some areas these were not sufficient and the practice remains rated as inadequate overall. Concerns found affected all patients including this population group.

Inadequate



Summary of findings

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the local average of 85% and the national average of 84%.
- 100% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was comparable to the local average of 92% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice facilitated self-help and contact with counselling services for patients.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey is published annually and the most recent results were published in July 2017, based on data collected between January and March 2017. The results showed that the practice was performing lower in comparison with other practices locally and nationally.

- 79% of patients who responded described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 74% of patients who responded described their experience of making an appointment as good compared with the CCG average of 79% and the national average of 81%.
- 62% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards of which all were positive about the standard of care received, although one also contained a comment about delays in getting appointments. Patients said that the GP was kind, caring, supportive and listened to them and that staff were caring, respectful, helpful and polite. The comments on seven of the cards indicated the patient felt the practice had improved in the last six months.

We spoke with nine patients during the inspection including six members of the patient participation group. Patients told us that they were treated well by the GP and staff.

Dr Shada Parveen

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a second CQC inspector, a CQC assistant inspector, a GP specialist adviser, a practice manager specialist advisor and a patient by experience expert.

Background to Dr Shada Parveen

Dr Shada Parveen is also known as Maybury Surgery and offers general medical services to people living and working in Woking. The practice population (2,300 patients) has a significantly higher than average proportion of working patients and also patients that are unemployed. There is a higher proportion of children under the age of 18 and a below average proportion of older patients. There is higher deprivation affecting older people and children. The practice population has a high proportion of Asian and Eastern European patients. The practice is placed in the sixth least deprived decile.

The practice holds a General Medical Service contract and is led by one female GP. At the time of this inspection the GP providing the service is different from the GP registered with CQC as the provider. We were told that the practice was going through a change of management. The GP is supported by a locum GP (male), a locum practice nurse, a healthcare assistant, a business manager and a team of reception and administrative staff. A range of services are offered by the practice including asthma reviews, child immunisations, diabetes reviews, new patient checks, and smoking cessation.

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 8am and 8.30am access to the practice was through an out of hour's provider (Care UK). The practice does not offer extended hours appointments but does run a drop in service two mornings a week on a Tuesday and Thursday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice has opted out of providing Out of Hours services to their patients. When the practice is closed patients are advised to call NHS 111 where they will be given advice or directed to the most appropriate service for their medical needs.

The service is provided from the following location:

The Maybury Surgery

Alpha Road

Woking

Surrey

GU22 8HF

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Shada Parveen on 15 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe, effective, caring and well led services and requires improvement for providing responsive services and was placed into special measures for a period of six months.

We also issued three warning notice to the provider in respect of safe care and treatment, good governance and

Detailed findings

fit and proper persons employed and informed them that they must become compliant with the law (Regulation 12, Regulation 17 and Regulation 19 of the Health and Social Care Act 2008 Regulations 2014). We carried out a focused inspection to follow up the warning notices on 26 April 2017 and found that the practice were now compliant with Regulation 17 and Regulation 19, a further warning notice was issued in respect of Regulation 12. The full comprehensive report on the 15 November 2016 inspection and the focused report on the 26 April 2017 inspection can be found by selecting the 'all reports' link for Dr Shada Parveen on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Shada Parveen on 26 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included information from North West Surrey Clinical Commissioning Group (CCG) and NHS England.

Following the November 2016 inspection we asked the provider to send a report of the changes they would make to comply with the regulations they were not meeting. At the April 2017 inspection we determined that the practice was compliant with the legal requirements in the warning notices regarding Regulation 17 and Regulation 19 that had been issued to the practice. However the practice was not fully compliant with the legal requirements in the warning notice regarding Regulation 12 and a further warning notice for Regulation 12 was issued.

Before visiting on 26 September 2017 the practice confirmed they had taken the actions detailed in their action plan.

We carried out an announced visit on 26 September 2017.

During our visit we:

- Spoke with a range of staff (GP, business manager and administration/reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 15 November 2016, we rated the practice inadequate for providing safe services as the arrangements in respect of reporting and recording of significant events, handling of complaints, use and training of chaperones, recruitment checks, storage of medicines and vaccines, infection control, management and disposal of clinical waste, storage and tracking of prescription forms, assessment of risk, safeguarding training and accessibility of safeguarding policies were not sufficient.

We issued a warning notice in respect of these issues and undertook a follow up inspection of the service on 26 April 2017. The details of these can be found by selecting the 'all reports' link for Dr Shada Parveen on our website at www.cqc.org.uk.

During our inspection 26 April 2017 we found that the practice has failed to ensure that risks were appropriately assessed and mitigated and a further warning notice was issued in respect of this.

At this inspection we found that some of the improvements the practice had made were sustained however the practice was still not compliant with the legal requirements. The practice remains rated as inadequate for providing safe services.

Safe track record and learning

During our follow up inspection on 26 April 2017 we found that significant events and near misses were recorded and there was some evidence of discussion at team meetings and involvement of staff in actions and learning outcomes. However, we found that actions relating to significant events had not been reviewed and there were some significant events recorded electronically that were not included in the paper file.

When we inspected in September 2017 we saw evidence that the process for reporting and recording significant events had been maintained and we saw evidence of meeting minutes which demonstrated shared learning from significant events with staff. For example, we saw an example where a childhood vaccine was given according to the schedule in the child's red book (a record of

immunisations and other health data) that was not in accordance with the latest national childhood immunisation schedule, this was discussed at a staff meeting and learning disseminated to other clinical staff to reduce the risk of this occurring in the future. Staff we spoke with told us that they understood their responsibilities for reporting significant events

Overview of safety systems and process

At our inspection in November 2016 we found that not all staff had recent Disclosure and Barring checks (DBS), that appropriate recruitment checks had not been undertaken prior to employment, there were not records of training to demonstrate GPs and staff were trained to the appropriate safeguarding level for their job role, responsibility for infection control was unclear, vaccines and medicines were not being stored safely and computer printable prescription forms were not stored securely.

When we inspected in April 2017 we found that all staff working in the practice had a recent DBS check, recruitment checks had been completed for staff and one locum GP working in the practice, action had been taken to improve infection control, vaccines and medicines were stored appropriately with records kept of the checks completed and security of computer printable prescription forms had improved. There continued to be concerns regarding staff training and disposal of sharps waste.

At this inspection 26 September 2017 we found that not all of the improvements we saw in April 2017 had been maintained.

- We found that the practice did not have records of DBS checks for a locum nurse or locum advanced nurse practitioner who had been working in the practice within the last six months. Practice staff told us that the locums worked at other local practices and that they knew them so they had not requested proof that these checks had been carried out.
- We found that not all recruitment checks had been completed, for example, there were no records of recruitment checks for the locum nurse or locum advanced practitioner and there were unexplained gaps in the employment history of a health care assistant. The practice were unable to demonstrate assurance that these checks had been carried out or that gaps in employment had been flagged for explanation.

Are services safe?

- On the day of inspection the practice were unable to provide evidence of safeguarding training for the locum GP or locum nurse as these had not been requested prior to them commencing at the practice and there was no record of locum staff undertaking this training within the practice.
- The GP had taken responsibility for infection control and had completed an infection control audit. However, monitoring and identification of risks associated with infection control was not adequately carried out or adequately mitigated. For example, we found an opened needle that was in the same storage container as clean needles. We also saw that some clinical equipment was not cleaned regularly, for example, we saw a nebuliser that was dusty and stored in a cupboard which was also dusty. (A nebuliser is a device that helps patients with respiratory difficulties to take medicine).
- We also saw evidence of out of date consumables, for example sterile needles and sterile water for use in injections. The practice had put in place a record for daily, weekly and monthly checks however we noted this was not always complete. For example; the weekly vaccine checks had only been signed as being completed four times in the last ten weeks.
- We saw that computer printable prescription forms were not always stored securely. We found that forms were not removed from printers when the room was not in use, even when not in use for extended periods, although the rooms were locked. This could allow the forms to be accessed by unauthorised people and if any forms were missing the practice might not have been able to identify that.

Monitoring risks to patients

At our inspection in November 2016 we found that there were insufficient procedures in place for monitoring and managing risk to staff and patients, for example there were no risk assessments in place for fire, Legionella, control of substances hazardous to health or security of the premises.

When we inspected in April 2017 we found that the practice still did not have all the appropriate risk assessments in place.

At this inspection 26 September 2017 we saw evidence that risk assessments had been completed and action plans were in place. However, we noted that action plans did not record when an action had been completed. For example, the fire risk assessment required additional signage to be displayed near emergency exits. We saw this signage was displayed but there was no record in the action plan that this had been completed.

Arrangements to deal with emergencies and major incidents

At our inspection in November 2016 we found that the practice did not have adequate arrangements to respond to emergencies and major incidents. For example, the practice did not have a defibrillator on site and although all of the emergency medicines were in date there were no records to demonstrate that these were routinely checked.

When we inspected in April 2017 we found that the practice had completed a risk assessment to mitigate the risk of not having a defibrillator. However, the risk assessment was not thorough enough to mitigate the risk.

At this inspection 26 September 2017

- We found the practice did not have all of the emergency equipment and medicines on site to deal with medical emergencies. For example; the practice provided intra uterine contraceptive device fitting as part of their family planning service, however, they did not have atropine on site. (Atropine is a medicine used to treat low heart rate which may occur when an intra uterine contraceptive device is being fitted). The GP was able to describe methods to manage this condition without the use of atropine, however they had not assessed the risk of this to patients or considered having atropine available to mitigate this risk. The practice had a defibrillator on site. However, on the day of inspection we were not able to find the pads that enable the defibrillator to be used. Since the inspection the practice has provided evidence that the pads were attached to the defibrillator and have carried out further training for all staff to ensure they know how to use the defibrillator including locating the pads.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 15 November 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of management, monitoring and improving outcomes for people, clinical audit, demonstrating that staff had the skills, knowledge and experience to deliver effective care and treatment, training of staff, recording staff training and practice uptake of national screening programmes were not sufficient.

We issued a warning notice in respect of clinical audits and undertook a follow up inspection of the service on 26 April 2017. The details of these can be found by selecting the 'all reports' link for Dr Shada Parveen on our website at www.cqc.org.uk.

During our inspection 26 April 2017 we found that while complete cycle audits had not been undertaken the practice had taken clear action to improve outcomes for patients and further audit cycles were planned.

At this inspection we found that the practice had made improvements although there were still concerns regarding recording of locum staff training. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment

At both our inspections on the 15 November 2016 and the 26 September 2017 we found that clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for

patients. (QOF is a system intended to improve the quality of general practice and reward good practice). This data is from the period prior to the current GP starting to provide services at the practice.

The most recent published results were 96% of the total number of points available. Exception reporting was 10% higher than the local and national averages (Practice 20%, clinical commissioning group (CCG) and England averages were 10%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). At this inspection, September 2017, the practice told us that they were aware of their QoF performance and the GP was monitoring performance in the diabetic indicators monthly.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016-2017 showed:

- Performance for diabetes related indicators was below the local and England averages. For example; managing blood glucose level, 68% of patients with diabetes, on the register, were within recommended level (CCG average of 80%, England average of 80%). However, exception reporting was 11% higher than local and national averages.
- Performance for mental health related indicators was comparable to the local and England averages. For example; 100% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months (CCG average 92%, England average of 89%). No patients were exception reported which was 12% lower than local and national averages.

During our inspection in April 2017 we were told that there was a renewed focus within the practice on quality improvement for patients with long term conditions and the practice told us they were in the process of recruiting a nurse practitioner to improve management of long term conditions. We also saw evidence of single cycle clinical audits, including a vaccine and high risk medicines audits.

At this inspection we noted that the practice had not recruited a nurse practitioner and the GP had remained the lead for long term condition management. At the time of inspection there was no regular nursing input into the practice although we were told a nurse had been recruited

Are services effective?

(for example, treatment is effective)

to commence in post. Since this inspection we have seen evidence that a part time practice nurse has been employed who will take on some long term conditions management.

We did see limited evidence of audit.

- There had been two clinical audits undertaken in the last year and both of these were completed audits. For example; an audit of antibiotics prescribed for urinary tract infections identified that prescribing did not meet Public Health England guidelines. The guidelines were shared with prescribing staff and the re-audit showed that all patients that had been prescribed antibiotics for urinary tract infections had been appropriately prescribed.
- The practice participated in local audits. For example; a pharmacist from the CCG was attending the practice weekly to run medicines management audits.
- We saw evidence that the lead GP was monitoring QoF on a weekly basis, particularly concentrating on diabetes.
- The practice were in monthly contact with the CCG diabetes liaison nurse.

Effective staffing

At our previous inspection in November 2016 we found that the practice could not demonstrate that staff had the skills, knowledge and experience to deliver effective care and treatment. Although the practice had an induction programme for newly appointed reception staff this did not cover topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was no evidence that staff had received appraisals within the previous twelve months, not all staff had completed training appropriate to their job role and the practice did not maintain a record of training for clinical or non-clinical staff.

At our inspection in April 2017 the practice told us they had identified a need for a nurse practitioner to support the management of long term conditions and they told us they were actively recruiting for this role.

When we inspected in September 2017 we found;

- There was no regular nurse practitioner or nurse employed by the practice on either a permanent or locum basis. Since this inspection we have seen evidence that a part time practice nurse has been employed.
- Newly recruited staff had completed their induction programme to a stage appropriate to the length of time they had been employed. Staff we spoke with told us that the induction programme was comprehensive and they felt supported in their learning.
- Since our inspection in April 2017 the practice manager had left and there was a lack of clarity about future practice management arrangements.
- All staff had a recent appraisal; however staff were not all clear who their line manager was as the appraisals had been carried out by an external practice management consultant.
- We saw evidence that the practice recorded staff training and all staff training was up to date. However, the practice did not have complete records of training for all locums. For example; when asked the practice did not provide evidence of training for a long term locum GP, a locum practice nurse and they were not aware of the Care Certificate training required for the health care assistant.

Coordinating patient care and information sharing

At our inspection in November 2016 we found that the information needed to plan and deliver care and treatment was generally available to relevant staff in a timely and accessible way. Information was accessed through the practice's patient record system and their intranet system. However care plans were not always up to date. The practice shared relevant information, with patients' consent, with other services in a timely way, for example when referring patients to other services. However we found that there was no record of meetings with the district nurses or palliative care team.

During this inspection we saw evidence of communication with the district nurses. At the time of inspection the practice did not have any palliative care patients so there were no records of recent meetings or communication with the palliative care team.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

At our inspections in November 2016 and September 2017 we found that staff sought patients' consent to care and treatment in line with legislation and guidance.

At our inspection in November 2016 the practice could not provide evidence that clinical staff had completed training in the Mental Capacity Act (MCA) 2005.

During our inspection September 2017 we saw evidence that staff had completed MCA training appropriate to their job role. However, the practice did not have any record of the long term locum GP or locum nurse completing MCA training.

Supporting patients to live healthier lives

At our inspection in November 2016 we found the practice's uptake for national screening programmes were below clinical commissioning group (CCG) and England averages. At this inspection we found that uptake was still below the CCG and England averages. For example; the practice's uptake for the cervical screening programme was 59% (CCG average of 80%, England average of 81%) and eligible patients screened for bowel cancer was 25% (CCG average 56%, England average 58%).

The practice had developed a form that was completed by the clinician if a patient needed to book a further appointment that the patient could then hand to reception to book the appointment, for example; a follow up

appointment for diabetes review or a cervical smear appointment. This avoided any potential language confusion or embarrassment at the reception desk and ensured that the patient had the correct appointment booked with the most appropriate clinician.

Childhood immunisations were carried out in line with the national childhood vaccination programme, by the lead GP.

At our inspection in November 2016 data available to CQC indicated that immunisation rates were below the 90% target level for two year old standard childhood immunisations. At the time of the inspection there was no current data available and therefore we were unable to tell whether the practice had improved. However the practice did show us unverified data which indicated that they were meeting the 90% national target for all standard immunisations.

The practice had produced a leaflet for diabetic patients which gave advice about managing diabetes and diet during Ramadan (the ninth month in the Islamic calendar when Muslims observe daily fasting during daylight hours).

The practice worked proactively with a local community link worker who ran health workshops for patients. These included a recent meal preparation workshop in conjunction with a dietician from the local hospital and exercise groups such as cycling and yoga.

Are services caring?

Our findings

At our previous inspection on 15 November 2016, we rated the practice as inadequate for providing caring services as patients told us that they were not always satisfied with consultations with GPs and nurses and did not always feel involved in decisions about their care and treatment and the practice were unaware of this.

When we undertook a follow up comprehensive inspection of the service on 26 September 2017 we found arrangements had significantly improved. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspections in November 2016 and September 2017 we observed members of staff were helpful to patients. However at our inspection in November 2016 results from the national GP patient survey showed the practice was below local and England averages for its satisfaction scores on consultations with GPs and nurses. At this inspection the latest results from the national GP patient survey, published July 2017, showed that patient satisfaction had increased and the practice scores were comparable with the clinical commissioning group (CCG) and England averages. For example; the percentage of patients who responded who said that the last GP they spoke to was good at treating them with care and concern had increased from 69% in November 2016 to 84% in September 2017 (CCG average of 87% and the England average of 86%).

As part of our inspection on 26 September 2017 we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards of which all were positive about the standard of care received. One comment card indicated that the patient was unhappy with waiting a week for a pre-bookable appointment. Patients said that GPs and nurses were kind, caring, supportive and listened to them. Patients said that GPs and nurses were kind, caring, supportive and listened to them. The cards said that staff were caring, respectful, helpful and polite. The comments on seven of the cards indicated the patient felt the practice had improved in the last six months.

We spoke with nine patients during the inspection including six members of the patient participation group. Patients told us that they were treated well by the GP, nurses and other staff.

Care planning and involvement in decisions about care and treatment

At our inspection in November 2016 results from the national GP patient survey showed patients had not always responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were significantly below local and national averages in some areas.

At our inspection in September 2017 results from the national GP patient survey showed patients had responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages. For example; the percentage of patients who responded who said that the last GP they spoke to was good at involving them in decisions about their care had increased from 56% in November 2016 to 83% in September 2017 (CCG average of 84% and the England average of 85%).

Translation services were available for patients who did not have English as a first language. In addition, staff within the practice were fluent in a number of languages that reflected the needs of the local population. For example; both Asian and Eastern European languages were spoken by staff.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 November 2016, we rated the practice as requires improvement for providing responsive services as the practice failed to ensure that there were clear records of complaints including how they were reviewed, discussed and learning used to make improvements and the complaints policy was out of date.

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017 we found that the practice had reviewed and updated their complaints policy and complaints were being handled satisfactorily. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

During our inspection in November 2016 and September 2017 we found that the practice reviewed the needs of its local population and engaged the clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice was working to engage the local population and was working closely with the community link worker.
- In response to patient feedback the practice provided a walk in service two mornings a week.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available. One member of staff was trained as a medical translator.
- Information for patients was available in different languages and staff within the practice were fluent in a number of languages that reflected the needs of the local population. For example; both Asian and Eastern European languages were spoken by staff. The GP could consult in some Asian languages.

Access to the service

At our inspection in November 2016 results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and England averages.

The national GP patient survey is published annually and the most recent results were published in July 2017, based on data collected between January 2017 and March 2017, which was before the current GP started providing services at this surgery. The results showed that the practice was performing in line with other practices locally and nationally.

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the England average of 80%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 73% of patients 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 75% and the England average of 75%.

At our previous inspections patient feedback indicated that patients found it difficult to access the service by telephone. Since our last inspection the practice has installed a new telephone system. During this inspection, in September 2017, none of the patients we spoke with or who completed comment cards mentioned any difficulty in accessing the service by telephone.

Listening and learning from concerns and complaints

When we inspected the practice in November 2016 we found that the practice had an out of date complaints policy and records recording complaints were limited so it was unclear how complaints were handled.

At this inspection in September 2017 we looked at two complaints received between April 2017 and September 2017 and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. We saw evidence that lessons learnt were shared with appropriate clinical and non-clinical staff through meetings. Staff we spoke with told us that they were also communicated through emails and face to face conversations. We saw

Are services responsive to people's needs? (for example, to feedback?)

action was taken as a result to improve the quality of care. For example, a complaint regarding the fitting of an intra uterine contraceptive device resulted in a change to the way appointments for family planning were booked.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection on 15 November 2016, we rated the practice as inadequate for providing well-led services as there was no overarching governance to support the delivery of good quality care.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up warning notice inspection of the service on 26 April 2017.

At this inspection in September 2017 we found that not all of the improvements, for example infection control, medicines management and recruitment checks, we saw in April 2017 had been maintained and there were on going breaches of regulations. The practice remains rated as inadequate for being well-led.

Vision and strategy

During our inspection in September 2017 the GP providing the service told us that they had a vision to deliver high quality care however did not appear to have a clear strategy and business plan that they were adhering to.

Governance arrangements

During our inspection in September 2017 we found that the majority of policies had been reviewed and were up to date although we saw two that still contained inaccurate or had missing information, for example, the business continuity plan did not contain any contingency measures to be put in place in the absence of the lead GP or a plan of what staff they needed to put in place in terms of the day to day running of the practice.

We saw evidence that the practice had clear risk assessments in place and risks were identified and actions identified to mitigate them. However, we noted that where actions identified had been completed these were not always recorded. We also found that the practice had implemented a system for daily, weekly and monthly checks; however these were not being completed and there was no overall responsibility for monitoring these. There was no overall responsibility for these systems to monitor and ensure that they were being completed. We also saw that while infection control audits had been

completed there were ongoing concerns with infection control that indicated the systems were not operating efficiently. For example, monitoring checks were not being regularly carried out and as a result there was expired consumable equipment in place within clinical areas and some areas of clinical areas showed evidence of not being adequately cleaned.

We saw evidence that the practice was monitoring performance, however the GP providing the service did not have access to all appropriate systems to monitor performance as the registered provider had not granted access. For example; the GP providing the service was not able to access the system used to report into the national system childhood vaccines given by the practice as the registered provider had refused to grant them access. The GP providing the service was aware that their long term condition management could be improved and a nurse had been recruited who would support the GP in this area.

We saw evidence that significant events and complaints were clearly recorded. We also saw minutes of weekly meetings for all staff where significant events and complaints were a standing agenda item.

We found that staff training was up to date and recorded by the practice. However, there were not systems in place to ensure that training for locum staff was carried out or that records relating to this were reviewed or maintained. There were also no systems in place to ensure that recruitment checks for locum staff were in place. We also noted that when asked the practice did not provide evidence of indemnity insurance for locum GPs or nurses, since the inspection the practice has provided evidence of this. The GP providing the service and business manager did not demonstrate an understanding of why it was important the practice carried out its own checks on locum staff.

Leadership and culture

Since April the registered provider has been absent from the practice and has had no involvement with the daily running of the service. Another GP has taken on responsibility for providing the service and now holds the contract with the CCG; however this GP is not yet registered with CQC.

There had been no regular nursing or practice manager input to the practice since April although a new part time practice nurse has been recruited to start work in October and ad hoc practice management support is provided by a

Are services well-led?

Inadequate 

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

consultant. We found that areas of monitoring usually undertaken as part of an infection control lead role had not consistently been carried out and as a result some areas of infection prevention and control had lapsed.

When we inspected in September 2017 we found that there was still a lack of clarity around leadership in the practice. For example, one member of staff we spoke with was not sure who their line manager was or who to go to with concerns.

We saw minutes from weekly staff meetings which were open to all staff and a copy of the minutes were emailed to any staff that were unable to attend.

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

At our inspection in September 2017 we spoke with six members of the PPG who told us how they had been involved with the practice since our inspection in April 2017. We noted that the practice had added a suggestion box to their waiting area, and the suggestions were regularly reviewed at practice meetings.

Continuous improvement

During the inspection in September 2017 we saw that the practice has made some improvements following our previous two inspections and the practice was engaging with other local healthcare resources, such as the clinical commissioning group pharmacist, community link worker and diabetic liaison nurse. For example, they had made some improvements to the management of risk, practice policies, multidisciplinary working, engagement with patients and communication within the practice.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The registered person did not ensure treatment was provided in a safe way.</p> <p>The practice had failed to ensure that prescription stationary was stored securely.</p> <p>The practice had failed to ensure that all medicines and consumables were within their expiry date and stored appropriately.</p> <p>The practice had failed to ensure that all clinical equipment was cleaned and stored appropriately.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice had failed to ensure that their systems and processes were used to ensure patient safety.</p> <p>The registered person had not ensured that systems were in place for recruitment checks and staff training including locum staff.</p> <p>The practice had failed to provide evidence of indemnity insurance for all clinical locum staff who had worked in the practice in the previous six months.</p> <p>The practice did not have a clearly defined leadership structure or sufficient staffing.</p>

This section is primarily information for the provider

Requirement notices

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