

Medlock Vale Medical Practice

Quality Report

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Date of inspection visit: 14 November 2017

Date of publication: 16/01/2018

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?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as inadequate overall.

(Previous inspections, April 2015 – Requires Improvement, November 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – requires improvement

Are services caring? – requires improvement

Are services responsive? – requires improvement

Are services well-led? – inadequate

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 –Inadequate

People with long-term conditions –Inadequate

Families, children and young people –Inadequate

Working age people (including those recently retired and students –Inadequate

People whose circumstances may make them vulnerable –Inadequate

People experiencing poor mental health (including people with dementia) - Inadequate

We carried out an announced inspection at Medlock Vale Medical Practice on 14 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear systems to mitigate risk in relation to the safe care and treatment of patients. When incidents did happen although some were investigated and discussed with lessons learnt and shared, we found not all incidents were documented and formally reviewed.
- The practice reviewed the effectiveness of the care it provided. However we found the care and treatment was not always delivered according to evidence based guidelines and action was not taken where appropriate in line with patient safety alerts in a timely manner.
- The practice systems for appropriate and safe handling of medicines were inadequate.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found appointments overall were available; however they reported challenges accessing appointments as it was not easy to access the practice by telephone.
- In general patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were

Summary of findings

made to the quality of care as a result of complaints and concerns. A new reception manager had been appointed to ensure managers were available and visible to patients should they require assistance.

- Patients said they could make an appointment with a named GP but some said they may have to wait several days for this appointment. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a new leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice did not have clear systems to assess, monitor and improve the quality and safety of care provided. The practice leadership was reactive rather than proactive and did not have a proven safe track record.
- The practice had an established, proactive patient participation group.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider should make improvements are:

- Improve the appointments system in particular telephone access for the patient population for both on the day and pre-bookable appointments, and investigate ways to increase appointment availability.
- Improve ways to increase the number of carers that the practice has registered to ensure that they receive appropriate support.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Summary of findings

The six population groups and what we found

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

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

Medlock Vale Medical Practice

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.

Background to Medlock Vale Medical Practice

Medlock Vale Medical Centre is the registered provider and provides primary care services to its registered list of 8141 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Tameside and Glossop Clinical Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, minor surgery and rotavirus and shingles immunisation.

Regulated activities are delivered to the patient population from the following address:

58 Ashton Road

Droylsden Greater

Manchester

M43 7BW

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered: www.medlockvalemicalpractice.co.uk

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services. The practice has a higher than average older population with 20.3% aged 65 years and over (CCG - 16.9%, England 17.2%)

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

The practice did not have clear systems in place to ensure the safe care and treatment of patients.

Safety systems and processes

The practice systems to safeguard patients from abuse and keep patients safe needed to be improved.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. We noted annual fire safety and warning light checks took place but weekly checks were not carried out in line with good practice guidance. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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).
- 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 a system to manage infection prevention and control. However the policies and procedures did not adequately cover the requirements in relation to minor surgery and we noted the treatment room used for minor surgery did not comply with current standards for example the flooring in the treatment room was not intact.
- 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.
- The practice failed to recognise failures in the cold chain system following the introduction of a new data logger. We noted for example vaccination fridge temperatures had gone out of range (below 1.5 and up to 11) and this had not been noted or actioned. Following the inspection we were provided with evidence that appropriate action was taken by the practice and additional training for staff to ensure failures are not missed in the future.

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. We were told the practice faced challenges recruiting salaried GPs and they had to cover the shortages with locums. We saw evidence all surgeries had GP cover where required but this was putting additional pressure on the GP partners.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety and acknowledged in the short term the leadership capacity to ensure safe care and treatment was significantly reduced and at times clinicians told us they felt overwhelmed even with locum cover. Recruitment was however underway for additional salaried and partner GPs.

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 way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice systems for appropriate and safe handling of medicines were inadequate.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment needed to be improved. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed and administered to patients and gave advice on medicines, however we noted that the system of repeat prescribing of medicines was not safe:
 - There was no system in place for monitoring uncollected prescriptions. We found large numbers of prescriptions issued up to five months previously remained uncollected. These included prescriptions for antibiotics and controlled drugs. We also found examples where patients had been issued repeat prescriptions despite being overdue medication reviews. It was also noted prescriptions for Tramadol a controlled drug was not marked as a prescription for a controlled drug. Following the inspection we asked the provider to take immediate action in response to the concerns we found. We were informed they had reviewed all uncollected prescriptions and had followed up patients where required. They also told us they were developing a policy and procedure which included weekly checks on uncollected prescriptions.
 - We found examples where three patients prescribed Lithium had not had relevant blood tests or medication reviews carried out as per guidelines before repeat prescribing. Following the inspection we asked the provider to take action in for their response to the concerns we found. We were told all patients concerned had been contacted for review and a new policy and procedure was being developed.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Track record on safety

The practice had a mixed safety record.

- There were risk assessments in relation to safety issues.
- The practice had responded to previous safety concerns raised by CQC in previous inspections but systems and processes to maintain and monitor safety overall were insufficient and concerns over safety were again identified during this inspection for example, repeat prescribing and monitoring of uncollected prescriptions, failure to respond to MHRA alerts and failure to identify and act on breaches in the cold chain.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong, however we noted not all incidents were recorded and reviewed in line with the new system introduced by the practice.

- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice, where events and incidents had been recorded. However we were informed during the inspection about three significant incidents which had not been recorded or reviewed. We also noted two incidents in relation to urgent referrals for patients to see a specialist within 2 weeks (2WW) and although these had been investigated we were told of a third incident which resulted in a delayed referral. We found that the practice did not have a failsafe process in place to ensure referrals were made in the recommended timeframe or reviewed to ensure they had been actioned.
- The system for receiving and acting on safety alerts was not adequate. We noted that a number of safety alerts were passed to staff and discussed at team meetings however we noted alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were not being acted on for example, one alert from April 2017 in relation to the prescribing of Sodium Valproate. We found three examples where medication continued to be prescribed despite the safety alert and there was no record of discussion about the risks having taken place with patients.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had some 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 average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (01/07/2015 to 30/06/2016) were comparable to other Practices in England.
- The number of antibacterial prescription items prescribed (01/07/2015 to 30/06/2016) were comparable to other practices in England and the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/2015 to 30/06/2016) were also comparable to other practices in England.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Although we rated the practice as requires improvement for how effective it was to all population groups, we rated the overall provision to groups as inadequate due to concerns found in safe and well led.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. The practice had also introduced a new holistic review process for housebound patients.
- The practice nurse followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice had created a computer prescription review system unique to the practice to ensure patients were recalled when their medication reviews were due, or blood tests, blood pressure checks required. However we found examples when reviewing uncollected prescriptions that's patients had been issued repeat medication when reviews were overdue.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 Royal College of Physicians (RCP) questions was 81% (CCG 76%, National 71%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 93% (CCG and National 92%).
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) (diagnosed on or after 1 April 2011) in whom the diagnosis had been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register was 89% (CCG 90.5%, National 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 84% (CCG and National 83%).
- The percentage of patients with atrial fibrillation in whom stroke risk had been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) was 96% (CCG 98%, National 97%).

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 below the target percentage of 90% or above in three areas:
 - MYNHSCIMB: Percentage of children aged 2 with pneumococcal conjugate booster vaccine 84.1%

Are services effective?

(for example, treatment is effective)

- MYNHSCIMC: Percentage of children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine 84.1%
- MYNHSCIMD: Percentage of children aged 2 with Measles, Mumps and Rubella vaccine 84.1%
- We were provided with evidence from the practice that in year they were in line to meet the 90% target for childhood vaccination
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. However we noted the practice had not taken appropriate action following the MHRA alerts in relation to Sodium Valproate.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is worse than the national average of 84%. We also noted higher than average exception reporting of 11%, 4% above the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average. However we noted higher than average exception reporting of 33%, 20% above the national average.

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

- The practice's uptake for cervical screening was 71%, which was below the 80% coverage target for the national screening programme. To improve uptake the practice wrote to patients in need of cervical screening and had seen an increased uptake in year as a result.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered all aspects of family planning, including contraceptive implants and coils.

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 including homeless people, travellers and those with a learning disability. The practice had alerts within patient's records which also indicated patients with carers. We noted however after reviewing a small sample of patients notes that alerts were not always in place.

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

- We found examples where three patients prescribed Lithium had not had relevant blood tests or medication reviews carried out as per guidelines before repeat prescribing.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 91%; CCG 88%; national 91%)
- The practice had on site a locality mental health service which patients could access, alongside patients from other practices in the locality.

Monitoring care and treatment

The practice had a programme of quality improvement activity lead by one of the partner GPs, however due to the shortage of GPs within the practice; their capacity to focus on quality improvement was significantly reduced.

The most recent published Quality Outcome Framework (QOF) results (2016/17) were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall clinical exception reporting rate was 7% compared with a 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.)

Are services effective?

(for example, treatment is effective)

- The practice was involved in some quality improvement activity for example they had significantly reduced over time their antimicrobial prescribing and where time allowed clinicians took part in local and national improvement initiatives.

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 induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. The practice had introduced a new management structure and there was now an administration/reception manager whose role included supporting and managing staff on a day to day basis and support staff with patient queries.
- Capacity among the lead GPs was compromised due to salaried and partner GPs leaving the practice within the last 12 months. Despite efforts to recruit additional GPs they were reliant on locums to cover surgeries and therefore placing additional administration pressure on the lead GPs.

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. We were told however they had limited engagement with the District Nursing team.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- 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.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 53%) was comparable to other practices in the CCG and nationally. However we identified three incidents in relation to urgent referrals for patients to see a specialist within 2 weeks (2WW) where there were inadequate failsafe system in place to ensure referrals were made in the recommended timeframe or reviewed to ensure they had been actioned.
- Staff encouraged and supported patients to be involved in monitoring and managing their health and actively referred patients to the Live Active and Be Well workers who held sessions within the practice.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated the practice, and all of the population groups, requires improvement for caring.

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.
- All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. However five commented on the length of wait for pre bookable appointments. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 276 surveys were sent out and 116 were returned. This represented about 1% of the practice population. The practice was comparable to others for its satisfaction scores on consultations with GPs and nurses and had seen an improvement from the previous year's scores. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.

- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 65% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

The practice were looking at ways to improve patients experience with receptionists and have restructured the reception administration team and appointed a reception manager. Staff have participated in customer care training.

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. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

The practice had identified some patients who were carers via a question on the new patient questionnaire and ad-hoc during consultations. The practice had identified 72 patients as carers (less than 1% of the practice list). There was written information available to direct carers to the various avenues of support available to them. The practice had not initiated a more formal system of identifying carers as recommended during our previous inspection in November 2016 as a way to improving and increasing the identification of carers. They told us they planned to introduce a formal register and code patients to ensure their details were up to date and could be called for reviews where appropriate.

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

Are services caring?

how to find a support service. The practice also signposted patients to Willow Wood Hospice where they had bereavement counsellors and bereavement support group for patients' relatives who had contact with the Hospice.

Results from the national GP patient survey showed patient's responses were mixed when asked questions about their involvement in planning and making decisions about their care and treatment. Results were mixed when compared with local and national averages, however the practice were encouraged by the improvement from the previous year's scores:

- 79% 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 88% and the national average of 86%.

- 77% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

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

We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours and seven day access via a local hub, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services and home visits were provided.
- The practice provided patients with a mix of appointments with GPs. 15 minute appointments were pre bookable with the lead GPs and 10 minute appointments with locums. We were told the 15 minute appointments were proving popular with patients and GPs as this allowed them to have more detailed consultations and discuss more than one issue where required.
- There was a duty doctor on call during opening hours to deal with emergencies.

Although we rated the practice as requires improvement for providing responsive services to all population groups, we rated their overall provision to groups as inadequate due to the concerns identified in 'safe' and 'well led' which applied to all population groups.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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.
- The practice held contact with local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice held joint clinics with a Diabetic Podiatrist to improve access for patients to diabetic foot screening.

Families, children and young people:

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

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, evening and weekend access to GPs and nurses via a local hub.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. These were mainly at lunchtime but wherever possible they would accommodate times best suited to the patient.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. However patients on the register did not always have clear alerts on their records for staff information.

Are services responsive to people's needs?

(for example, to feedback?)

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.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients overall had timely access to initial assessment, test results, diagnosis and treatment. We noted from the CQC comment cards collected during the inspection 5 of the 23 responses highlighted a delay in getting pre-bookable appointments.
- Waiting times, delays and cancellations were managed and patients were able to access urgent on the day appointments or pre-bookable appointments via the local seven day access hub, if no convenient appointments were available at the surgery.
- Patients with the most urgent needs had their care and treatment prioritised and the practice referred patients to other services in the community such as pharmacists and opticians.
- The appointment system was easy to use with the ability to book appointments online. However the telephone system meant that sometimes some patients had to ring multiple times or be on hold when trying to book an appointment or speak with staff.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages, however the results were an improvement on the previous year's results and practice and patient participation group were positive about the upward trend but acknowledged they still had work to do to improve access, especially in relation to telephone access. This was supported by observations on the day of inspection and completed comment cards. Of the 276 national GP surveys that were sent out, 116 were returned. This represented about 1% of the practice population.

- 65% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.

- 38% of patients who responded said they could get through easily to the practice by phone; CCG – 69%; national average - 71%.
- 60% 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; CCG - 82%; national average - 84%.
- 50% of patients who responded said their last appointment was convenient; CCG - 78%; national average - 81%.
- 41% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 40% of patients who responded said they don't normally have to wait too long to be seen; CCG - 56%; national average - 58%.

We were told the practice had initiated internal changes to the telephone system to improve access, however this had not resulted in the anticipated outcomes and they were planning to contact the telephone system provider to make further improvements.

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. Staff treated patients, who made complaints, compassionately. The newly appointed reception manager and staff when possible tried to deal with complaints at the time. Both staff and members of the PPG told us the ability to deal with complaints as and when they arose was a big improvement and had resulted in a reduced number of formal complaints.
- The complaint policy and procedures were in line with recognised guidance. 12 formal complaints were received during 2016/17 and to date three during 2017/18. We reviewed two 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 introducing customer care training for reception staff.

Are services well-led?

Inadequate 

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

Our findings

We rated the practice as inadequate for providing a well-led service.

The practice did not have clear systems to assess, monitor and improve the quality and safety or to mitigate the risk associated with safe care and treatment. They did not demonstrate that they had all the necessary experience, knowledge, information or capacity to oversee high quality, safe care. The practice leadership was reactive rather than proactive

Leadership capacity and capability

Leaders had the potential skills to deliver high-quality but could not demonstrate that they could sustain improvements and leadership capacity was limited.

- Leaders did not evidence they had the skills to deliver the practice strategy and address risks to it or to deliver high-quality, sustainable care. Capacity was limited due to shortage of GPs and reliance on locum GPs which impacted on the time available to the lead GP for quality improvement. We were told by one GP there was too much to cope with even with locum cover at times. The quality lead told us they had three hours a week to focus on quality improvement, however this time was being used to cover surgeries and there was no additional support from other GPs or the business manager in relation to quality improvement/governance.
- The practice had a poor track record in terms of maintaining safe systems and processes and despite responding to concerns raised for example during a previous CQC inspection this had not been maintained and there was no continuing oversight for safety. For example, there was no monitoring of uncollected prescriptions and there was a failure to identify gaps in infection control during recent infection control audits.
- They understood the challenges faced in relation to the shortage of GPs and were trying to address them. They continued to look to recruit new salaried GPs and were covering all clinical sessions with locums.
- We were told by staff that leaders at all levels were visible and approachable especially following the introduction of a new leadership structure which included a reception manager, part time practice manager, business manager and a nurse lead. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

- The practice had processes to develop administrative leadership capacity and skills, including planning for the future leadership of the practice. This resulted in the recent changes to the leadership team and early discussions with other local practices to possibly merge to combat the GP shortage. It was acknowledged the current shortage of GPs was having a negative impact on quality and governance.

Vision and strategy

The practice had a vision and strategy to seek to deliver high quality care and promote good outcomes for patients; however current capacity and knowledge to implement the strategy was compromised.

- There was a vision and set of values The practice had a strategy and supporting business plans to achieve priorities and were looking at different ways to minimise risk such as working with other local surgeries. Capacity in the practice was stretched which meant the delivery of a progressive strategy was compromised.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Delivery of the strategy was not prioritised due to the need to react to different pressures within the practice.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population and had signed up for the CCGs Primary Care Quality Improvement Scheme.

Culture

On the day of the inspection the staff at the practice told us that there was a culture to deliver high-quality sustainable care, but capacity to prioritise quality improvement was limited and we found the practice culture to be reactive rather than proactive, quality improvement was a low priority among leaders.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values, this included recent customer care training for reception staff.

Are services well-led?

Inadequate 

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

- Openness, honesty and transparency were demonstrated when responding to the majority of incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work, although this time had been reduced for GPs due to the recent resignation of salaried and partner GPs.
- The practice promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were ineffective. They were not consistently implemented or monitored and there was a lack of day to day oversight by the leaders when it came to the management of safety and risk.
- Practice leaders thought they had established a number of policies, procedures and activities to promote safety, however we identified inadequate systems in relation to safe care and treatment. These included, ineffective monitoring of the two week wait referral system, dangerous management of repeat prescriptions, inadequate reviews of patients prescribed Lithium, the failure to act on MHRA alerts and no clear infection control or cold chain procedures.
- The governance and management of partnerships, joint working arrangements and shared services provided co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including those in respect of safeguarding.
- The practice continued to work with and seek guidance from the CCG Quality Improvement Lead to review and monitor progress to ensure an ongoing continuous cycle of improvement was in place.

Managing risks, issues and performance

There were no clear and effective processes for managing risks or prioritising quality improvement.

- The process to effectively identify, understand, monitor and address current and future risks including risks to patient safety required improvement.
- The practice processes to manage current and future performance was compromised due to the capacity of the lead GPs following the resignation of partner and salaried GPs.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders did not however have oversight of MHRA alerts and not all incidents were recorded and reviewed.
- 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 and an annual audit programme was in place. We did note however there had not been a minor surgery audit carried out in line with good practice.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on some of the information it received but did not have oversight of all relevant information which required action to be taken in place to ensure appropriate and accurate information.

- Quality and operational information was used to improve some aspects of performance such as antimicrobial prescribing and improving uptake of childhood vaccinations, however there was a lack of oversight in some areas for example, exception reporting within the Quality outcomes framework (QOF), cold chain procedures and although some action had been taken to improve patients satisfaction results, scores were still below average overall.
- Quality and sustainability were discussed in relevant meetings but we noted information was not always available such as MHRA alerts.

Are services well-led?

Inadequate 

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

- 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.
- The practice used information technology systems to monitor and improve the quality of some aspects of care, for example the practice had created a computer prescription review system for patients with long term conditions to ensure patients were recalled when their medication reviews or blood tests were due and when blood pressure checks were required.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However we noted that not all areas of the internal directory were password protected enabling all staff to review potentially sensitive information. We were told a full review of all content would be carried out to ensure all relevant areas were password protected.
- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly with the practice staff. They carried out patient surveys on behalf of the practice and submitted proposals for improvements to the practice management team. For example they recommended reception staff wear name badges and answered the telephone with their name. We were told this was not always complied with by all staff and the PPG and practice continued to work together to resolve any problems.
- We spoke with three members of the PPG who felt the practice consulted with them and took into account their views and they felt they were a voice for patients. The PPG were looking at ways to increase members and to be more representative.
- The practice created a newsletter to keep patients up to date.
- The service was transparent and open with stakeholders about performance.

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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The provider did not ensure care and treatment was provided in a safe way to patients.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have effective systems and processes to ensure good governance in accordance with the fundamental standards of care.