Dipple Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Malling Health, Dipple Surgery, East Wing on 20 January 2016. Overall the practice is rated as inadequate.

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

- Staff understood their responsibilities to raise concerns. However, the concerns were not thoroughly investigated, significant incidents were not consistently identified, patients were not provided explanations and learning was not identified or shared to mitigate the risk of them reoccurring.
- Risks to patients were not consistently assessed and well managed. For example, there was no system for ensuring patient safety information was appropriately disseminated and action and a fire risk assessment was conducted and areas for improvement identified but not assigned to a designated member of staff for actioning or timely resolution.
- The practice was an outlier within their CCG for their prescribing behaviour, an action plan was in place but performance was not monitored and had not improved.
- National GP Patient Survey data, published in January 2016 showed patient satisfaction scores were below the local and national averages. The practice had identified priorities for actioning but had not progressed the tasks.
- Medicines were not managed safely, records showed they had exceeded their optimum temperatures and there was no evidence of actions taken by staff to ensure they were suitable for use.
- The practice had not completed any clinical audit cycles to inform and improve performance and patient outcomes.
- Staff reported working in silos, some clinical team members were not included in the dissemination of clinical guidance, unaware of clinical leads within the practice and the did not know of or attend clinical and/or practice meetings.

Summary of findings

- Patients told us the staff were polite and treated them with compassion, dignity and respect. However, they also reported a lack of continuity in their care due to high staff turnover and poor communication between clinicians.
- Information about how to complaint was available to patients.
- Urgent appointments were usually available on the day they were requested.
- The practice had not actively sought feedback from patients and had not supported their patient participation group who reported feeling frustrated and not valued by the practice.

The areas where the provider must make improvements are:

- Ensure risks to the safety of service users are assessed, monitored, managed and mitigated. For example, ensuring risks to the safety of service users identified within the fire risk assessment are addressed.
- Ensure the proper and safe management of medicines
- Conduct thorough and transparent investigation into significant incidents and complaints and ensure that people affected receive reasonable support, an honest explanation, including actions taken and a verbal and written apology where appropriate.
- Maintain records of discussions, decisions and actions of staff in response to concerns raised.
- Assess, monitor and improve the quality and safety of services. For example, listening and responding to patient experiences and conducting clinical audits to improve practice and re-audit to improve patient outcomes.
- Assess, monitor and mitigate the risks to the health, safety and welfare of patients by disseminating patient safety information, national guidance and identifying and responding to lessons learnt from significant incidents.
- Maintain accurate patient records.
- Ensure patient safety information is actioned in a timely and appropriate manner.

In addition the provider should:

- Ensure the practice maintains cleaning records to demonstrate when, where and how rooms had last been cleaned.
- Improve engagement with patients, staff and partner health and social care services.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains 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 practice 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.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was no policy in place for the dissemination, actioning and monitoring of patient safety information.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the incidents were not sufficiently investigated; risks and learning were not identified and appropriately mitigated by taking remedial actions such as educating staff. Whilst apologies where given to patients, they were not supported by evidenced explanations.
- Although risks to patients who used services were identified, the systems and processes to address these risks were not appropriately assessed and mitigation measures implemented satisfactorily to ensure patients were kept safe.
- Medicines were not stored appropriately and staff had not followed guidance regarding reporting irregularities in fridge temperatures.
- Not all clinical staff were aware of whom the safeguarding lead was and they were not all included in discussions relating to patient safety information and significant incidents.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data showed patient outcomes were low compared to the locality and nationally.
- We found there was no system in place for the dissemination and embedding of clinical best practice.
- We found some patient records were not accurate as non-clinical staff were coding patient data and there was no system in place to ensure this was being accurately recorded.
- There was no evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- The practice was an outlier for medicine prescribing patterns within their CCG; performance was not monitored and had not improved.
- Multidisciplinary working was limited and had stopped due to funding being discontinued.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services.

Summary of findings

- Data from the National GP Patient Survey, published in January 2016 showed patients rated the practice lower than others for some aspects of care. Patients told us staff treated them with compassion, dignity and respect. However, not all felt supported and listened to by the clinical team.
- Information for patients about the services provided at the practice was available in the reception area and on their website.
- The practice had produced an action plan in response to below average satisfaction scores but had not reported on progress and the recently published National GP Patient Survey of January 2016 showed little or no improvements.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- Practice staff acknowledged the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services such as operating extended hours.
- Patients said they found it difficult to make an appointment with a named GP and there was an absence of continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had high A&E admissions, these were not monitored to reduce attendance and address unmet needs.
- Information about how to complain was available and patients were supported to make complaints. They were not thoroughly investigated and appropriate explanations provided to complainants. Learning from complaints was not shared with staff and other stakeholders or embedded in practice.

Are services well-led?

Inadequate

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

- The practice had a patient charter detailing the practices obligations to their patients.
- The practice manager told us the practice were committed to providing an effective accessible service. Whilst this commitment was shared by staff they had not been informed or felt encouraged to participate in discussions to improve patient services.

Summary of findings

- The practice did not actively seek feedback from patients and did not consistently respond positively to views shared. The patient participation group (PPG) reported feeling frustrated and not valued.
- All staff had received inductions and received performance reviews but staff meetings were infrequent and not consistently recorded.
- Staff told us practice meetings were infrequent and records of discussions were not consistently maintained.
- The administrative and clinical teams operated in silos with limited awareness of one another roles and how best to support them.
- Clinical care was fragmented, not all clinicians were informed of or involved in clinical meetings. Clinical meeting minutes lacked detail, actions assigned and outcomes.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people.

- All patients over 75years had a named accountable GP.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed.
- We spoke to care homes who reported difficulties with continuity in patient care due to high turnover of clinical staff and poor communication between clinicians.

People with long term conditions

Inadequate

The practice is rated as inadequate care of people with long-term conditions.

- The practice maintained a register for those with long term conditions, inviting them for reviews.
- Nursing staff had lead roles in chronic disease management, they were not overseen by a GP and there were no scheduled chronologic disease clinics to ensure continuity of care.
- Performance for diabetes related indicators were below the national average. For example the percentage of patients with diabetes on their register, who had their blood sugars checked and were less than 64mmol/mol in the preceding, 12 months, was 72.73% in comparison with the national average of 77.54%.
- Prescribing data showed the practice were outliers prescribing in excess of the CCG average in a number of areas. They had failed to conduct audits as recommended within their prescribing support plan 2014-2015.
- Longer appointments and home visits were available when needed.
- We found incorrect coding of clinical information identifying patients with the wrong clinical condition.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Immunisation rates for the standard childhood immunisations were comparable with the CCG and national averages as were their cervical screening rates.
- Appointments were available outside of school hours.
- The practice scheduled 6 week checks with the mother and baby on receipt of their discharge letter from hospital.
- The practice followed up on children who failed to attend for their immunisations.
- Health visitor details were provided to families who had children under 5years of age who were registered with the practice.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

- The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice offered extended opening hours for appointment, Tuesday morning, Wednesday and Thursday evenings.
- Patients had access to online appointments, repeat prescriptions online and a walk in service on Tuesday and Thursday mornings. This allowed patients to see a GP on the day without pre-booking an appointment.
- Health promotion advice was offered.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those who were homeless.
- The practice had discontinued multi-disciplinary team meetings in December 2015 due to funding being discontinued.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training in safeguarding children and vulnerable adults.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

- Performance for mental health related indicators was similar to the national averages. For example. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 88.46% in comparison to the national average 88.47%.
- Performance for patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was below the national average with 73.47% as opposed to 84.01%.
- Patients on the practice mental health register are invited for annual reviews.
- The practice had discontinued multi-disciplinary team meetings in December 2015 due to funding being discontinued.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice did not review and follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received training in dementia awareness.
- Patients could self-refer to access mental health services.

Summary of findings

What people who use the service say

The National GP Patient Survey results, published in January 2016 showed the practice satisfaction scores were poor. The practice performed below local and national averages. 379 survey forms were distributed and 111 were returned. This represented a response rate of 29%.

- 68% respondents found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 67% respondents said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 71% respondents described the overall experience of their GP surgery as good (CCG average 82%, national average 85%).
- 57% respondents said they would recommend the practice to someone new to the area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received no completed comment cards. The practice told us they had invited patients to complete the cards and had displayed them for two weeks prior to our attendance.

We spoke with four patients during the inspection. They told us the reception staff were always really helpful and would try to get patients convenient appointments, but there was often a wait of a couple of weeks. They were happy with the clinical care they received but some stated they would have appreciated the opportunity of seeing the same clinician.

We spoke with four health and social care services which worked with the practice. They told us the administrative staff were helpful and responsive to concerns professionals raised. However, some they had concerns with patients receiving continuity of care due to changes in clinical staff and poor communication amongst the clinical team and with external health and social care services.

Areas for improvement

Action the service MUST take to improve

- Ensure risks to the safety of service users are assessed, monitored, managed and mitigated. For example, ensuring risks to the safety of service users identified within the fire risk assessment are addressed.
- Ensure the proper and safe management of medicines
- Conduct thorough and transparent investigation into significant incidents and complaints and ensure that people affected receive reasonable support, an honest explanation, including actions taken and a verbal and written apology where appropriate.
- Maintain records of discussions, decisions and actions of staff in response to concerns raised.
- Assess, monitor and improve the quality and safety of services. For example, listening and responding to patient experiences and conducting clinical audits to improve practice and re-audit to improve patient outcomes.
- Assess, monitor and mitigate the risks to the health, safety and welfare of patients by disseminating patient safety information, national guidance and identifying and responding to lessons learnt from significant incidents.
- Maintain accurate patient records.
- Ensure patient safety information is actioned in a timely and appropriate manner.

Action the service SHOULD take to improve

- Ensure the practice maintains cleaning records to demonstrate when, where and how rooms had last been cleaned.
- Improve engagement with patients, staff and partner health and social care services.

Dipple Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dipple Surgery

The practice is situated in a purpose built health centre located on a main road with parking facilities. It occupies the east wing of the premises with a neighbouring surgery, sharing the patient waiting area, patient toilets and a staff kitchen.

The practice has a patient population of approximately 4470 patients and they hold an Alternative Provider Medical Services (APMS) contract. Their clinical team consists of two part-time GPs who work across two of Malling Health UK Limited GP practices. Between the GPs they provide three full clinical days. The additional days are staffed by regular female and male locum GPs who are scheduled in advance. They are supported by a nurse prescriber who undertakes clinical assessments, a practice nurse and health care assistant. The clinical team is supported by an administrative team overseen by the practice manager who works two days at the practice.

The practice is open and appointments are available between 8am and 6.30pm Monday, Wednesday, Thursday and Friday. Extended surgery hours are offered on a Tuesday morning when the surgery opens at 7.30am and on Wednesday and Thursday evenings when the surgery closes at 8pm. The practice does not provide out of hour's care but direct their patients to the NHS 111 service. Out of hours' care is provided by IC24 who are commissioned by Basildon and Brentwood Clinical Commissioning Group (CCG).

The practice has high levels of deprivation amongst children and older people. The life expectancy of the male and female patients within the area is also lower than the CCG and the national averages.

The practice has a website detailing opening times, brief details of their clinical team and information about their patient participation group. However, we found the site did not detail their late opening on a Thursday or the range of services provided by the practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (the regional manager for Malling Health (UK) Limited, the practice manager, administrative team, GPs, locums, practice nurse and healthcare assistant) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice had recorded ten incidents within their significant incident and complaint log, in the last 12 months. These related to the practices response to patients presenting with medical emergencies, management of safeguarding notifications, issuing of prescriptions and the review of medical results.

We reviewed the entries and found limited or no investigation. It was not evident who had reviewed the incident, identified the risks, or agreed the actions proposed to reduce the risk of the incident reoccurring. We reviewed the clinical meeting minutes for September 2015 and December 2015 and saw significant incidents were listed on the agenda. However, not all staff were present and it was not documented how they had been communicated to absent staff and partner agencies where appropriate, or how the practice had embedded changes to improve patient outcomes.

One example in January 2016 related to a patient who had attended the practice requiring emergency treatment and they were directed to A&E. The investigation did not explore the potential detriment to the health and wellbeing of the patient from the delay in accessing clinical care. However, the practice concluded the patient should have been seen by the clinical team and that staff required training to handle a medical emergency in the practice. We spoke to four members of staff and asked them if they were spoken to about the incident. They did not recall being told about the incident or receiving training in identifying or responding to the deteriorating health of a patient. There were no records on meetings or conversations held with staff and no planning scheduled in response to the incident. We spoke to the practice manager and regional manager of Malling Health UK Limited who confirmed this was correct.

Patient safety alerts such as Medicines and Health Regulatory Agency (MHRA notifications were generated by the Department of Health Central Alerting System. These were received by a member of the practice administrative team (non-clinical). The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us the alerts were also received by other Malling Health practice managers; however, there was no policy in place to ensure the alerts were shared and actioned appropriately. The non-clinical member of staff determined the relevance of the alert. Where appropriate they conducted a search on the patient record system to identify those patients who may be adversely affected. Where patients may be affected this was brought to the attention of the clinical team who conducted patient reviews. No further searches were conducted on the patient record system to ensure information was appropriately actioned. There was no policy in place defining the action to be taken in response to patient safety alerts and the practice were unable to show us any previous searches conducted or actions taken in relation to previous alerts they had received.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Clinical and administrative staff had received training in children and vulnerable adults. The practice policy had been reviewed in November 2015 but was out of date. There was a lead and a deputy member of staff for safeguarding. However, these were not known to all the clinical team. The practice had conducted a safeguarding children audit to identify the children in their care and their age range. However, it did not explain the purpose of the audit or how it had informed services and improved patient outcomes. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff were trained to an appropriate level to manage safeguarding concerns.
- A notice in the waiting room advised patients of the chaperone policy. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene and the premises were clean and tidy. The practice Health Care Assistant was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but not all risks were identified or appropriately assessed. For example, the practice did not have individualised cleaning scheduled to demonstrate when, where and how rooms had last been cleaned or that staff at risk of exposure to blood and body fluids had all been appropriately immunised against Hepatitis B.

There were limited arrangements in place for managing medicines, including emergency drugs and vaccinations, in the practice (including obtaining, prescribing, recording, handling, storing and security).

- Prescription pads were securely stored, but not logged in and there were no systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We checked the medicine fridge temperature readings to ensure that medicines were being stored at the recommended temperature ranges. We found that on 13 occasions since 4 January 2016 the temperate of the fridge was outside those ranges. On nine occasions the fridge temperatures had fallen below the acceptable range and exceeded it on two occasions. We spoke to the nursing staff who told us how they would escalate concerns on irregularities being reported. We found no records to support this had been done. Staff told us they were unsure how to reset the minimum and maximum fridge temperatures despite guidance in their fridge temperature record folder. When we checked the temperatures they were set outside of the optimum range. This was brought to the attention of the nursing team and the practice manager.
- We reviewed four personnel files including clinical and administrative team. We found the files had appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Risk assessments had been undertaken to assess the risks to staff that were pregnant to ensure they were safe in the work place and there was a health and safety policy available with a poster displayed in the reception office. The practice had up to date fire risk assessments for all potential threats to the practice such as loss of computer systems and absence of staff. However, the risk matrix did not acknowledge the risk of infection to their patients as being a threat requiring mitigation as they believed it to be a low risk.
- The practice had conducted an annual fire risk assessment on 14 January 2016. The plan identified a number of risks where actions were required. For example, the practice fire safety policy and emergency plan were not up to date, staff had not participated in an evacuation drill in the last 12 months, records were not maintained of testing and maintenance of equipment. There was no action plan in place that identified the staff member responsible for implementing improvements or dates for the review and/or completion of tasks. However, we found all fire extinguisher equipment had been checked in January 2016.
- All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been serviced in May 2015 to ensure it was working properly. The practice had a variety of other risk assessments and equipment in place to monitor safety of the premises, including a legionella assessment; dated January 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Inadequate

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The clinical and administrative team were employed across two of Malling Health UK Limited GP practices and enabling staff to cover for planned and unplanned absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed in December 2015 and included emergency contact numbers for staff and specific fast track actions required to be taken for each event.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had no defined system of discussing, implementing and sharing information on the National Institute for Health and Care Excellence (NICE) systems to keep all clinical staff up to date. We spoke to GPs who told us they did not receive information relating to changes in guidance and had not attended any practice or clinical meetings to review new guidance changes in the practice. We reviewed clinical meeting minutes and saw no evidence of discussions relating to best practice guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, published 2014/2015 showed the practice achieved 94.7% of the total number of points available, with 11.7% exception reporting. The practice exception reporting rate was 4.8% higher than the CCG average and 2.5% above the national average. (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).

Data from 2014/2015 showed;

- The practice was an outlier for QOF (or other national) clinical targets for their performance in respect of; them prescribing above the average daily quantity of hypnotics at 0.66 as opposed to 0.3 and the below flu vaccination rates for the percentage of patients over 65years, at 61% as opposed to 73%.
- The practice performance for diabetes related indicators were below the national average. For example the percentage of patients with diabetes on their register, who had their blood sugars checked and were less than 64mmol/mol in the preceding, 12 months, was 73% in comparison with the national average of 78%.
  - The percentage of patients with hypertension having regular blood pressure tests was below the national average with 79% as opposed to 84%.
  - Performance for mental health related indicators were similar to the national averages. For example. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 89% in comparison to the national average 89%.
  - Performance for patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was below the national average with 74% as opposed to 84%.

The practice also had high exception reporting in respect of;

- Depression at 20.2% above the CCG average and 7.7% above the national average
- Rheumatoid arthritis the practice had 10.2 % exception reporting above the CCG average and 4.6% above the national average.

The practice told us they believed the data anomalies were due to discrepancies with their coding of patient data. However, the practice had conducted no audits to check the accuracy of their patient data. We checked ten patient records from those diagnosed with rheumatoid arthritis and found four of the ten had been wrongly coded by the practice.

The practice had initiated clinical audits. We reviewed five audits, relating to safeguarding, improving cancer patient screening services and identification of high risk morbidity from class A drug misuse. They were all single cycle audits and the clinical purpose of them was not documented. For example, they related to the number of patients with conditions as opposed to an analysis of whether their diagnosis or treatment was in accordance with best practice such as NICE guidance.

We reviewed an audit in relation to anti-inflammatory medicines conducted in September 2015. It simply identified 44 patients receiving the medicine 0.98% of their patient group. Although the objective stated was to review patients and assess alternatives within guidelines, preferred treatment and cost savings and concluded it was to be conducted by the end of March 2016. There were no detailed findings, outcome or action taken. Therefore, we checked the patient records to identify how many patients were still being prescribed diclofenac and found that 19 of the 44 patients remained on the medicine. We reviewed a sample of ten of the remaining 19 patient records and

Inadequate

Are services effective?

(for example, treatment is effective)

found that six of the ten could have been provided with an alternative medicine with less potential side effects and lower cost. All the audits reviewed were incomplete and none evidenced how the audits had informed practice and improved patient outcomes.

The practice did not conduct regular medicines audits and was an outlier for a number of medicines when compared with other practices in their CCG prescribing data for June to August 2015. This was despite the existence of a medicine management action plan to improve their prescribing patterns in place since March 2015 with expected dates for completion in May 2015. There was no update available relating to the targets set and data from 2015 showed continued poor performance in the areas highlighted for action. Medicine management was a standing agenda item within the practice clinical meetings but no updates had been provided, only reference to the proposed appointment of a pharmacist to Malling Health UK Limited.

The practice had higher than the national average number of emergency admissions for ambulatory care sensitive conditions per 1000 population. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they did not routinely review patients who had attended A&E other than to inform their admission avoidance programme. They confirmed they had reviewed or addressed the reasons for their patient's attendance at A&E.

Effective staffing

Staff did not all have the necessary skills, knowledge and experience to deliver effective care and treatment.

- The practice had a generic induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured that staff received role-specific training and relevant updates. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations told us they stayed up to date with changes to the immunisation programmes through annual update training and attendance at the CCG time to learn sessions. However, administrative staff were coding clinical data without training or clinical oversight.
- Staff had access to some appropriate training to meet their learning needs and to cover the scope of their work. Staff reported disparities in the frequency or the clinical and practice meetings and none recalled discussions regarding best practice or significant incidents despite the latter being recorded within the clinical meeting minutes for September 2015 and December 2015. Malling Health had identified this as an area for improvement and had recently appointed a lead GP responsible for clinical governance.
- All staff files reviewed included an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans and medical records. However, there was no effective system for ensuring the timely and appropriate actioning of all blood results received. Whilst the duty doctor was intended to review and action all results on the day this was not always possible due to additional clinical responsibilities. This had resulted in a significant incident being recorded but no learning being shared or changes embedded into practice to mitigate a reoccurrence.
- Information such as NHS patient information leaflets were available.
- The practice shared relevant information with other services. However, there was no system in place to ensure referrals were actioned and progressed in the absence of the initiating member of the clinical team.

Health and social care services told us the practice had improved their communication with them more recently

Inadequate

Are services effective?

(for example, treatment is effective)

where concerns had been raised in relation to meeting the range and complexity of patients' needs. However, the practice had discontinued multidisciplinary meetings in December 2015 due to funding being stopped. We spoke to clinicians, some of whom were unaware that the practice had been conducting them at all and had not been invited to attend or the minutes shared with them.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The GPs led on end of life care, such as patients preferred wishes and discussed them in with patients, family members and clinicians as appropriate.

Supporting patients to live healthier lives

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

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 86% to 98%.

Flu vaccination rates for the over 65s were below the national average at 61% as opposed to 73% and at risk groups 38% as opposed to the national average at 46%. There was no improvement plan in place to address the poor vaccination rates.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. However, these were not actively promoted and there was a low take up rate which was not being addressed.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received no completed comment cards. The practice told us they had invited patients to complete the comment cards and displayed them for completion two weeks prior to our visit.

We spoke with a member of the Patient Participation Group (PPG). They told us their PPG were committed to the patients and but felt frustrated by the lack of engagement by the practice. They told us that their dignity and privacy was respected but they would appreciate greater continuity of care by clinicians.

Results from the National GP Patient Survey, published in January 2016 showed patient satisfaction rates were below average for being treated with compassion, dignity and respect and their experiences of consultations with GPs and nurses. For example:

- 75% respondents said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 62% respondents said the GP gave them enough time (CCG average 84%, national average 87%).
- 91% respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 68% respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 77% respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 81% respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

We asked the practice what action they had taken in response to their previous National GP Patient Survey results, published in July 2015. They told us they had discussed the findings with their PPG and decided to focus on three areas for improvement;

- The percentage of respondents with a preferred GP usually get to see or speak to that GP.
- The percentage of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care.
- The percentage of respondents say the last GP they saw or spoke to was good at giving them enough time.

We reviewed the National GP Patient Survey results published in January 2016 and found no improvement in the three areas highlighted.

The practice showed us their performance in relation to the NHS Friends and Family Test. These showed a slight improvement in the numbers of patients who would recommend the service over a couple of months, but the patient numbers were small. For example, in January 2016 six patients were extremely likely or likely to recommend the practice as opposed to three who were unlikely or extremely unlikely. The numbers and ratios were the same in December 2015 and nine patients would recommend the service as opposed to five patients who were unlikely to in October 2015.

The practice manager told us they were working with patients, staff and their PPG to improve patient experiences. They had asked staff to escalate any patient concerns immediately to them to improve patient confidence in the service.

Care planning and involvement in decisions about care and treatment

Patients told us they would appreciate greater consistency with the clinical team who they spoke with. Results from the National GP Patient Survey, published in January 2016

Inadequate

Are services caring?

showed patients responses were below the CCG and national averages relating to their involvement in planning and making decisions about their care and treatment. For example:

- 67% respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 53% respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 73% respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer, where it had been read coded. The practice had identified only 41 patients with caring responsibilities; they made them aware of various avenues of support available to them such as flu vaccinations.

Staff told us that if families had suffered bereavement the patient record was updated and the patient record closed to mitigate the risk of correspondence relating to the deceased being sent. The staff told us that they relied on informal discussions and their internal record system being updated in a timely way to know about recent deaths. Advice was available to patients on how to access bereavement services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice recognised the needs of its local population and acknowledged difficulties in patients accessing timely appointments. In response;

- The practice operated extended opening hours on a Tuesday morning and Wednesday and Thursday evenings.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Flu vaccinations were administered during home visits where appropriate.
- Patients could book appointments and order repeat prescriptions online. Electronic prescribing had been recently introduced enabling patients to have their medication dispensed at their elected pharmacy.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. However, the practice did not have a hearing loop to assist patients with hearing impairments.
- Phlebotomy services were provided at the practice.
- The practice had introduced a walk in clinic on Tuesday and Thursday mornings from 8am to10am. These had proven popular with patients. We reviewed data on the waiting times for patients and these averaged between 9-32 minutes for delayed appointments.

We spoke with four health and social care services which work with the practice. They told us some clinical and administrative staff were helpful and responsive to concerns they raised. However, they all told us patients would benefit from greater continuity of clinical care. The practice had experience changes in their clinical team and an absence of a practice manager available Monday to Friday. They described receiving a fragmented clinical service especially where patient's medicines had been changed.

Access to the service

The practice was open and appointments were available between 8am and 6.30pm Monday, Wednesday, Thursday and Friday. Extended surgery hours were offered on a Tuesday morning, the surgery opened at 7.30am and Wednesday and Thursday evenings when the practice closed at 8pm. 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. On the day of our inspection patients had a two week wait for routine appointments.

Results from the National GP Patient Survey, published in January 2016 showed that patient's satisfaction with how they could access care and treatment were below local and national averages. Patient satisfaction scores had declined since the previous published survey results in July 2015.

- 72% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 68% of respondents said they could get through easily to the surgery by phone (CCG average 85%, national average 87%).
- 31% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

We asked the practice why patients may have reported low levels of satisfaction regarding their ability to see or speak with their preferred GP. The practice acknowledged that they had experienced instability within their clinical tem. They had two part time GPs who split their time between the practice and another practice owned by Malling Health UK Limited. Thereby, providing three full days of clinical time at Dipple Surgery. The remaining clinical time was delivered by locum GPs, although they were scheduled for specific days and had been employed for the past 12 months. At the time of our inspection they were advertising for permanent GPs to provide greater continuity of care to their patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

waiting area. These included information on how to access advocacy services and how to appeal the practices finding, if the patient disagreed with the outcome.

The practice had recorded twelve complaints in the last 12 months. These included both verbal and written complaints and related to difficulties making appointments, the conduct of staff and delays in accessing services. We reviewed three of the complaints and found the practice had acknowledged the patients concerns, advised them of the action they were proposing to take, but had not investigated the concerns thoroughly or in a timely manner.

Where concerns had been raised relating to the conduct of staff we checked the staff personnel files. We found the practice had followed their procedures. However, the allegations had not been investigated or decisions made in a timely way enabling learning to be identified and the matters resolved. Checks were also not conducted to demonstrate learning had been embedded. The practice did review their complaints for themes and trends.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

- The practice had a patient charter setting out patients' rights and also their responsibilities.
- The practice were commissioned to provide care until 2021. They told us of the proposed redevelopment in the area, their aspirations to increase their patient numbers and move to new premises but they had no formal business plan for the delivery of services.
- The practice had not included their staff in discussions relating to their plans for the practice.

Governance arrangements

The practice had no overarching governance framework which supported the delivery of the strategy and good quality care. There was a complete absence of structures and procedures in place:

- There was an absence of clinical and administrative leadership.
- Whilst staff had an understanding of their roles they lacked training and oversight to ensure all areas were addressed, such as the accurate coding of patient clinical data.
- Clinical care was fragmented; clinicians were responsible for their own patients but did not review all their clinical results. There were clinical meetings but clinicians told us these were infrequent despite being scheduled for the second Wednesday of every month. The meeting minutes lacked detail, actions assigned and outcomes.
- There was no clinical governance to ensure appropriate actioning and timely review of clinical data raised in significant incident reports.
- There was no understanding of the performance of the practice. For example, the practice was an outlier on prescribing data and had failed to address their action plan to improve performance.
- There was no programme of clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying and recording risks (such as fire and infection prevention control) but these were not accuracy assessed. Where risks were identified they had not been addressed in a timely manner to effectively mitigate them.

Leadership and culture

The practice lacked leadership. The practice had experienced high turnover within their clinical team and changes in the practice management team. They had recently appointed their practice manager in January 2016 who was working two days a week at the practice, although could be contacted during working hours. Staff welcomed the appointment and told us they found the practice manager to be approachable and supportive.

There was an absence of evidence to demonstrate the provider was aware of and complied with the requirements of the Duty of Candour.

We reviewed significant incidents and saw that where unexpected or unintended safety incidents had occurred, they were not thoroughly investigated. Patients did not consistently receive an explanation of the events with their verbal and/or written apology. The practice did not consistently retain written records of verbal interactions as well as written correspondence resulting in their records being incomplete.

There was an absence of leadership structures in place and staff had experienced an absence of visible and accessible support by those in management roles.

- Staff told us practice team meetings were infrequent and records were not consistently retained of discussions.
- Staff operated in silos with limited understanding of each other's roles and how best to complement one another.

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

- The practice did not encourage feedback from patients. We reviewed the Patient Participation Group (PPG) meeting minutes from February 2015 and December 2015. We found the practice had not welcomed or responded positively when they shared concerns in relation to their experiences of the service. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of patient care. For example, a patient raised concerns during their PPG meeting on 5 February 2015 of unsafe prescribing practices affecting a child. This was not acknowledged by the practice that failed to report or investigate it as a significant incident.

Are services well-led?

Inadequate

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

- The practice had gathered feedback from staff through appraisals. Staff told us they were committed to the practice but knew improvements needed to be made. Staff told us that at times they felt overwhelmed and frustrated as they could not make a noticeable difference. Where staff had raised concerns it was not always evident the action taken by the practice. For example, during a team meeting in June 2015 staff asked for the support of the practice manager to speak with the clinical team as they described a reluctance and sometimes refusal from the GPs to see patients who had been waiting a long time or seemed very ill. There was no record of action taken or the outcome. However, in January 2015 staff failed to respond appropriately to a child in need of emergency care and treatment later identified as a significant incident.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Ensure the proper and safe management of medicines. We found medicines were not being stored appropriately, with fridge temperatures outside the optimum temperature range for medicines.** **This was in breach of regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **We found allegations were not thoroughly investigated in a timely manner and a transparent explanation provided including action take to mitigate a reoccurrence.** **This was in breach of regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the practice did not engage with or value the experiences of service users. There was no programme of clinical audit to improve practice and patient outcomes. We found the practice did not acknowledge, disseminate, action or review the practices response to patient safety information, significant incidents, complaints or NICE guidance. We found non-clinical staff were coding patient records and resulting in inaccurate patient data being held by the practice. 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. They had failed to address and mitigate risks to the safety of service users identified within their fire risk assessment. The practice was identified as a prescribing outlier within their CCG and this was not being actively addressed and performance improving. This was in breach of regulation 17(1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.