

Woodhouse Hill Surgery

Inspection report

71a Woodhouse Hill

Fartown

Huddersfield

West Yorkshire

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

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as Inadequate overall.

The previous inspection, carried out on 12 December 2016 rated the practice as good overall, but requires improvement for the key question of well-led.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Woodhouse Hill Surgery on 4 April 2018 as part of our inspection programme. We also visited the practice unannounced on 10 May 2018 as part of the same inspection due to some information of concern we received.

At this inspection we found:

- The provider was not keeping an accurate record with respect to each patient. There was a significant backlog of patient records that required summarising. This meant that accurate and up to date information was not always available which could put patients at risk.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. However the practice did not have a system in place for carrying out a planned review of changes introduced following significant events, to determine their effectiveness and to assure themselves that changes had been embedded into practice.
- The practice had some governance arrangements in place. However, there were areas where these were not effective. For example, the provider did not have clear or effective systems in place for the planning and provision of staffing levels.
- The practice reviewed the effectiveness and appropriateness of the care it provided. However not

all patients were clinically coded correctly to support delivery of care and treatment.

- Clinicians ensured that in most cases, care and treatment was delivered according to evidence based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system easy to use and the ones we spoke with reported that they were

able to access care when they needed it. However, national GP patient survey results with regards to access were lower than local and national averages.

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

- Care and treatment must be provided in a safe way for service users.
- 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:

- The provider should review and act upon the results of patient satisfaction surveys, and ensure that they can meet the needs of their patient population in the future. In particular, patient satisfaction with access to the service was consistently below local and national average satisfaction rates.

- The recruitment process in place was not operating effectively. Some of the information required to be held to support the recruitment of staff was not available.

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

Overall summary

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

Population group ratings

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

Our inspection team

Both inspection dates were led by the same CQC inspector. However, there was a different support team

of a GP specialist advisor and a second CQC inspector on each day.

Background to Woodhouse Hill Surgery

Woodhouse Hill Surgery is located at 71a Woodhouse Hill, Fartown, Huddersfield HD2 1DH, approximately two miles to the north of Huddersfield town centre. The practice is housed in a purpose built single storey building, which is owned by the lead GP. There is disabled access to the practice, and car parking spaces are available.

Website: www.woodhousehill.co.uk.

The practice provides Personal Medical Services (PMS) under a locally agreed contract with NHS England. They are registered with the Care Quality Commission (CQC) to provide the following regulated activities:

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

The practice catchment area is classed as being within one of the more deprived areas in England. The practice scored one on the deprivation measurement scale; the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. There are currently 3,385 patients on their practice list.

The National General Practice Profile describes the practice ethnicity as being 16% Asian, 13% black, and 8% mixed and 2% other non-white ethnicities. The practice demographics show a slightly higher than average percentage of people in the 0 to 9 year age group. Average life expectancy is 75 years for men and 79 years for women compared to the national average of 78 and 82 years respectively.

The General Practice Profile shows that 62% of patients registered at the practice have a long standing health condition, compared to 56% locally and 54% nationally. The practice clinical team comprises one principal GP (male), two locum GPs (male and female), one female practice nurse and one female health care assistant. One female locum practice nurse is also employed to supplement availability of nurse appointments.

The clinical team is supported by three part time practice managers and a range of reception and administrative staff.

The practice is open between 8:30am and 6pm Monday, Tuesday, Wednesday and Friday; and between 8:30am and 12 midday on Thursday.

Appointments are available from 8.30am until 6pm on Monday, Tuesday and Wednesday; from 8.30am until 6pm on Friday; and from 9.20am until midday on Thursday.

Patients are able to be seen at another local practice on Thursday afternoons, as part of a reciprocal local arrangement. Weekly clinics are held which include childhood immunisation, asthma and coronary heart disease clinics.

Out of hours cover is provided by Local Care Direct which is accessed by calling the surgery telephone number, or by calling the NHS111 service.

When we returned for this inspection, we saw that the previously awarded ratings were displayed as required in the premises and on the practice's website.

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- There were some safety systems and processes within the practice, to keep patients safe. However, there were areas where improvements must be made. For example, a significant number of patients records were not up to date and did not always include clinical information to support safe practice.
- We found on the second day of the inspection that leaders and managers were not always present, and the staff on duty did not have a good understanding of day to day activity at the practice. Staff told us that they had mobile phone numbers of the management team.
- There was limited evidence that the practice was using up to date patient information (patient records were incomplete) to make clinical decisions. Locums (and other clinical staff) were viewing incomplete patient information in their records. This made it difficult to make appropriate assessments or make safe, informed decisions about what to prescribe.
- The practice did not have a system in place for carrying out a planned review of changes introduced following significant events, to determine their effectiveness and to assure themselves that changes had been embedded into practice.

Safety systems and processes The practice had some systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff.
- Staff who acted as chaperones were trained for their role and had received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice maintained a current safeguarding folder which was available to all practice staff. There was a

section on Female Genital Mutilation (FGM) which contained guidance and documents from a range of sources including the Kirklees Safeguarding Team, NHS England and Barnardo's. The practice was vigilant and maintained an awareness of girls being taken to "high risk" countries where FGM was prevalent. There was a recent significant event which documented the discovery of FGM in a GP consultation at the practice. The practice had complied with the mandatory reporting of FGM.

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis for the majority of staff. The practice had taken steps to assure themselves that records of all pre-employment checks, including confirmation of satisfactory conduct in previous employment, were maintained for all staff. However, at the time of the inspection there was no file or records for the most recently recruited member of staff. The practice had relied on a Disclosure and Barring Service (DBS) check from a previous employer for this new member of staff.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- There were some safety systems and processes within the practice, to keep patients safe. However, there were areas where improvements must be made. For example, ensuring patients records included clinical information to support safe practice.

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

- Planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics was not always effective. We found on the second day of the inspection that leaders and managers were not always present or accessible, and the staff on duty did not have a good understanding of day to day activity at the practice. For example, the GP cover for the morning session appeared to have been arranged at the last minute without effective planning.

Are services safe?

- On the second day of the inspection the lead GP was attending a course to develop his note taking and record keeping. However there was no record of a rota or timetable which detailed the whereabouts of senior practice staff.
- There was an effective induction system for temporary and new staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians told us that they knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- There was a significant backlog of patients that required their clinical notes to be summarised to ensure that all information was available to clinicians. As locums (and other clinical staff) were viewing incomplete patient information in their records, this made making appropriate assessments or making safe, informed decisions about what to prescribe difficult.
- We identified a number of omissions where clinical coding in patient records was not always accurate. (Coding is used to easily identify patient information, such as disease and past medical history, and support the running of reports/data collection within the practice).
- As part of the inspection we reviewed 47 patient consultation records, 31 of which had been completed by the lead GP. We found there were similar recordings in some of those patient records. For example, the exact same temperature readings and respiratory rates had been recorded for different patients.
- In 15 of the patient records the lead GP had advised patients “to go to hospital” if they did not improve. This did not always appear to be appropriate. We discussed this with the GP who told us they would review this finding.
- We noted in some patient records that there were incomplete records of clinical findings. For example,

“chest creps” had been recorded with no further findings detailing where they were or how marked they were. Chest crepitations (creps) are the clicking, rattling, or crackling noises that may be made by one or both lungs of a person with a respiratory disease.

- There was a documented procedure to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Although systems were in place, the quality of records kept and therefore shared had the potential to compromise other agencies’ ability to provide safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- We were informed that a practice nurse had undertaken a breast examination on a female patient (with a GP acting as a chaperone). It was unclear what policy or protocol was in place to support this non-routine practise, or what assurance the provider had sought to ensure the practice nurse had the competencies and experience to conduct these examinations. The nurse we spoke with told us the most recent training they had completed in this clinical area (breast care training programme) was 12 years ago.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- The lack of accurate information held within some patient’s records increased risks and potentially made it difficult to make appropriate assessments or make safe, informed decisions about what to prescribe.
- The practice was aware of having high antibiotic prescribing figures. This had been discussed in team meetings. However we did note that a patient record showed there had been a deviation from local antibiotic guidance without any clear recorded justification.
- Patients’ health was monitored in relation to the use of medicines and followed up. Patients were involved in regular reviews of their medicines.

Track record on safety

- There were risk assessments in relation to safety issues.

Are services safe?

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. They informed us that they were supported when they did so.

- The practice did not have a system in place for carrying out a planned review of changes introduced following significant events, to determine their effectiveness and to assure themselves that changes had been embedded into practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

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

- Quality and Outcomes Framework (QOF) data, particularly for people with long-term conditions (Diabetes) was lower than local and national averages indicating that a large proportion of patients had not been monitored effectively.
- Due to data inputting issues and some inaccuracies in the performance data, the patient information and medical record system used was not able to assist the practice in monitoring patients effectively enough.
- There were examples where uptake for screening programmes were below local and national averages.
- Where older patients had complex needs, the practice shared summary care records with local care services. However we noted a backlog in summarising of patient records. There were also clinical coding omissions on a selection of patient records that we reviewed. This meant there was a risk that the information shared with local care services may not have been comprehensive or accurate.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

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

- We were not assured that patients' immediate and ongoing needs were always fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Due to data inputting issues and delays in inputting summarising data, the patient information and medical record system used was not able to demonstrate that the practice kept accurate patient data.

- During the second day of the inspection we identified the number of patient records to summarise were 638 (on the 4 April 2018 the number was 858, 19% of the patient list). Under Schedule 2, Part 8, Regulation 61 of the NHS (Personal Medical Services Agreements) Regulations 2015 NHS Greater Huddersfield CCG required the practice to remedy this by taking remedial action.
- In the past 12 months the practice had summarised 1,489 records. They had registered 437 new patients. The practice had summarised 90% of these in an attempt to address the backlog. In the past 12 months, they had summarised 34% of the patient list. In the past 12 weeks they had registered 45 new patients; 37 of those had not been summarised. Of the 15 records the practice had received in the past eight weeks, they had summarised eight (53%).
- After the inspection, the practice manager told us there had been issues with the movement of some medical records that may have contributed to their ability to summarise them. We were unable to verify this.
- There was no clear written action plan or timetable as to what priority was given to which patient records were to be summarised first. However, we were informed that patients who were not known to or had not attended the practice took priority over those patients who were known. The practice manager told us they had been summarising patient records since February.

- We saw no evidence of discrimination when making care and treatment decisions.
- 24% of the practice population were registered to use the practice's online facilities. This use of technology supported patients' independence.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. However we did see in a number of patients records we viewed that the lead GP had advised patients "to go to hospital" if they did not improve. This did not always appear to be appropriate.

Older people:

Are services effective?

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Over a 12 month period the practice had offered 296 older patients a health check. Of these, 131 had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. However we noted a back log in summarising of patient records. There were also clinical coding omissions on a selection of patient records that we reviewed. This meant there was a risk that the information shared with local care services may not have been comprehensive or accurate. After the inspection, the practice manager told us the practice used data quality reports to identify, for example, patients who took asthma related medicines, but had no read codes of asthma.

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 were performing lower than local and national averages regarding reviews of the care and treatments of patients in some areas, such as diabetes, asthma and atrial fibrillation.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of

high-intensity statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. However, not all the practice's patients were clinically coded appropriately and therefore the practice could not assure us that these patients records were accurate.
- Enhanced services such as in-house diagnostics were offered. This included ECG, Spirometry and 24 hour blood pressure monitoring. This supports the management of chronic disease patients in the community and avoids an unnecessary appointment with secondary care services.

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 national target of 90% in some areas, such as measles, mumps and rubella.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had developed an in house 'Immunisation' template for the computer system which detailed questions to ask if a child's appointment had been missed. This included reference to if three appointments were missed, then referral to a health visitor was triggered.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

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

Are services effective?

- The practice's uptake for cervical screening was 71%, which was in line with the national average achievement of 72%, but below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was lower than the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. However, not all the practice's patients were coded appropriately and therefore the practice could not reassure us that these patients records were accurate.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 50% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the national average. Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- 62% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the national average.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example 71% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was below the national average.
- The practice had developed an in house 'Depression' template for the computer system which detailed questions to ask if a patient appointment had been booked, including if the patient had been seen by a clinician and a follow up four week appointment had been booked.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- 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 (01/04/2016 to 31/03/2017) was 62%, CCG average 91% and national average 90%.
- Live figures on the day of the inspection showed 68% of patients had received a Mental Health (MH) review. Whilst this was below the desired target, the figures demonstrated an improvement of 6%. The practice told us there were many patients who were receiving MH reviews with other clinicians, but these were not being coded appropriately.
- Remedial work had been done to identify patients who are being seen by other MH specialists, so the appropriate codes could be added to the record when communication was received.

Are services effective?

- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) was 50% CCG average 86% and national average 84%.
- Live figures on the day of the inspection showed that 100% of patients have had a dementia review in past 12 months. This data had not been verified or published.
 - This demonstrated an improvement on previous figures, however targets would be set by the management team to ensure dementia patients did not go over 12 months without a review.
- As a result of the figures highlighted above, the practice informed us they would be reviewing QOF figures monthly. This would now been added to the clinical meeting agenda to ensure staff are informed and any outlying areas are quickly addressed.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- We looked at 47 patient records in detail and found that 14 (30%) had not been clinically coded appropriately. We showed the lead GP examples of read coding omissions, who told us that this would be addressed with respective clinical staff. Based on the coding issues we found, we were not assured that all patients would be recalled as they may not have been identified on a disease register if incorrectly coded.

Effective staffing

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

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

they stayed up to date. However, there was no clear evidence to support breast examinations by practice nurses were carried out by appropriately trained individuals.

- 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.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients (45 patients registered) and with health visitors and community services for children who have relocated into the local area.
- We were told patients had 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. However, we found that some of these patient records were not always complete.

Are services effective?

- 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.
- The practice had a backlog of 638 patient records that required summarising onto the individual patient record. A significant backlog in summarising had been in place since early 2017. We were told that the practice had recently put a plan in place to start to address this backlog. However, there was no clear written action plan or timetable as to what priority was given to which patient records were to be summarised first.
- Better in Kirklees and active signposting by promoting other services for better patient choice.
- 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.

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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing scheme. The practice promotes social prescribing for example:-

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids, easy read materials and information in languages befitting the patient population, were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Although the provider appeared to be responsive, the evidence we collected as part of the inspection did not always support this. We found that in some areas this service was not providing responsive care.

There were issues affecting the delivery of responsive services to patients. Some patient comments we received were negative toward the availability of care received. Results from the latest National GP Patient Survey showed that patients consistently rated the practice lower than local and national averages in their responses to questions linked to access to the service.

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.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

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.
- 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.

- The practice had developed an in house 'Fast Track' template for the computer system which detailed questions to ask if a patient needed an urgent appointment.

People with long-term conditions:

- Most 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 regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Screening programs were promoted. This included dementia screening, cardiovascular disease (CVD) screening. Enhanced services and health promotion including smoking cessation, alcohol screening, weight management, lifestyle and dietary advice to provide a holistic approach to these patients' health outcomes.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice has clinical staff trained to provide Chlamydia screening, smoking cessation, alcohol screening, weight management, NHS health checks and CVD screening and signed up to deliver other initiatives as per local strategic health promotion.
- Baby clinics were held regularly with childhood surveillance and health visitor review and encouragement of childhood immunisations. Postnatal reviews were carried out by a doctor and contraceptive advice was available.
- Family planning, contraception, sexual health advice was available to patients in a practice setting, or in the community clinic.

Are services responsive to people's needs?

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.
- Patients were able to register for the use of online services, which enabled patients to order repeat prescriptions.

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.
- Patients who did not respond to text message or telephone invites were sent a letter. The letter was simply worded and typed in an easy read format, and included a slip the patient could keep as a reminder to attend the appointment. The letter was designed to enhance independence for patients with learning disabilities.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Annual learning difficulties health checks were carried out. This included a physical and mental health assessment and helped to identify unmet needs for carers.
- A translation and interpreting service to help patients with language difficulties access health services and reviews was available. This was particularly important for patients with health inequalities and cultural and language problems.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

- The practice had access to alcohol and drugs team workers who provided clinics in the community to assess these patients if they needed help with these issues.
- There was a benefits adviser service commissioned by the council and public health and the practice signpost patients to these clinics to help facilitate their social and benefits needs.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment. Patients rated the practice below local and national averages in the National GP Patient Survey for satisfaction with their opening hours
- Waiting times, delays and cancellations were not always managed appropriately. Only half of those patients who responded to the National GP Patient Survey reported it was easy to get through to someone at the practice on the phone.
- Patients with the most urgent needs had their care and treatment prioritised.
- There were mixed views regarding how easy to use the appointment system was. For example, results from the July 2017 national GP patient survey linked to appointments were below local and national averages. However, completed CQC comment cards showed that patients felt that the appointment system was easy to use.

Listening and learning from concerns and complaints

Based on the information presented to us on the day of the inspection, the practice took complaints and concerns seriously and responded to them to improve the quality of care.

- The practice had reviewed the information provided to patients within their responses to complaints in line with contractual obligations for GPs in England.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends.
- The practice recorded verbal complaints and spoke with the patient accordingly.

Please refer to the Evidence Tables for further information.

Are services well-led?

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

The practice was rated as inadequate for well-led because:

- There was a leadership structure in place. However, the principal GP was present in the practice for the latter half of the week only, and the practice managers were only present for half of the week. Long term locums provided GP cover for the remainder of the week. However we saw that due to the nature of the staffing structure, the capacity and capability to provide leadership was not always evident.
- We identified a number of summarising and coding omissions which meant that accurate information was not always available which could put patients at risk. The systems in place to support this activity were ineffective.
- The lead GP was currently receiving clinical supervision by another senior GP from another practice, reviews of his records and restrictions on some of his practice, such as telephone consultations.
- Implementation of the governance framework was not effective enough to always provide assurance that safe good quality care was being provided.
- A comprehensive understanding of the performance of the practice was not always maintained.
- The practice did not have a system in place for carrying out a planned review of changes introduced following significant events to determine their effectiveness and to assure themselves that changes had been embedded into practice.

Leadership capacity and capability

Leaders told us that they had the capacity and skills to deliver quality, sustainable care but the evidence we gathered suggested otherwise. Leaders were not always visible or accessible at the practice.

- There was insufficient management/leadership at the practice. Not all leaders demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it. We noted that the principal GP and the practice manager were not visible and approachable at all times. In the event of unplanned absence, the practice was unable to demonstrate they had sufficient arrangements to cover these key roles. For example, a locum GP was only made

aware of the need to work at the practice just over an hour before their session was due to commence. This was despite the lead GP being aware of the need for this before that time.

- The practice had a set of priorities, to improve outcomes for patients, and established an internal leadership structure.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, the provider was unable to demonstrate this with documentary evidence during the inspection.
- Leaders at all levels were not always present on site. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership but the leaders were not always visible or accessible.
- The practice did not have effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and strategy to deliver care.

- There was a vision and set of values. The practice had a strategy and supporting business plans to achieve priorities. 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.
- The strategy was in line with health and social priorities across the region. The practice manager told us that they planned its services to meet the needs of the practice population.
- The practice manager told us that they monitored progress against delivery of the strategy. However, the provider was unable to demonstrate this with documentary evidence during the inspection.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients; however this was being compromised by the significant number of patient records that required summarising.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- 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. A member of staff was given the opportunity to train in work time, this had led to them enrolling on a private college course for their own development.
- All staff received appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These policies were stored on the shared computer drive and were easily accessible to all staff. However, we found that some of these were operating ineffectively.
- We identified a number of summarising and coding omissions which meant that accurate information was not always available which could put patients at risk.
- The provider was aware of having high antibiotic prescribing figures attributed to this practice, with zero antibiotic prescribing attributed to their other practice. This suggested there may be a lack of governance and systemic control of the prescription pads between the two practices which may have contributed to this problem.
- The provider is known to be working only at this practice with effect from 30 June 2018, so should have increased capacity to improve the governance arrangements. Controls have been put in place by NHS England through the imposition of conditions on his registration. This includes the stipulation that he must have a clinical supervisor on site with him at all times he is practising.

Governance arrangements

There were responsibilities, roles and systems of accountability to support some aspects of governance and management. However we identified a number of areas where the systems and processes in place were not effective, which had resulted in some significant risks to patient safety:

- Implementation of the governance framework was not effective enough to always provide assurance that safe good quality care was being provided.
- Structures, processes and systems to support governance and management were set out and understood but not always implemented effectively.
- We found that patients were at risk of harm because some systems and processes were not effective. For example, systems to support the maintenance of up to date patient data, recruitment records, and visible leadership were found to be lacking.

Managing risks, issues and performance

There were processes for managing risks, issues and performance; however we were not assured these were operating effectively.

- The provider did not have an effective system in place for carrying out a planned review of changes introduced following significant events to determine their effectiveness and to assure themselves that changes had been embedded into practice.
- A comprehensive understanding of the performance of the practice was not always maintained.
- The lead GP was currently receiving clinical supervision, review of his records and restrictions on some of his practice, such as telephone consultations.
- There was an ineffective process to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had carried out some risk assessments of the service. However, the provider was unable to demonstrate this with documentary evidence during the inspection.

Are services well-led?

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice did not act on appropriate and accurate information.

- Based on the coding issues we found, there was no assurance that all patients would be recalled as they may not have been identified on a disease register if incorrectly coded.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The practice had recently reviewed the structure and recording methods of meetings.
- 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 not always accurate. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active virtual patient participation group.
- The practice manager told us that the service was transparent, collaborative and open with stakeholders about performance. However, the provider was unable to demonstrate this with documentary evidence during the inspection.
- Team building exercises were encouraged and supported.

Continuous improvement and innovation

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

- The practice made use of internal and external reviews of incidents and complaints but there was limited evidence to show how improvements and learning had been disseminated, as meetings and these discussions were not always recorded.
- The practice manager told us that there was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. We were told that learning was shared and used to make improvements. However, the provider was unable to demonstrate this with documentary evidence during the inspection.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.
Maternity and midwifery services	In particular: The provider was not keeping an accurate record with respect to each patient; this meant that accurate and up to date information was not always available which could put patients at risk.
Treatment of disease, disorder or injury	The provider was not ensuring correct coding was applied for patients across all the six population groups. We identified a number of omissions relating to coding not being visible on patient records. This meant that accurate and up to date information was not always available which could put patients at risk. The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system. For example, there was a backlog of patients that required summarising. Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely.
	In particular: The provider was not able to provide assurance that all clinical staff, including those that undertook breast examinations, had up to date training. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.
Regulated activity	Regulation

Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

In particular:

Implementation of the governance framework was not effective enough to always provide assurance that safe good quality care was being provided.

A comprehensive understanding of the performance of the practice was not always maintained.

The practice did not have a system in place for carrying out a planned review of changes introduced following significant events to determine their effectiveness and to assure themselves that changes had been embedded into practice.

There was insufficient management/leadership at the practice.

The systems and processes for summarising patient records were not effective. At the time of the inspection, 638 records required summarising. The provider was not able to demonstrate that they kept accurate patients data.

We identified a number of summarising and coding omissions, which meant that accurate information was not always available.

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