Ramanathan 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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This inspection of Ramanathan Surgery was carried out on 19 July 2017 and was to check improvements had been made since our second inspection on 16 August 2016.

We initially inspected Ramanathan Surgery on 14 December 2015. At the December 2015 inspection the practice was rated as inadequate overall. Specifically they were rated as inadequate for safe and well-led, requires improvement for effective, caring and responsive.

We completed a second inspection on 16 August 2016 to review improvements made since the December 2015 inspection. Following our August 2016 inspection the practice was rated as requires improvement overall. Specifically they were rated as inadequate for caring, requires improvement for safe and well led and good for effective and responsive.

The practice was placed in special measures for an extended period. The full comprehensive reports on the inspections can be found by selecting the 'all reports' link for Ramanathan Practice on our website at www.cqc.org.uk.

As a result of our findings at the August 2016 inspection we took regulatory action against the provider and issued them with a warning notice and requirement notices for improvement.

Following the inspection on 16 August 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations.

At this inspection we found that the majority of the improvements had been made and progress had been made across all areas of concern. However the practice is still rated as requires improvement overall.

Our key findings were as follows:

Summary of findings

- Significant events were fully investigated; if patients were involved they would receive support, honest explanations and apologies in line with the duty of candour. The learning was shared with appropriate staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Risks relating to health and safety, fire, infection control and legionella were assessed and managed.
- There were systems in place to ensure safe medicines management.
- Patients prescribed high risk medicines by the practice received appropriate monitoring and review. However the practice did not have an effective system to monitor and review patients whose prescription was initiated in a secondary care setting. Following our inspection they initiated a system to ensure that no repeat medicines would be prescribed without appropriate monitoring taking place. They also implemented a process to review all patients prescribed a high risk medicine for whom they did not have evidence that the appropriate monitoring checks had taken place.
- The practice had a system in place to deal with any patient safety and medicines alerts.
- There was a clear recruitment process in place for permanent and locum staff. Clinical staff files contained evidence of vaccination and level of immunity against Hepatitis B.
- Staff received appropriate training to fulfil their roles.
- Staff did not have access to all the latest evidence based guidance from the National Institute for Health and Clinical Excellence (NICE), however during our inspection they signed up to electronic updates and told us that there would now be an agenda item on their clinical meetings to discuss latest guidelines to ensure that both GP and nursing staff were aware of the latest updates.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Policies and procedures were up to date, practice specific and staff were aware of where to find them and their contents.
- Feedback from patients on the day about their care was consistently positive.
- Data from the GP survey, published in July 2017, was lower than compared to other practices locally and nationally in their scores around the level of patient involvement, however showed an improvement from the previous year's data.
- The practice had a system for identifying and supporting the carers on their register.
- The complaints policy was clearly visible to patients. Complaints were fully investigated and there was a clear audit trail of actions taken by the practice.
- There were processes in place to gather and act on patient feedback including a patient participation group (PPG).
- Staff had worked as a team to act on the feedback from the previous inspection and involved the PPG in identifying changes needed relating to patients.

However, there were still areas of practice where the provider needed to make improvements.

Importantly, the provider must:

- Ensure where patients are prescribed a high risk medicine in the secondary setting, GPs are assured that appropriate monitoring checks have taken place and it is safe to prescribe a repeat for that medicine.
- Ensure care and treatment is provided in a safe way to patients.

The provider should:

- Review and improve systems relating to clinical governance. Including implementing a system to make sure that all clinical staff are aware of the latest available guidelines and the implications for the practice have been discussed. Where monitoring checks are completed, for example, for high risk medicines, ensure that appropriate documented action and follow up take place.
- Consider ways to further improve level of patient involvement and satisfaction in the services provided.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was a system in place for the investigation of significant events. Following investigation the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- When things went wrong, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as an apology in line with the duty of candour.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- There were systems in place to ensure safe medicines management for most areas of medicines management.
- Patients prescribed high risk medicines by the practice received appropriate monitoring and review. However the practice did not have an effective system for monitoring and reviewing those patients whose prescription was initiated in the secondary care setting. Following our inspection they initiated a system to ensure that no repeat medicines would be prescribed without appropriate monitoring taking place. They also implemented a process to review all patients prescribed a high risk medicine for whom they did not have evidence that the appropriate monitoring checks had taken place.
- There was an effective process in place for staff to receive action and disseminate patient and medicine safety alerts.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these.
- There was a cleaning schedule in place for the cleaning of medical equipment.
- Infection control audits were completed and action taken to resolve any issues highlighted.
- Staff received appropriate training to fulfil their roles.
- There was a clear recruitment process in place for permanent and locum staff. Clinical staff files contained evidence of vaccination and level of immunity against Hepatitis B.
- Policies and procedures were in place and updated appropriately.

Summary of findings

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2015 to 2016 showed the majority of patient outcomes were comparable or higher than the CCG and national averages. For example, performance for diabetes related indicators was in line with the CCG and national average for some indicators and above for others. We viewed submitted but unpublished data for 2016 to 2017 that showed the practice had maintained this performance level.
- Staff did not have access to all the latest evidence based guidance, however during our inspection they signed up to electronic updates and told us that there would now be an agenda item on their clinical meetings to discuss latest guidelines to ensure that both GP and nursing staff were aware of the latest updates.
- Staff used a range of measures to ensure they had the skills, knowledge and experience to provide effective care.
- The practice had positive working relationships with other health and social care staff.
- End of life care was coordinated with other services involved.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey, published July 2017, showed an improvement from the previous year in how patients rated the practice for most aspects of care. For example, the scores for how involved patients felt in the treatment process were improved on the previous year but still lower than the national and clinical commissioning group (CCG) averages.
- Viewing an anonymised sample of patient treatment records showed that although the majority of care was good, improvements could be made in a number of cases, to the level of patient involvement in the treatment process.
- All of the patients we spoke with during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care and listened to.
- We saw that staff treated patients with dignity, respect and kindness.
- Patient and information confidentiality was maintained.

Summary of findings

- The practice had identified 51 patients (approximately 1.2%) who were carers. Known carers were offered flexible appointments, flu vaccinations and annual health checks. They were also signposted to local support services.
- The practice had access to language line for translation services.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Following our previous inspection the practice had worked to make improvements in the areas identified in our previous report.
- The latest GP survey, published in July 2017, showed the practice was rated in line with the CCG and national average with regards to satisfaction with opening hours and making an appointment generally.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Information on how to complain was clearly displayed in the waiting area. Complaints were responded to appropriately, a record kept and lessons learned had been shared with appropriate staff.
- The practice was flexible in visiting times for patients with complex needs who were unable to attend the practice but could only been seen at specific times of the day.

Are services well-led?

Good

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

- There was a clear leadership structure in place.
- Most of the issues identified at the last inspection had been pro-actively managed and improvements achieved however clinical governance arrangements could be strengthened further. For example to improve the process by which clinical staff are aware of and discuss the latest available guidelines and the implications for the practice.
- The practice had some systems in place for monitoring and assessing the quality of services.
- Staff felt able to raise concerns and also give suggestions for improvements to the running and development of the practice.
- The practice had policies and procedures in place, which were relevant to the practice, reviewed and updated as required.

Summary of findings

- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) who were involved in improvements to the service provided. The practice had shared the last CQC inspection report with the PPG.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients over the age of 75 all had a named GP and a care plan which was reviewed yearly.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice identified older patients who may be at risk of an emergency admission to hospital for social care reasons and worked with multi-disciplinary teams to provide service and support to mitigate this risk.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was a walk in and wait service available for patients who may find it difficult to use the telephone or online service to book an appointment.
- The practice encouraged patients to attend for flu vaccinations or other regular health monitoring checks.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management.
- Nationally reported data showed that outcomes for patients for long-term conditions were in line with other practices within the Clinical Commissioning Group (CCG) and nationally. For example, numbers of patients with diabetes receiving appropriate reviews were in line with the CCG and national average for the majority of indicators.

Summary of findings

- The practice followed up on patients with complex long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patient with long term conditions were provided with health promotional advice and referred where appropriate to support to help them to maintain their health and independence for as long as possible.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- We found there were systems to identify, monitor and follow up children living in disadvantaged circumstances and/or who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had emergency processes for acutely ill children.
- Appointments were available outside of school hours and the premises were suitable for babies and children.
- There was no dedicated baby changing facilities available, however there was a room which parents could use to change nappies or for mothers to breast feed, should they prefer to do this in private.
- The practice had a system in place to identify and support mother with post-natal depression, and also to support those with unwanted pregnancies and teenage mothers.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way.
- The HPV vaccination was offered for teenage female patients.
- Young people were signposted to the local sexual health and contraception services.
- Clinical staff had an understanding of Gillick competence and Fraser guidelines.
- The practice worked with midwives, health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of this population had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example, extended opening hours on two mornings.
- The practice offered as a full range of health promotion and screening that reflects the needs for this age group. These included, well woman and well man checks.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were in line with other practices within the Clinical Commissioning Group (CCG) and nationally.
- The practice offered the electronic prescription service. This service allows patients to choose or 'nominate' a pharmacy to get their medicines from, the GP then sends the prescription electronically to the nominated place.
- The practice offered a range of online service such as online booking and repeat prescription ordering.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 offered urgent appointments for those patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG and national average.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses, had a care plan in their notes, which was higher than the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to support patient that may be in crisis with their mental health.
- Staff interviewed had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The practice results were mixed depending on the area of questioning, with some areas higher, some in line and some below the CCG and national averages. Two hundred and fifty two survey forms were distributed and 106 were returned. This represented a 42% completion rate.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and the national average of 71%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 84%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any comment cards.

We spoke with two patients and four patient participation group (PPG) members during the inspection. All patients said they were satisfied with the care they received and that staff were friendly and caring. Patients told us that they felt listened to. The PPG members told us that the practice were willing to hear their ideas for improvement and responded well to suggestions.

Areas for improvement

Action the service MUST take to improve

- Ensure where patients are prescribed a high risk medicine in the secondary setting, GPs are assured that appropriate monitoring checks have taken place and it is safe to prescribe a repeat for that medicine.
- Ensure care and treatment is provided in a safe way to patients.

Action the service SHOULD take to improve

- Review and improve systems relating to clinical governance. Including implementing a system to make sure that all clinical staff are aware of the latest available guidelines and the implications for the practice have been discussed. Where monitoring checks are completed, for example, for high risk medicines, ensure that appropriate documented action and follow up take place.
- Consider ways to further improve level of patient involvement and satisfaction in the services provided.

Ramanathan 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 Ramanathan Surgery

Ramanathan Surgery, also known as William Harvey Surgery, is located in a residential area in Rayleigh, Essex. It is located within two large converted houses over two floors. There is very little allocated parking although there is restricted street parking available. At the time of our inspection the list size was 4253. The practice has a General Medical Services contract. A GMS contract is one between NHS England and the practice for delivering primary care services to local communities.

The practice has two partner GPs; one male and one female. There are two long-term locums, a practice nurse, a practice manager and a team of reception staff.

The practice is open between 6.45am to 6.30pm on Mondays and Fridays, 8am to 6.30pm Tuesday and Fridays and 8am to 2.30pm on Wednesdays, an on-call GP is available for emergencies after 2.30pm on Wednesdays. GP appointments are available: Monday 6.55am to 11.30am and 4pm to 6.20pm; Tuesday 8.15am to 11.30am and 4pm to 6.20pm; Wednesday 8.15am to 12 noon; Thursday 8.15am to 11.30am and 4pm to 6.20pm; Friday 6.45am to 11.30am and 4pm to 6.20pm. When the practice is closed patients are signposted to NHS 111 for out of hours care, both of which are provided by Integrated Care 24.

Why we carried out this inspection

We initially undertook a comprehensive inspection of Ramanathan Surgery on 14 December 2015. At the December 2015 inspection the practice was rated as inadequate overall. Specifically they were rated as inadequate for safe and well-led, requires improvement for effective, caring and responsive. The practice was placed into special measures for a period of six months.

We undertook a second comprehensive inspection of Ramanathan Surgery on 16 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing caring services, requires improvement for providing safe and well-led services, and good for effective and responsive services. The practice special measures period was extended further.

We also issued a warning notice to the provider in respect of safe care and treatment; and a requirement notice in respect of good governance. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Ramanathan Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Ramanathan Surgery on 19 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made, to follow up on their warning notice and to assess whether the practice could come out of special measures.

Detailed findings

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. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had given them.

We carried out an announced visit on 19 July 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed how patients were being cared for in the reception and waiting areas.
- Reviewed an anonymised sample of the treatment records of patients.
- Spoke with patients and their family or carers.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

What we found at our previous inspections

At our first inspection on 14 December 2015 we rated the practice as inadequate for providing safe services. The systems around the reporting, recording and sharing lessons from significant events was not completed in accordance with practice policy. Recruitment checks were incomplete, for example, not all personnel files contained identity checks or disclosure and barring checks (DBS). (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.) Emergency medicines were incomplete, and the practice did not have an adequate emergency oxygen supply. There was no defibrillator and the need for this had not been risk assessed. We found out of date needles in the treatment room. There were not adequate arrangements in place to cover staff shortages.

At our second inspection on 16 August 2016 we rated the practice as requires improvement for providing safe services. Improvements had been made following the December 2015 inspection however there were other areas that had been identified as a concern. Not all staff had heard of the Duty of Candour and understood their duties in relationship to it. There was no effective system in place to ensure safety and medicine alerts were actioned to protect patient safety. There was no effective system in place to ensure patients were consistently reviewed to ensure the safe prescribing of medicines. Staff were unclear as to whom the infection control lead was in the practice.

These arrangements had been improved when we undertook a follow up inspection on 19 July 2017, however some further improvements were still required. The practice is still rated as requires improvement for providing safe services.

What we found during our inspection on 19 July 2017

Safe track record and learning

There was an system in place for reporting and recording significant events.

- Staff told us about the incident reporting system. There was a form for staff to complete. The incident recording form supported the recording of notifiable incidents under the duty of candour. We spoke with staff and they were now aware of their responsibilities under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that an investigation was completed. There were no clinical incidents affecting patients since our last inspection, however the practice manager informed us that following an incident affecting a patient, the patient would be informed of the incident, given information, an apology and appropriate support.
- We reviewed incident reports and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. We saw evidence from meeting minutes and speaking with staff that lessons were shared and action was taken to improve safety in the practice.
- We reviewed safety records, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received by a member of administrative staff who decided with the GP what action needed to be taken. We reviewed evidence of these actions and found that the system was effective.

Overview of safety systems and process

The practice had systems, processes and practices in place to keep patients safe.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and local council requirements. Staff were aware of their responsibilities regarding this. One of the GP took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. Safeguarding was also on the practice agenda for clinical meetings.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room advising patients that a chaperone was available for intimate

examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (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).

- One of the GP partners 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, no actions were required following the last audit.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a cleaning schedule in place for the cleaning of medical equipment.
- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- There was an effective process in place for reviewing some patients prescribed medicines requiring monitoring, including high risk medicines, where the medicines were initially prescribed by the practice. Where the initial prescription for a high risk medicine came from secondary care, such as a hospital, monitoring responsibilities lay with the hospital. The prescribing of the repeat prescription was the responsibility of the practice GPs, however we were not assured that patients had the appropriate checks completed and were safe to be prescribed the repeat medicines. Following our inspection the practice sent us an action plan of actions they intended to take to ensure that in future, either patients would not receive repeats of a high risk medicine until they had assurance that monitoring checks had been completed and it was safe to prescribe, or the medicine had been removed from the list of medicines available on repeat. They also implemented a process to review all patients prescribed a high risk medicine for whom they did not have evidence that the appropriate monitoring checks had taken place.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We reviewed these and found that they were appropriately signed although one of these had just gone out of date.
- We looked at four personnel files and found appropriate recruitment checks had been undertaken prior to employment for both permanent and locum staff. For example, identity checks, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system to ensure vaccination and immunity status of clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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 alert button on all the computers which staff could press to summon other staff in an emergency situation, as well as a physical button in the rooms.
- Staff had received training on basic life support. Oxygen was in an accessible place. The practice had a risk assessment in place for the lack of defibrillator on site.
- We spoke with staff regarding emergency medicines and found that they were kept together in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities and staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspections

At our first inspection on 14 December 2015 we rated the practice as requires improvement for providing effective services. Flu vaccination rates were low when compared to national averages. We were told by patients it was difficult to get flu vaccination at the practice due to staff shortages. There was no evidence that audit was driving improvement in performance to improve patient outcomes. The practice had not ensured staff received all basic training, for example a member of staff had not received up to date basic life support training.

At our second inspection on 16 August 2016 we found that the provider had resolved these concerns and we rated them as good for this domain.

What we found during our inspection on 19 July 2017

Effective needs assessment

We found that clinical staff accessed relevant and current evidence based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines via the paper version of their professional journals and via professional networks. This meant that they may not have had access to all the latest guidance. During our inspection the two partners and the practice manager signed up to receive the latest guidelines electronically directly from NICE. They also amended their clinical meeting agenda to ensure that in future, updates from a variety of sources would be discussed every meeting and the implications for the practice considered.

There was a regular clinical meeting attended by all clinical staff which included shared learning from internal and external sources.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework and performance against national screening programmes to monitor outcomes for patients. The most recent published results, from 2015 to 2016, indicated the practice achieved 97% of the total number of points available compared with the CCG average of 91% and the national average of 95%. We viewed submitted but unpublished data for 2016 to 2017 that showed the practice had maintained this performance level. The practice had a 7% exception reporting rate overall which was in line with the CCG average of 5% and national average of 6%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.)

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was higher than the CCG and national average for two indicators and in line with the CCG but lower than national average for one indicator. For example:

- The percentage of patients whose blood pressure reading was within specified levels was 85% compared to the CCG average of 69% and the national average of 78%.
- The percentage of patients with diabetes who had blood sugar levels within certain levels was 68% compared to the CCG average of 74% and the national average of 78%.

We viewed unpublished performance data for 2016 to 2017 with showed the practice performance was satisfactory for diabetes indicators.

Performance for mental health related indicators was either in line with or above the CCG and national average. For example:

- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 92% compared to a CCG average of 79% and national average of 89%.
- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, whose alcohol consumption had been recording in the last 12 months was 92% compared to a CCG average of 87% and an England average of 89%.

There was evidence of quality improvement activity including clinical audit:

- The practice had commenced two clinical audits and a non-clinical audit in the past 12 months of which one was a completed audit (a completed audit is where the improvements made were implemented and

Good

Are services effective?

(for example, treatment is effective)

monitored). The completed clinical audit looked at the management of atrial fibrillation within the practice and evidence improvements made to the management of patients with this condition.
- The practice participated in local and national benchmarking.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work, as well as opportunities for career progression.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community staff.

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.
- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted or referred them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 88%, which was higher than the CCG average of 86% and national average of 81%. Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 58% for the practice, compared to 60% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 70% for the practice, compared to 71% average for the CCG and 72% national average. The practice told us that non-attenders were contacted up to three times by letter to encourage them to attend.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were above the 90% national standard or above the CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 91% which was above the 95% standard.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 100%.
- The percentage of MMR dose one given to under five year olds was 100% compared to the CCG average of 97% and national average of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Requires improvement

Are services caring?

Our findings

What we found at our previous inspections

At our first inspection on 14 December 2015 we rated the practice as requires improvement for providing caring services. Data showed that patients rated the practice lower than others

for several aspects of care. The practice had only identified 0.2% of patients as carers; there was no system in place to actively identify carers.

At our second inspection on 16 August 2016 we rated the practice as inadequate for providing caring services. We found that the areas identified as requiring improvement at the first inspection had not sufficiently improved. Data from the national GP patient survey, published in July 2016, showed patients rated the practice lower than others for many aspects of care. The practice had identified 0.3% of their patient list as carers.

These arrangements had greatly improved when we undertook a follow up inspection on 19 July 2017, however further improvement was still required. The practice is rated as requires improvement for providing caring services.

What we found during our inspection on 19 July 2017

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with kindness, dignity and respect.

- Curtains or screens 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 the GPs rooms could not be overheard.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that that staff were friendly and responded quickly when they needed help and treated them with dignity and respect.

Results from the national GP patient survey, published in July 2017, showed patients had mixed views on whether they felt they were treated with compassion, dignity and respect. The practice was in line with or below Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%. This was a 12% increase on their 2016 score.
- 83% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%. This was a 15% increase on their 2016 score.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 86%. This was a 12% increase on their 2016 score.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%. This was a 3% increase on their 2016 score.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from the six patients we spoke with on the day was positive regarding whether they felt involved in their treatment.

We reviewed several randomly selected anonymised treatment plans and found that for some patients the level of involvement in their treatment could have been improved. For example, one patient had been prescribed a course of treatment by the GP following receipt of test results but without evidence of consultation with the patient about the proposed treatment.

Results from the national GP patient survey published in July 2017 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment had improved from the previous year's results but were still lower than CCG and national averages. For example:

Requires improvement

Are services caring?

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%. This was a 15% increase on their 2016 score.
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. This was a 3% increase on their 2016 score.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%. This remains the same compared to their 2016 score.

We asked the practice what action they had taken with regards to this data, they explained how GPs were continually reviewing their communication skills in order to improve patient satisfaction with their level of involvement. They were also reviewing their record keeping to ensure that conversations with patients were documented.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have spoken English as a first language.
- Information leaflets were available to help patients understand their diagnosis, and could be made available in other languages.
- Where patients were unable to use a telephone due to sensory impairment, the practice had the option to book urgent/same day appointments via text message.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice had a designated member of staff to support carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 carers (which was approximately 1.2% of the practice list), this was greatly improved from our previous inspection. Carers were sign posted to the various avenues of support available to them and had access to flu vaccinations, annual health checks and flexible appointments to accommodate their caring responsibilities.

The practice had a policy for supporting families who had suffered a bereavement. GPs contacted families where this was appropriate and an appointment or other support was provided if needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspections

At our first inspection on 14 December 2015 we rated the practice as requires improvement for providing responsive services. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.

Translation services were not available. There was no evidence that learning from complaints had been shared with staff, and verbal complaints were not being recorded.

At our second inspection on 16 August 2016 we found that the provider had resolved these concerns and we rated them as good for this domain.

What we found during our inspection on 19 July 2017

Responding to and meeting people's needs

The practice were aware of the various groups of patient's on their patient list and how this impacted the demand and need for services.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice gave us examples of how this provision was flexible for patients with complex needs.
- Patients were able to receive travel vaccinations available on the NHS and could be referred to other clinics for vaccines available privately.
- If patients had more than one medical concern to discuss they were advised to book a double appointment to enable the GP time to fully address the concerns.
- There were accessible facilities and translation services available.
- The practice has considered and advertised the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they could understand and receive appropriate support to help them to communicate.
- The premises were suitable for babies and young children. Although there were no baby changing facilities available, parents could make use of a room with a clinical couch. Breastfeeding could also be done here should the mother prefer a private area.
- The practice offered early morning appointments, two mornings a week, for working patients who could not attend during normal opening hours and for children prior to school.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice sent text message reminders of appointments.

Access to the service

The practice was open between 6.45am to 6.30pm on Mondays and Fridays, 8am to 6.30pm Tuesday and Fridays and 8am to 2.30pm on Wednesdays, an on-call GP was available for

emergencies after 2.30pm on Wednesdays. GP appointments were available: Monday 6.55am to 11.30am and 4pm to 6.20pm; Tuesday 8.15am to 11.30am and 4pm to 6.20pm; Wednesday 8.15am to 12 noon; Thursday 8.15am to 11.30am and 4pm to 6.20pm; Friday 6.45am to 11.30am and 4pm to 6.20pm. When the practice was closed patients are signposted to NHS 111 for out of hours care, both of which were provided by Integrated Care 24.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment were in line or above the CCG and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71%.

All the patients we spoke with on the day of inspection told us they were able to access appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective 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.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area.

We looked at the three complaints received in the last 12 months and reviewed them in detail. One of these related to a misdiagnosis. The practice fully investigated and an apology and honest explanation as well as an outline of actions the practice intended to take was given to the complainant. The complaint outcomes were discussed and learning shared with other staff as appropriate either in meetings or via other forums. We found that for one complaint one of the action points had not been completed however the practice provided evidence by the end of that day that this had been addressed.

Are services well-led?

Good

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

Our findings

What we found at our previous inspections

At our first inspection on 14 December 2015 we rated the practice as inadequate for providing well-led services. There was no clear vision and strategy, and staff were not clear about their responsibilities in relation to the vision or strategy. There was no clear leadership structure and staff did not feel supported by the partners. Not all policies and procedures were being implemented, not all had review dates in place and not all staff knew how to access them.

There was evidence of bullying and harassment in the workplace which had not been acted on by the partners. Previous concerns regarding the safety of the practice had been investigated but measures had not been put in place to ensure this didn't happen again. The practice did not meet as a whole practice to discuss issues or learn from events. The practice had not always acted on feedback from the patient participation group.

At our second inspection on 16 August 2016, we rated the practice as requires improvement for providing well-led services. Most of the areas identified in the December 2015 had been either been resolved or improved however further improvement was required. The practice had compiled a list of aims for the following two years; however there was no strategy to demonstrate how this would be achieved. The infection control policy had not been updated since a change in structure. One of the partners was unfamiliar with the term Duty of Candour. The leadership of the practice and some of the arrangements to monitor and identify risk required further strengthening.

These arrangements had improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing well-led services.

What we found during our inspection on 19 July 2017

Vision and strategy

The practice had a vision and strategy document which included several objectives to improve the service they provided. Some of these included: patients becoming equal stakeholders with GPs in setting goals and standards; promotion of holistic care with an emphasis on patients with a long term condition and frail older people through more effective working partnerships with other stakeholders; creating a sustainable workforce with high morale and commitment to delivering high quality care. These had been discussed with their patient participation group (PPG) and we saw evidence of actions taken so far to achieve these.

Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and quality care however aspects of clinical governance required strengthening. The practice had made improvements both as a result of the outcomes of our previous inspections but also in response to feedback from staff and patients. Staff we spoke with gave us the impression that the partners were now more responsive to change and that the whole staff group acted much more as a team than in our initial inspection in December 2015. The partners themselves told us they were keen to see any feedback as a positive to help them achieve a better service for patients.

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.
- There were systems in place to monitor, review and improve the practice performance through national comparison data and practice audits.
- There were practice specific policies which were implemented, updated and were available to all staff.
- Some aspects relating to clinical governance required strengthening, such as, ensuring staff had access to all the latest updates and the implications for the practice have been discussed. Also systems for monitoring some patients on high risk medicines required improvements.

Leadership and culture

The culture of the practice was friendly, open and honest. Staff told us that management were approachable.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

Are services well-led?

Good

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

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us that any changes or other information was communicated via team meeting or via other methods.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The practice had informed the PPG of the outcome of our August 2016 inspection and how they planned to resolved the issues. The practice also asked the PPG to review items such as their action plan. The PPG gave us examples of where their suggestions had been acted upon.
- the NHS Friends and Family test, complaints and compliments received
- Staff told us they felt able to give feedback and discuss any concerns or issues with management staff. They felt confident it would be acted upon and gave us examples were this had happened.

Continuous improvement

The practice was aware that they needed to continue to work on the progress they had made, to maintain, review and improve the quality of service provision. They were actively trying to recruit another nurse and had responded quickly to issues raised during our inspection.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users **How the regulation was not being met:** Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. In particular: where patients were prescribed a high risk medicine in the secondary setting, GPs did not have sufficient assurance that appropriate monitoring checks had taken place and/or that it was safe to prescribe a repeat for that medicine. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.