

Dr Jamil Khan

Quality Report

66 Brighton Road
Coulsdon
Croydon CR5 2BB
Tel: 020 8660 2700
Website:

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

Ratings

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

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (Previous inspection 7 June 2017 rated overall as Requires Improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

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

People whose circumstances may make them vulnerable – Inadequate

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

During the inspection carried out on 16 June 2016 the practice was rated overall as inadequate and was placed

in special measures. Following the period of special measures we undertook an announced inspection on 7 June 2017 to follow-up on breaches of regulations and the practice was rated overall as requires improvement.

We carried out an announced comprehensive inspection at Dr Jamil Khan on 7 February 2018 to follow up on breaches of regulations.

At this inspection we found:

- The governance arrangements did not ensure safe care for patients as there was a lack of oversight. During the inspection on 7 June 2017 we found that the practice had made significant improvements in relation to the issues found on the inspection in 16 June 2016; however during this inspection we found that some of these improvements had not been sustained.
- The practice did not have a clear system in place to monitor patients on high risk medicines, monitoring of refrigerator temperatures on a daily basis and uncollected prescriptions. Some of the medicines and safety alerts were not received, implemented and monitored by the practice.
- The practice did not have a system in place to follow-up patients who do not attend their appointments to review non-urgent test results.
- The data from the Quality and Outcomes framework for 2016/17 indicated that patient outcomes were significantly below when compared to the local and national averages.

Summary of findings

- The practice did not adequately review the effectiveness and appropriateness of the care it provided; the practice did not have a program of regular audits and some of the audits and re-audits they had completed had not been written up.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients had access to a walk-in service Monday to Friday where they could attend the surgery without an appointment; the patients we spoke to and the CQC comment cards we received indicated that they found this system very helpful and reported that they were able to access care when they needed it. The practice also offered pre-bookable appointments with a long-term locum female GP.

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

- Ensure care and treatment is provided in a safe way for service users including a clear system in place to monitor patients on high risk medicines, monitoring of refrigerator temperatures and uncollected prescriptions.

- Ensure that all patients' needs are identified and care and treatment meet their needs including improving outcomes of patients with long-term conditions especially for patients with mental health and dementia.
- Ensure there is a system in place to for patients who do not attend their follow-up appointments.

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

- Review procedures to ensure all the relevant historical medicines and safety alerts are received, implemented and monitored.
- Review procedures in place to ensure there is a signed contract in place for employed staff.
- Review processes in place to ensure there is a program of clinical audits and they are written-up for dissemination and learning.
- Review processes in place to improve clinical coding and exception reporting for patients with long-term conditions.
- Review how patients with caring responsibilities are identified to ensure information, advice and support can be made available to them.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Dr Jamil Khan

Detailed findings

Background to Dr Jamil Khan

Dr Jamil Khan / The Coulsdon Medical Practice provides primary medical services in 66 Brighton Road, Croydon CR5 2BB to approximately 3,700 patients and is one of 52 practices in Croydon Clinical Commissioning Group (CCG). The practice has no website.

The clinical team at the surgery is made up of one full-time male lead GP, one part-time long-term female locum GP and two part-time female practice nurses. The non-clinical practice team consists of two practice managers and four administrative or reception staff members.

Since the last inspection the practice has had a high staff turnover; two clinical members of staff were on long-term leave; one clinical and non-clinical member of staff were on

sick leave for a significant amount of time; one clinical member of staff left the service due to ill health; two non-clinical members of staff moved out of the area so have left the practice.

The practice list size had grown around 10% in the last year. The practice population is in the third least deprived decile in England. The practice population of children and working age people are below the CCG and national averages and the practice population of older people is above the CCG and national averages.

The provider is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Are services safe?

Our findings

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

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

- During the inspection carried out in 16 June 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of monitoring risks to patients were not adequate. The practice did not have the equipment and medicines to deal with medical emergencies; they did not have a clear system in place to monitor patients on high risk medicines; health and safety, fire and legionella risk assessments had not been undertaken; recommendations following the infection control audit had not been addressed and there was no business continuity plan in place.
- We undertook a follow-up inspection on 7 June 2017 and found that these arrangements had significantly improved and the practice was rated as good for providing safe services.
- In this inspection we found that the arrangements in respect of monitoring of patients on high risk medicines no longer kept the patients safe. We also found that the practice no longer had a clear system in place to monitor refrigerator temperatures and uncollected prescriptions. They did not have a clear system to ensure all the medicines and safety alerts were received, implemented and monitored.
- They did not have a system in place to follow-up patients who do not attend appointments to review non-urgent test results.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However we found they did not have a signed contract for two members of staff who joined the practice since the last inspection; the day following the inspection they sent us a copy of a signed contract for one member of staff; the other member of staff had joined the practice a week preceding the inspection and the practice informed us that they were still negotiating their contract.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

- The practice had a high staff turnover in the last six months. The practice was in the process of reviewing the arrangements in place for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The provider informed us they had not discussed the latest guidance on management of sepsis; however clinicians spoken with knew how to identify and manage patients with severe infections. The practice did not have a paediatric pulse oximeter to measure oxygen saturation in children. The day following the inspection the practice had purchased the paediatric pulse oximeter and sent us evidence to demonstrate this.
- When there were changes to services or staff the practice did not always assess and monitor the impact on safety. For example no arrangements had been put in place to replace the phlebotomist who had recently left the practice.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

The practice did not have reliable systems in place for appropriate and safe handling of medicines.

- The practice had systems for managing medical gases, and emergency medicines; however they did not have a clear system in place to manage patients on high risk medicines. During the inspection we reviewed the records of 20 patients taking warfarin (medicine that stops blood clotting) of which 14 patients had their repeat prescriptions without the signing doctor having sight of the most recent blood test result. The practice informed us that a local chemist performed these blood tests; however they had no record of the recent blood test results for these patients and no details of any communication system in place with this chemist. We reviewed the records of seven patients taking azathioprine (a medicine used to treat rheumatoid arthritis) and found that blood tests was overdue by a few weeks for four patients and overdue four months for one patient; these patients had their repeat prescriptions without the signing doctor having sight of the most recent blood result. We also reviewed the records of five patients taking methotrexate (a medicine used to suppress the immune system) and found that blood tests was overdue for four months for one patient; this patient had their repeat prescription without the signing doctor having sight of the most recent blood result. The practice informed us that the phlebotomist who was tasked to monitor patients on high risk medicines left the practice in October 2017.
- The practice did not regularly monitor the temperature of refrigerators that stored medicines; the practice only recorded and monitored refrigerator temperatures when the practice nurses were working which was three

days a week. We found that there was a system in place to regularly monitor temperature of refrigerators when we inspected the practice in 7 June 2017 and they no longer have a clear system in place.

- The practice kept prescription stationery securely and monitored its use. However the practice did not regularly monitor uncollected prescriptions; we found five uncollected prescriptions dated back to October 2017. We found that there was a system in place to monitor uncollected prescriptions when we inspected the practice in 7 June 2017 and they no longer have a clear system in place.
- For 2016/17 the percentage of antibiotic items prescribed by the practice that are Cephalosporins or Quinolones were significantly higher than Clinical Commissioning Group (CCG) and national averages (practice 9%; CCG 4.1%; national 4.7%). Recent results provided by the practice showed that the practice had improved in this area.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues including health and safety, fire, and legionella.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong; the practice had considered their first CQC report published in December 2016 which was rated Inadequate as a significant event and had made sufficient improvements; however at this inspection we found some of these improvements had not been sustained.
- The practice had a system in place to manage medicines and safety alerts since January 2017; however the practice had not dealt with historical alerts received before this time. For example a 2016 alert on Spironolactone and renin-angiotensin system medicines in heart failure was not acted on.

Are services effective?

(for example, treatment is effective)

Our findings

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

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

- During the inspection carried out in 16 June 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of staff training, monitoring of patients with long term conditions and quality improvement through clinical audits was not adequate. The Quality and Outcomes Framework (QOF) outcomes for patients with long term conditions were significantly below average when compared to local and national averages.
- We undertook a follow-up inspection on 7 June 2017 and found that these arrangements had improved; however the QOF outcomes for patients with long term conditions were still significantly below average and were rated as requires improvement for providing effective services.
- In this inspection the provider had slightly improved; however arrangements in place in respect to quality improvement through clinical audits required improvement. The QOF outcomes for patients were significantly below average.

Effective needs assessment, care and treatment

We saw that clinicians did not always assess patients' needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The practice did not have a clear system in place to manage patients on high risk medicines.

- Patients' needs were not always fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions did not always have a structured annual review to check their health and medicines needs were being met especially for patients with mental health and dementia.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice did not have a system in place to follow-up patients who do not attend their appointments to review non-urgent test results. For example for patients who had abnormal blood glucose.

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 in line with the target percentage of 90% or above in all the four areas measured.
- The practice offered eligible patients to have the meningitis vaccine, for example before attending university for the first time.

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

- The practice's uptake for cervical screening was 74.6% compared to the Clinical Commissioning Group average of 70.3% and national average of 71.9%. This was below the 80% coverage target for the national screening programme.

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 informed us that 88% (15 patients) of the 17 patients with learning disability had their health checks in the last year.

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

Are services effective?

(for example, treatment is effective)

- 57.1% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is significantly lower than the Clinical Commissioning Group (CCG) average of 86.5% and national average of 83.7%.
- 68.4% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly lower than the CCG average of 88.9% and national average of 90.3%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received advice about alcohol consumption was 70% (CCG 90.1%; national 90.7%); and the percentage of patients experiencing poor mental health who had received advice about smoking cessation was 91.5% (CCG 97.6%; national 96.7%).

Monitoring care and treatment

The practice had undertaken two clinical audits following the first inspection in 16 June 2016; both of these were completed audits where improvements were implemented and monitored. However the practice had not undertaken any clinical audits since the last inspection in 7 June 2017. There was no quality improvement program in place. The practice informed us that they had performed some audits and re-audits; however these had not been written up. For example the practice informed us that they had done a search for valproate (a medicine used to treat epilepsy and migraine) in women of child bearing age but they had not recorded their findings and it was not clear if they had any patients who may be affected and had not identified any learning to be shared.

The most recent published Quality Outcome Framework (QOF) results were 76.0% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.8% and national average of 95.5%. The clinical exception reporting rate was 13.3% compared with a national average of 10%. The (QOF is a system intended to improve the quality of general practice and reward good practice. We found that some of the exceptions were not appropriately reported; the practice was aware of this and were in the process of reviewing their exceptions and we saw evidence to support this. They had employed an external consultant who visited the practice once a week

and helped the practice to address these issues. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was in line with or below the Clinical Commissioning Group (CCG) and national average. For example, 75.6% (above average exception reporting of 13.5%) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74.2% and the national average of 79.4%.
- 77.5% (0% exception reporting; CCG 6.2%; national 10.9%) of patients with atrial fibrillation were treated with anticoagulation therapy was below compared to the CCG average of 83.7% and national average of 88.4%.
- Performance for mental health related indicators was significantly below the CCG and national averages; 68.4% (significantly above average exception reporting of 34.5%) of 32 patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 88.9% and national average of 90.3%.
- 57.1% (below average exception reporting of 2.3%) of patients with dementia had received annual reviews which was significantly below the CCG average of 86.5% and national average of 83.7%. Care plans for patients with dementia were performed by a local nursing home and the practice had not linked these to the patients' notes.
- The national QOF data showed that 70.3% (above average exception reporting of 28.3%) of patients with asthma in the register had an annual review, compared to the CCG average of 76.4% and the national average of 76.4%.
- 90.0% (above average exception reporting of 14.3%) of patients with Chronic Obstructive Pulmonary Disease (COPD) had received annual reviews compared with the CCG average of 92.4% and national average of 90.4%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

(for example, treatment is effective)

- 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 on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating care and treatment

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice 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 did not have a system in place to follow-up patients who do not attend their appointments to review non-urgent test results. For example for patients who had abnormal blood glucose.
- The practice did not have an effective system in place with their local pharmacy who performed the blood tests for patients on high risk medicines to ensure co-ordinated, effective care and treatment.

Helping patients to live healthier lives

Staff were helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. However this was not sufficient in relation to effectively identifying patients at risk of developing a long-term condition and carers. For example, by not following up people with high blood sugar, they are failing to identify those who may have diabetes.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision; all clinical staff had completed Mental Capacity Act training.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We spoke with three patients during the inspection and all were positive about the service.
- Forty-six of the 49 patient Care Quality Commission comment cards we received during the inspection were positive about the service experienced. Many patients reported that the care received from the GPs was good and reception staff were polite and helpful. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Of the 275 surveys sent out 116 were returned. This represented about 3% of the practice population. The practice was in-line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 92% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.

- 95% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.
- 99% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example they used translation services.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 26 patients as carers (0.7% of the practice list); this was an improvement when compared to the last inspection where they had only identified 14 patients as carers. The practice population of older people was higher than the local and national averages; however the practice had only identified a low number of carers.

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

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above the local and national averages:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice manager informed us that they complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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 practice provided extended opening hours and online services such as repeat prescription requests and advanced booking of appointments.
- Patients had access to open walk-in appointments Monday to Friday where patients could attend the surgery without an appointment; the practice also offered pre-bookable appointments with a long-term locum female GP.
- The practice improved services where possible in response to patients' needs. For example the practice had purchased a hearing loop to help patients with hearing impairments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition did not always receive an annual review to check their health and medicines needs were being appropriately met. For

example not all patients with mental health and dementia received an annual review. They were not following up people with conditions requiring long term medication for example rheumatoid arthritis.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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.
- The practice patients had access to antenatal care, pregnancy immunisations and post-natal mother and baby checks.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

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.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

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

- Patients had timely access to appointments.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or above the local and national averages. This was supported by observations on the day of inspection and completed comment cards. One patient reported that they preferred more booked appointments; another patient indicated that sometimes they feel a bit rushed in their appointments and another patient indicated that the practice could have more clinical staff. Two hundred and seventy five surveys were sent out and 116 were returned. This represented about 3% of the practice population.

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 97% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 71%.
- 91% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 84%.
- 92% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.

- 89% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 59% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

We rated the practice, and all of the population groups, as inadequate for providing a well-led service.

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

- During the inspection on 16 June 2016, we rated the practice as inadequate for providing well-led service as the governance arrangements in place was not adequate. The practice had limited arrangements in place to monitor quality and identify risk. The practice had no active Patient Participation Group (PPG).
- We undertook a follow-up inspection on 7 June 2017 and found that these arrangements had improved; however the governance arrangements required further improvement and the provider was rated requires improvement for being well-led.
- In this inspection we found that the governance arrangements and improvements which were in place at the last inspection had not been sustained to ensure safe and effective care and treatment were provided to patients.

Leadership capacity and capability

- Leaders did not have adequate experience and skills to deliver the practice strategy to ensure safe care. For example there was a lack of oversight in relation to the management of medicines. The quality and outcomes framework (QOF) outcomes for patients with long term conditions were significantly below average for 2015/16 and 2016/17; the practice had not performed any clinical audits since the last inspection.
- The practice did not have effective processes to develop leadership capacity and skills.
- They were knowledgeable about issues and priorities relating to the future of services. The practice had a high staff turnover since the last inspection and the practice informed us that their main challenge was managing patient demand and staffing levels; however they had not sufficiently addressed them.
- Leaders at all levels were visible and approachable and staff reported that they were very happy with the support they received from the leaders.

Vision and strategy

- There was a vision and set of values and the practice had a realistic strategy; however this did not adequately prioritise safe and effective care for patients.

Culture

- Staff stated they felt respected, supported and valued. They were happy to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- All staff members were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The governance arrangements did not ensure sustained safe and effective care for patients as there was a lack of oversight when prioritising and acting on issues. During the inspection on 7 June 2017 we found that the practice had made sufficient improvements in relation to the issues found on the inspection in 16 June 2016; however during this inspection we found that some of these improvements had not been sustained.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective.
- The practice was not consistent in the management of patients on high risk medicines to keep the patients safe. During the inspection on 7 June 2017 we found

Are services well-led?

Inadequate 

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

that the practice had improved the management of patients on high risk medicines as there was monitoring systems in place; however in this inspection we found that the management of patients on high risk medicines was no longer safe. The practice informed us that the staff tasked to monitor the patients on high risk medicines left the practice in October 2017; we found that the practice had not made any alternative arrangements to manage these patients since the staff had left the practice.

- There was a lack of governance systems in place to ensure regular monitoring of the temperature of refrigerators that stored medicines; the practice only recorded and monitored refrigerator temperatures when the practice nurses were working which was three days a week and there was no assessment of the risk this posed to the safe storage of medicines.
- They did not have a system in place to ensure regular monitoring of uncollected prescriptions; we found five uncollected prescriptions dated back to October 2017.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice held regular governance meetings in which they discussed significant events and complaints.
- Since the last inspection the practice has had a high staff turnover; one clinical and non-clinical member of staff were on sick leave for a significant amount of time; two clinical members of staff were on long-term leave; one clinical member of staff left the service due to ill health; and two non-clinical members of staff moved out of the area so have left the practice. We found that the practice had addressed this by appointing a new nurse and two members of reception/administrative staff and had plans to recruit more staff.
- The practice list size had grown around 10% in the last year and the lead GP informed us that their main challenge was managing patient demand and staffing levels.

Managing risks, issues and performance

- There was a process to identify, understand, monitor and address current and future risks; however it was not adequate in the management of high risk medicines, medicines and safety alerts and monitoring of refrigerator temperature that stored medicines. We found that there was a system in place to regularly monitor temperature of refrigerators and uncollected

prescriptions when we inspected the practice in 7 June 2017 and they no longer have a clear system in place. The practice had identified managing patient demand and staffing levels as their main risk.

- The provider had failed to respond to some of the areas identified in our previous inspections, for example the practice had continued to identify a low number of carers. They had not completely rectified their coding issues and exception reporting.
- Practice leaders had an oversight of incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients; however this was not consistent. Some of the clinical audits were not written up to ensure improved outcomes and learning for staff.
- The practice had plans in place and had trained staff in how to deal with major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used information technology systems to monitor and improve the quality of care. However the practice had issues with coding of patients with long-term conditions; the practice was aware of this and was in the process of reviewing this.
- The practice submitted data or notifications to external organisations as required.

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 full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example the practice had purchased a hearing loop to help patients with hearing impairments.
- There was an active patient participation group (PPG) with eight members which met yearly. During the inspection we spoke to one member of the PPG who was positive about the care and support from the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Inadequate 

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

Continuous improvement and innovation

There was limited evidence of improvement.