Dr Jamil Khan / The Coulsdon Medical Practice

Quality Report

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

Date of inspection visit: 7 June 2017
Date of publication: 08/08/2017

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Jamil Khan / The Coulsdon Medical Practice on 16 June 2016. The overall rating for the practice was inadequate and the practice was placed in special measures. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Jamil Khan on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 7 June 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice had made significant improvements since the last inspection. The practice had hired an external consultant to help them address the issues identified in the previous inspection.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. We reviewed a sample of patient records and found that the care was delivered in line with current evidence based guidance. However the data from the Quality and Outcomes Framework for 2015/16 showed patient outcomes were significantly below average when compared to the local and national averages. Recent unpublished data for 2016/17 provided by the practice indicated a slight improvement; however their exception reporting figures was significantly higher than average.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however the practice had only identified a low number of carers.
- Information about services and how to complain was available and easy to understand.
- The lead GP offered a daily walk-in surgery (mornings and afternoons) where patients could attend without an appointment and were seen on a first come first served basis; patients we spoke to said they liked this walk-in surgery. Pre-booked appointments were also

Summary of findings

available with the two part-time female regular locum GPs and patients we spoke with said they found it easy to make an appointment with these GPs and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that all patients' needs are identified and care and treatment met their needs.

In addition the provider should:

- Review how patients with caring responsibilities are identified to ensure information, advice and support can be made available to them.

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework for 2015/16 showed patient outcomes were significantly below average when compared to the local and national averages. Recent unpublished data for 2016/17 provided by the practice indicated a slight improvement; however their exception reporting was significantly above average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had only identified 0.4% (14 patients) of the practice list as carers.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There was an understanding of the performance of the practice; however there was no evidence of improvement in performance since the last inspection. The provider had measures in place to address issues in relation to this.

Summary of findings

- There was evidence that benchmarking information was used when monitoring practice performance. The practice had hired an external consultant to help them address the issues identified in the previous inspection.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice had recently established a patient participation group.
- While audits have been carried out by the practice they did not always show an improvement.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The lead GP offered daily walk-in surgery where older people are prioritised as required.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice was in the process of adding care plans for all the required patients.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible; however the practice had only identified 0.4% (14 patients) of the practice list as carers.
- The practice GP undertook weekly visits for three local nursing and residential homes supporting the needs of 36 residents.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 78% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 78%. 97% of patients with diabetes had

Summary of findings

received a foot examination in the preceding 12 months which was above the CCG average of 87% and national average of 89%. However the practice had higher than average exception reporting for patients with diabetes.

- The national QOF data showed that 84% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%; however the practice had an higher than average exception reporting for patients with asthma.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and 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.

Families, children and young people

Requires improvement

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

- From the sample of documented examples we reviewed 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. The practice was one of the lowest in the local Clinical Commissioning Group (CCG) for paediatric emergency admissions.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Summary of findings

- The patients had access to GP led antenatal clinics and nurse or GP led family planning clinics. One of the practice GPs was a consultant gynaecologist.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of these populations 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group; however the practice did not have a website.
- The practice had a dedicated health awareness notice board and had a range of health promotion information available for patients in the waiting area.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, carers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability. Only 33% (4 patients) out of 12 patients with a learning disability had received a health check in the last year.
- 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 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 interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 65% of 29 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was below the CCG average of 86% and national average of 89%.
- The practice carried out advance care planning for patients living with dementia.
- 46% of patients with dementia had received an annual review which was below the Clinical Commissioning Group (CCG) average of 83% and national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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 follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good 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 on 7 July 2016. The results showed that the service was performing in line with local and national averages. Two hundred and forty three survey forms were distributed and 99 were returned. This represented approximately 3% of the service's registered patient list.

- 100% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 43 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 11 patients during the inspection including two members of the Patient Participation Group. The patients said they were happy with the care they received and patients thought staff were approachable, committed and caring.

The results of the Friends and Family Test during February, March and April 2017 (27 responses) indicated that 100% of patients would recommend this GP surgery.

Dr Jamil Khan / The Coulsdon Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and practice manager specialist advisor.

Background to Dr Jamil Khan / The Coulsdon Medical Practice

The Coulsdon Medical Practice provides primary medical services in Coulsdon to approximately 3700 patients and is one of 58 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people are lower than the CCG and in line with national average; the practice population of older people is higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 10% are Asian, 6% are Black and 5% are Mixed.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to one doctor consultation room and two nurse consultation rooms on the ground floor. The clinical team at the surgery is made up of one full-time male lead GP, two part-time regular female locum GPs and two part-time female practice nurses. The non-clinical practice team consists of a practice manager, a deputy practice manager, and six administrative and reception staff members. The practice provides a total of 13 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8am to 6:30pm Monday to Friday. Appointments are available from 8:30am to 10:00am and 4pm to 5:30pm every day. Extended hours surgeries are offered on Thursdays from 6:30pm to 8:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Croydon CCG.

The practice is registered 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.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Jamil Khan / The Coulsdon Medical Centre on 16 June 2016 under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and was placed into special measures for a period of six months.

We issued a warning notice under the following regulation and informed them that they must become compliant with the law by 8 March 2017:

Regulation 12: Safe care and treatment. The provider had not ensured that the practice has suitable systems in place to deal with and monitor risks to patients to include: availability of equipment and medicines to respond to medical emergencies, including access to oxygen and a full range of emergency medicines and a defibrillator or to have completed a risk assessment identifying how they would deal with medical emergencies requiring one; a robust system in place for monitoring patients on high risk medicines; carrying out health and safety, fire, legionella and asbestos risk assessments and for any recommendations following these risk assessments to be actioned and that the recommendations from the infection control audit are actioned. The provider did not have an up to date business continuity plan in place.

We also issued requirement notices under the following regulations:

Regulation 17: Good governance. The provider had not ensured that the quality of care is monitored and improved through audits and had not ensured to seek and act on feedback from service users.

Regulation 18: Staffing. The provider could not demonstrate that all clinical and non-clinical staff were trained to the appropriate level in child protection and had not ensured there was an effective process to ensure regular appraisals were performed for all practice staff.

The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Jamil Khan on our website at www.cqc.org.uk.

We undertook a follow up announced comprehensive inspection of Dr Jamil Khan / The Coulsdon Medical Practice on 7 June 2017. This inspection was carried out following the period of special measures to check that action had been taken to comply with legal requirements and improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2017.

During our visit we:

- Spoke with a range of staff including two GPs, two practice nurses, practice manager, deputy practice manager and a receptionist and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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).

Detailed findings

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.

Good

Are services safe?

Our findings

At our previous inspection on 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 provider had not ensured that the practice has suitable systems in place to deal with and monitor risks to patients to include: availability of equipment and medicines to respond to medical emergencies, including access to oxygen and a full range of emergency medicines and a defibrillator or to have completed a risk assessment identifying how they would deal with medical emergencies requiring one; a robust system in place for monitoring patients on high risk medicines; carrying out health and safety, fire, Legionella and asbestos risk assessments and for any recommendations following these risk assessments to be actioned and that the recommendations from the infection control audit are actioned. The provider did not have an up to date business continuity plan in place.

These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a clear system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents 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).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. For example, the practice had placed a duplicate order of vaccines and received two lots of vaccines. The practice immediately contacted the supplier to ascertain if the stock could be taken back; however they were unable to do so. The practice then checked the vaccine fridge to check if they had enough space for safe storage of vaccines and stored the vaccines. Following this incident the practice implemented a system to ensure this did not happen again. This incident was discussed in a practice meeting.
- The practice maintained a log of medicines and safety alerts for the last 18 months and monitored the implementation of relevant alerts. Based on these alerts they had also set up automated searches in their clinical system which ran every two months and identified patients who required an intervention to ensure safe practice.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

Good

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice had a cleaning schedule for each clinical room and the person using the room was expected to clean according to this every day.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice had started using nitrile gloves as these gloves were stronger and less likely to cause an allergic reaction.
- The practice had cleaning procedures for different equipment and we saw evidence the refrigerator used to store medicines was cleaned every month.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines; all patients taking high risk medicines were appropriately monitored. The practice had set up alerts on their clinical system prompting clinicians to check if patients had their blood checks and if they were routinely monitored. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

We reviewed two personnel files of staff who had been employed since the last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, oxygen with adult and children's masks and a nebuliser. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Good

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 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 monitoring through clinical audits was not adequate. Data from Quality and Outcomes Framework (QOF) outcomes showed that patient outcomes were below average when compared to local and national averages.

These arrangements had improved when we undertook a follow up inspection on 7 June 2017. However the provider still needs improvement and is now rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We audited six sets of medical records during the inspection and found these to be satisfactory.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 74.0% (Clinical Commissioning Group average 92.5%; National average 95.3%) of the total number of points available, with 16.1% (CCG average 7.9%; national average 9.8%) clinical exception reporting. We found that some of the exceptions were not appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) Recent unpublished data for 2016/17 provided by the practice indicated that the practice had achieved 76.0% of the total points available, with 13.3% clinical exception reporting which was a slight improvement when compared to 2015/16 data. The practice was aware of the low QOF results and high exception reporting and informed us that there were coding issues; we saw evidence that the practice had not appropriately coded some patients. The practice had recently appointed a medical Read coder to address this issue as they had not been able to show much improvement in the QOF results for 2016/17. This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 78% of patients (above average exception reporting of 15.4%) had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 70% and the national average of 78%. Ninety seven percent of patients (above average exception reporting of 12.9%) with diabetes had received a foot examination in the preceding 12 months which was above the CCG average of 87% and national average of 89%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 82% (below average exception reporting of 2.9%), which was in line with the CCG average of 83% and national average of 87%.
- Performance for mental health related indicators was below the CCG and national averages; 65% of patients (above average exception reporting of 34.6%) a comprehensive agreed care plan in the last 12 months compared with the CCG average of 86% and national average of 89%.
- 46% of patients (above average exception reporting of 9.8%) with dementia had received an annual review which was above the CCG average of 83% and national average of 84%.
- The national QOF data showed that 84% (above average exception reporting of 31.3%) of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%.
- 88% of patients (above average reporting of 29.4%) with Chronic Obstructive Pulmonary Disease (COPD) had received an annual review compared with the CCG average of 90% and national average of 90%.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Only 33% (4 patients) out of 12 patients with a learning disability had received a health check in the last year. The practice wrote to all patients with a learning disability with a specially designed leaflet advising them what to expect and what to bring during the visit.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits carried out in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to improve the identification and coding of patients with diabetes and pre-diabetes. In the first cycle the practice identified 40 patients who required a review out of which 20% (8 patients) of patients had a missed diagnosis of diabetes; they had also identified 13 patients with pre-diabetes. In the second cycle after changes had been implemented including reviewing the criteria for diagnosing diabetes, the practice had identified nine patients receiving treatment for diabetes but was not coded as diabetic; they had also identified three more patients with pre-diabetes. Following the audit the practice had started using a pathway to improve the diagnosis of diabetes. They had also set up automatic monthly searches in their clinical patient management system to identify patients who were not correctly coded so that these patients were invited for annual reviews.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.
- The practice had a high number of antimicrobial items prescribed that are cephalosporins or quinolones when compared to other practices in the local CCG in 2015/2016 (Practice 8.95%; CCG 4.06%; national 4.71%). The practice was aware of this issue and had recently reviewed their antibiotic prescribing and had alerts set up in their clinical system so the clinicians were reminded of local and national guidelines each time antimicrobials were prescribed. Their overall prescribing of antibiotics had reduced from 1.42 to 1.29.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The practice maintained a training record checklist to monitor training for each member of staff. 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

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care

Requires improvement

Are services effective?

(for example, treatment is effective)

and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice nurses had a weekly meeting; however the meeting was not minuted.

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; all clinical and non-clinical staff had undertaken Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 85%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%; however their exception reporting was slightly higher than the CCG and national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The service also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 61% compared with 65% in the CCG and 73% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 58% compared with 50% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were higher when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in four out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.6 (compared to the national average of 9.1).

Good

Are services caring?

Our findings

At our previous inspection on 7 June 2017, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

Forty out of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Two patients indicated that they had to wait for a long time to be seen when they were attending the walk-in surgery but said they were happy to wait. One patient indicated they felt rushed by the lead GP but many indicated that the lead GP took time to listen to their concerns.

We spoke with 11 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed the practice were in line with or above the local and national averages. For example:

- 90% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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 with GPs. The service was in line with or above the local and national averages for consultations with GPs and nurses. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice had identified 0.4% (14 patients) of the practice list as carers; this was a slight improvement from the previous inspection where they had only identified

Good

Are services caring?

0.3% (10 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had carers' week information available in their waiting area.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 June 2016, we rated the practice as good for providing responsive services. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available; the service had a hearing loop available to help patients with hearing impairments.
- Homeless people were able to register at the service.
- Patients were able to receive travel vaccines available on the NHS.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 10am and from 4pm to 5:30pm Monday to Friday. Extended hours surgeries were offered on Thursdays from 6:30pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The lead GP offered a daily walk-in surgery (mornings and afternoons) where patients could attend without an appointment and were seen on a first come first served basis. Pre-booked appointments were available with the two part-time female regular locum GPs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages.

- 85% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 75%; national average of 76%).
- 100% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 88% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at two complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 16 June 2016, we rated the practice as inadequate for providing well-led services as the governance arrangements in the practice was not adequate and did not support the delivery of good quality care. The practice had limited arrangements in place to monitor and improve quality and identify risk. The practice had no active Patient Participation Group (PPG).

These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. However the provider still needs improvement and is now rated as requires improvement for being well-led.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies and procedures which were regularly updated. They had a total of 86 practice policies and procedures, some of which were recently created; staff we spoke to was aware of the policies and procedure and knew how to access them.
- There was an understanding of the performance of the practice; however there was no evidence of improvement in performance since the last inspection. The Quality and Outcomes Framework (QOF) data for 2015/16 was significantly below average when compared to local and national averages and unpublished QOF data for 2016/17 provided by the practice indicated only a slight improvement. The provider had measures in place to address issues in relation to this. There was evidence that benchmarking information was used when monitoring practice performance. The practice had hired an external consultant to help them address the issues identified in the previous inspection.
- The practice held monthly staff meetings with all staff where they discussed general staff issues, practice updates, significant events and complaints.
- While audits have been carried out by the practice they did not always show an improvement.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

They prioritised safe, high quality and compassionate care. The lead GP was visible in the practice and staff told us that the lead GP was approachable and always took the time to listen to all members of staff. There was a leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning was embedded in the culture of the practice.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered.
- Staff we spoke to told us that they had seen many positive improvements in the practice following the CQC inspection in June 2016 and they feel that the practice was more organised.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Requires improvement

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the recently established Patient Participation Group (PPG) and through surveys and complaints received. The practice recently contacted 500 patients by e-mail to ascertain if they were interested to join the PPG; 70 patients had indicated an interest to join the PPG. Eight members attended their first meeting on 17 May 2017. The practice informed us that they were developing a virtual PPG with 70 members in addition to the PPG. During the inspection we spoke to two members of the PPG and they were very happy with the care and support received from the practice. The practice had recently created a dedicated PPG notice board in the waiting area which encouraged patients to join the PPG and displayed survey results.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The provider had made improvements in most of the areas where issues were identified in the inspection performed on June 2016 and we saw evidence to support this. The practice had hired an external consultant to help them address the issues identified in the previous 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 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The registered person did not ensure the care and treatment of service users met their needs. Exception reporting figures for Quality and Outcomes Framework (QOF) were higher than average for a number of clinical indicators including those related to diabetes, asthma, mental health conditions and chronic obstructive pulmonary disease (COPD). The provider had not ensured that all patients with learning disability received a regular health check. This was in breach of Regulation 9(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages for a number of clinical indicators especially those related to mental health and dementia. This was in breach of Regulation 17(2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.