Forest Hill Group Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest Hill Group Practice on 12 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report from the inspection undertaken on 12 April 2016 can be found by selecting the 'all reports' link for Forest Hill Group Practice on our website at www.cqc.org.uk.

As a result of our findings from this inspection CQC issued a requirement notice for the identified breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically we found concerns related to the management of significant events, medicines and risks associated with staffing and infection control, absence of staff training and appraisal, issues around governance and there was little evidence of quality improvement work being undertaken.

This inspection was undertaken within 12 months of the publication of the last inspection report as the practice was rated as requires improvement for three of the key questions; are services safe?, are services effective? and are services well led?, and so requires improvement overall. This was an announced comprehensive inspection completed on 22 June 2017. Overall the practice is now rated as inadequate.

Our key findings at this inspection were as follows:

- The practice had a system in place for reporting significant events. Events were discussed at practice meetings but discussions with some staff indicated that learning was not embedded and non-clinical staff in the practice did not know the process for reporting significant events.
- The systems and processes used to assess and address risks to patient safety were not always effective. The practice had completed fire and health and safety risk assessments in June 2017 but had not implemented the actions. Infection control risks had been assessed but not all had been addressed. Staff were not chaperoning in accordance with best practice and guidance and there was no evidence of the correct level of safeguarding training for one of the GPs in the practice. The practice had not completed all necessary recruitment checks for staff.
- The processes around medicines management did not ensure that were kept safe. Not all Patient Group

Summary of findings

Directions had been completed correctly, prescriptions were not stored securely and their use was not effectively monitored. We found expired syringes with the practice's emergency supplies and not all recommended emergency medicines were present nor was their an assessment of the risk of not having these medicines.

- Some staff had not completed essential training in accordance with current legislation and guidance including infection control, information governance, fire and basic life support training.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However, some patients that we spoke with on the day expressed dissatisfaction with the attitude of reception staff.
- Information about how to complain was available and we saw improvements were made to the quality of care as a result of complaints and concerns.
- Health promotion leaflets and information on local services were available.
- Feedback regarding access was mixed. Though most feedback showed that patients could access appointments when needed, some patients we spoke with said they found it difficult to make an appointment.
- Though there was a leadership structure in place this was not always effective.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of 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 care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Advertise translation services in the reception area.
- Improve systems and processes that support the identification of patients with caring responsibilities to enable appropriate support and signposting to be provided.
- Consider ways to improve patient satisfaction with access to appointments and the service provided by the practice's reception team.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- We found that that the systems in place for managing significant events were not effective. Although action was taken in response to events identified it was evident that some staff did not know how to report significant events and that learning had not always been shared.
- Systems and processes designed to minimise risks to safety were not always effective. Not all staff had received infection control training and not all infection control risks had been mitigated, recruitment checks had not been completed for all staff, action had not been taken to implement actions from the practice's most recent risk assessments and staff were not chaperoning in accordance with current guidelines.
- The systems for managing medicines in the practice did not ensure safety. Prescriptions were not securely stored and there was no system in place to monitor their use, Patient Group Directions had not been completed with the practice's name and there were not documented checks being undertaken of the expiry dates of the practice's vaccine stock.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Are services effective?

Requires improvement

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

- Although staff had received the required clinical training to enable them to deliver effective care and treatment not all staff had completed the required essential training including basic life support, infection control, information governance and fire safety.
- Data from the Quality and Outcomes Framework showed that some patient outcomes were below average compared to the national average. However, unverified data for 2016/17 showed that performance had improved in all areas and was now in line with local and national averages.
- Staff at the practice were not aware of high exception reporting rates for cancer, rheumatoid arthritis and cardiovascular disease.
- Staff were aware of current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for 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 in line with others for several aspects of care. We received 35 comment cards 23 of which were exclusively positive about the standard of care received. Seven of the comment cards contained mixed feedback and five were negative. Positive comments related to the standard of clinical care received. Negative comments referred to issues with accessing appointments and the attitude of reception staff.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 19 patients as carers (0.2% of the practice list).

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.
- Some patients we spoke with said they found it easy to make an appointment with a named GP though others said that appointments were difficult to access. The majority of feedback in the National Patient survey indicated that access was good although less patients described their experience of making an appointment as good compared with local and national averages.
- Urgent appointments available the same day.

Summary of findings

- Information about how to complain was available and evidence from 12 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, a lack of safe systems and processes impeded the practice's ability to achieve this vision.
- The practice had policies and procedures to govern activity but evidence showed that some of these were either not effective or staff lacked awareness of key systems and process for example in respect of the management of medicines and emergencies.
- Not all risks had been effectively assessed or addressed. The practice had yet to implement the actions from recent fire safety and health and safety risk assessments and not all actions with in the practice's infection control audit had been completed in accordance with the timescale in their action plan.
- Staff had received inductions and annual performance reviews. However, attendance for non-clinical staff meetings was optional and staff had not completed all essential training.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements though lack of awareness among some staff of the practice's significant event process could potential prevent compliance with the duty.
- The partners encouraged a culture of openness and honesty. However, lack of staff awareness of the practice's significant event process meant that potential events could be missed and learning was not effectively shared amongst staff. Nonetheless, the practice did have systems for being aware of notifiable safety incidents from external agencies, sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- Staff felt supported by management.
- There was evidence of learning and 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

Inadequate 

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice provided GP services to a local elderly residential care home. Staff at the home said that the practice were quick to respond when the home requested that GPs attend the home or when staff needed advice. The home said that they had requested regular review meetings to discuss residents care but that these meetings had not been established as the practice were not currently able to provide these.
- The practice offered flu immunisations to patients over the age of 65.
- The practice provided holistic health assessment for patients over the age of 65 who were housebound or over the age of 80 years old which involved creating a care plan which focused on addressing both patient's health and social needs.
- A chair lift had been installed to enable patients to access treatment from clinicians based on the upper floors of the practice.
- 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 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 including the Rapid Response Team and At Home Team. The practice had direct telephone access to local geriatricians for advice and support.

Summary of findings

- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Inadequate

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group.

- GP and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- From the most recently available verified data we found that performance in respect of some diabetic indicators were in line with local and national averages. The number of patients with diabetes who had well controlled blood pressure was lower than local and national averages. However we saw unverified data for 2016/17 which showed improvement in this area.
- A pharmacist and GP led diabetic clinic was held monthly.
- The practice participated in virtual clinics for diabetes, atrial fibrillation and chronic obstructive pulmonary disease; where consultants would provide additional support and advice for the most complex patients.
- 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. The practice pharmacist would update any changes to patient medicines.
- 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. Medicines needs were reviewed by the practice pharmacist. 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

Inadequate

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group.

Summary of findings

- 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.
- Immunisation rates were comparably high for all standard childhood immunisations compared to the local average; though in three of the four areas reviewed they did not meet the national target.
- 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 held a weekly health visitors clinic and hosted a local midwifery service. Health visitors were invited to attend the practice's monthly community meetings.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group.

- 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, telephone consultations, extended opening hours and Saturday appointments.
- The practice promoted the minor ailments scheme and could book patients into the local extended access hub which provided care from 8 am to 8 pm 7 days per week.
- 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.
- The practice hosted a physiotherapist in the surgery which prevented these patients having to travel to their nearest secondary care facility to access this service.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice provided GP services to a local care facility which housed five residents with learning difficulties. Staff at the home confirmed that the practice were responsive to requests for them to visit patients and that the quality of care provided to patients was high but that there had been difficulties in obtaining repeat medication and errors were frequently made.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff in the practice had received domestic violence training.
- 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.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for providing safe and well-led services and requires improvement for the provision of effective services leading to the practice being rated as inadequate overall. The issues identified impact on the care provided to this population group.

- The practice carried out advance care planning for patients living with dementia. These patients would be phoned in advance of their appointments to ensure attendance.
- Of those patients diagnosed with dementia 82% had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

Summary of findings

- The practice specifically considered the physical health needs of patients with poor mental health and dementia. There was a lead for these patients who conducted annual reviews.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance against mental health indicators was lower than local and national averages. However unverified data from 2016/17 showed significant improvement and the practice were now performing in line with local and national averages.
- The practice 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.
- The practice hosted a psychologist.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in all but two areas. Two hundred and fifty four survey forms were distributed and one hundred and thirteen were returned. This represented 0.9% of the practice's patient list.

- 75% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 57% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 75% and the national average of 80%).

The practice had undertaken a review of the patient survey and implemented actions in respect of all questions to improve scores. With respect fo questions related to overall satisfaction and experience of making an appointment the practice had taken steps to improve these scores; for example hiring a deputy practice manager to oversee and improve management in reception and recruited two salaried GPs which it was hoped would improve appointment access and patient satisfaction.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards 23 of which were exclusively positive about the standard of care received. Seven of the comment cards contained mixed feedback and five were negative. Positive comments related to the standard of clinical care received. Negative comments referred to issues with accessing appointments and the attitude of reception staff.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the quality of clinical care they received but three of these patients expressed concerns about the level of customer service provided by reception staff and five patients told us that they had difficulty accessing appointments.

Forest Hill Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Forest Hill Group Practice

Forest Hill Group Practice is part of Southwark CCG and serves approximately 12,500 patients. The practice is registered with the CQC for the following regulated activities Maternity and Midwifery Services; Surgical Procedures; Diagnostic and Screening Procedures; Family Planning and Treatment of Disease, Disorder or Injury.

The practice population has a slightly higher proportion of working age people and slightly lower proportion of those over 65 than the national average. The surgery is based in an area with a deprivation score of 6 out of 10 (1 being the most deprived). The practice population contains a lower proportion of those with long term conditions and unemployed but a higher proportion of those in full or part time employment than the national average.

The practice is run by three GP partners; all of whom are female. There are also three female salaried GPs. The practice has a full time practice pharmacist, one nurse practitioner and three practice nurses. The practice is a teaching and training practice and has two registrars at present.

The practice is open at 7.30 am every week day and closes at 7.30pm Monday to Wednesday and 6.30 pm Thursday and Friday. Appointments are available during these hours.

The practice offers 47 GP sessions (which are also supplemented with additional locum cover of between six and 12 sessions per week), 10 registrar sessions, four and half nurse practitioner sessions per week. The practice pharmacist is available 10 sessions.

Forest Hill Group Practice operates from a property with treatment and consulting rooms based over two floors with additional rooms used as office space or by other services that the practice hosted on the third floor. The property is owned by two of the former GP partners. The service is accessible to patients with mobility issues. Staff told us that they could accommodate those with mobility issues on the ground floor but had also installed a stair lift to assist people accessing care on the upper floors.

Practice patients are directed to contact the local out of hours service when the surgery is closed and the practice can also book patients at a local GP hub which provides appointments from 8am until 8pm seven days 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). These are: Meningitis Provision, Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Minor Surgery, Patient Participation, Rotavirus and Shingles Immunisation and Unplanned Admissions.

At the last inspection the practice told us that they had recently gone through a period of approximately five months where they had struggled to recruit the required number of permanent clinical and non-clinical staff. For example, the practice had been without a permanent practice manager for approximately five months during

which time the practice utilised locum managers. The current practice manager was recruited in May 2015. The practice had also found it difficult to recruit permanent GPs to replace those who had retired or left the practice. However, the practice had employed locum GPs to cover these vacancies and at that time they had a full team of staff. At this inspection we were informed that the practice had continued to experience issues around staff recruitment and retention over the previous 12 months. Again vacancies and absences had been filled with locums and the practice had again employed two new permanent GPs to replace staff who had left the practice. These staff members were due to start at the practice in August 2017. The practice had also recently recruited a deputy practice manager who would provide managerial support and greater oversight of the reception team.

The practice is part of a GP federation.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Forest Hill Group Practice on 12 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report from the inspection undertaken on 12 April 2016 can be found by selecting the 'all reports' link for Forest Hill Group Practice on our website at www.cqc.org.uk.

As a result of our findings from this inspection CQC issued a requirement notice for the identified breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically we found concerns related to the management of significant events, medicines and risks associated with staffing and infection control, absence of staff training and appraisal, issues around governance and there was little evidence of quality improvement work being undertaken.

We undertook a further announced comprehensive inspection of Forest Hill Group Practice on 20 June 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked for the care homes that the practice provided support to share what they knew. We carried out an announced visit on 22 June 2017. During our visit we:

- Spoke with a range of staff (GPs, an Advanced Nurse Practitioner, practice nurses, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a 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

Detailed findings

- people experiencing poor mental health (including people living with dementia).

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

Inadequate

Are services safe?

Our findings

At our previous inspection on 12 April; 2016, we rated the practice as requires improvement for providing safe services as:

• Processes concerning the management of significant events were not consistently applied which limited their effectiveness.

• The practice had not identified or adequately mitigated risks associated with infection control, staffing and recruitment. For example we found that some of the treatment rooms in the practice were carpeted and the infection control lead had not received training for this role. The practice had no system in place to monitor professional registrations of staff and not all staff had medical indemnity insurance.

• Procedures around medicines and equipment management did not operate effectively to ensure patients were kept safe. For example prescriptions were not being securely stored when they were not in use, procedures to ensure that vaccines were safe to use were not being followed, we found expired medicines and equipment and four members of non clinical staff had not received basic life support training within the last twelve months.

Few of these issues had been adequately addressed when we undertook a follow up inspection on 22 June 2017. For instance none of the non-clinical staff we spoke with were aware of the correct process for reporting significant events. Infection control risks had not been addressed in accordance with the plan drafted in response to the practice's infection control audit. Medicines were not consistently being managed in a safe way. Risks had been assessed but there was no evidence that action had been taken to address the concerns identified. Recruitment checks had not consistently been completed in accordance with the practice's policy. The practice did not have adequate systems in place to be able to respond effectively in an emergency and staff were not chaperoning in accordance with current best practice and guidance. Consequently the practice is now rated as inadequate for providing safe services.

Safe track record and learning

At the last inspection we found that the practice's significant event process was not being applied consistently which limited its effectiveness. At this inspection we found that the system for reporting and recording significant events was not embedded in the practice and there was limited evidence of learning among non-clinical staff.

- The practice's clinical staff demonstrated a good awareness of the practice's significant event process and demonstrated learning from recent significant events. However non-clinical staff we spoke with provided inconsistent accounts about how to record a significant event including entering information directly into a patient's notes and documenting this information in an accident book. Although these members of staff were aware that significant events would be discussed at practice meetings we were advised that attendance was optional and none of the staff we spoke with could provide an example of a recent significant event or any learning stemming from an event. We were provided with an email from one of the partners dated 4 May 2017 which referred to the need for staff to complete the significant event template when reporting significant events and details of how to access this on the practice's computer system.
- From the sample of 13 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; however, it was clear that not all staff were involved in discussion and learning was not embedded amongst all staff. As staff were not aware of the process for reporting significant events there was a risk that events would go unreported and would not be addressed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred where a patient fell out of a stair lift used to enable patients with mobility issues

to access upper floors. The practice placed a sign in the stairwell next to the lift to ensure that they ask reception for assistance when using this equipment and a seat belt was installed.

- The practice carried out quarterly significant event reviews where they evaluated any action taken.

Overview of safety systems and processes

Practice staff were not chaperoning in accordance with current guidance and best practice. The practice had clear safeguarding policies and process and all but one member of staff had received training relevant to their role.

- Notices were posted both in the waiting room and on clinical room doors advised patients that chaperones were available if required. All staff who acted as chaperones 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). However, all staff that we spoke with told us that chaperones would stand outside of the curtain and would not be able to see the examination taking place, which is not best practice.
- Safeguarding 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. There was a lead member of staff for safeguarding. From the three documented examples and health visitor meeting minutes we reviewed we found that the GPs attended were actively discussing child safeguarding issues with other agencies and would make referrals where necessary.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and all but one had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses to level 2 and non-clinical staff to level 1. The practice were unable to provide any evidence of training for one of the GPs working in the practice on the day of the inspection and we were subsequently provided with a level 1 Safeguarding certificate for this member of staff which had been completed after the inspection.

At the time of the last inspection we identified several infection control concerns. The practice had taken action to address some of these for example there was new wipeable floor in all clinical areas of the practice and taps within the practice had been replaced and were now lever operated in line with best practice and current guidelines. At this inspection we found the practice maintained appropriate standards of cleanliness and hygiene in most areas. However, the practice had not addressed all identified infection control concerns in their action plan, a number of the fabric chairs in the reception area were stained, no staff member had received infection control training within the last 12 months and not all staff demonstrated awareness of infection control procedures.

- Though there were cleaning schedules and monitoring systems in place we observed that the fabric chairs in the patient waiting areas were stained. We were provided with confirmation that these had been cleaned during the practice's last annual deep clean.
- The Advanced Nurse Practitioner 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 but no staff had received training within the last 12 months. An IPC audit was completed in March 2017. There were a number of actions detailed in the audit one of which related to replacing fabric chairs within clinical areas. This action was scheduled to be completed by May 2017 but we found that some of these remained in the practice. We raised this with staff on the day of the inspection who confirmed that some chairs had been replaced but that this was an ongoing action. None of the non-clinical staff spoken to were aware of the correct procedure for cleaning spillages of bodily fluids. We were told that staff would use a spray and paper roll. The infection control lead confirmed that staff should utilise spillage kits stored treatment rooms within the practice.

At the last CQC visit we identified concerns regarding the management of medicines and equipment including finding expired vaccines and medical equipment. We also found that prescriptions were not being stored securely. During the latest inspection we found that not all of these issues had been addressed and that there were additional concerns in relation to the management of medicines including emergency medicines and vaccines which undermined safety within the practice.

Inadequate

Are services safe?

- We were informed that since the last inspection all prescriptions were now securely stored and printer prescriptions were removed from printers at the end of the day and placed in a lockable cabinet. However, we found unsecured printer prescriptions in the printer of a room where no clinical work was being undertaken. There was also no effective system in place to monitor prescription usage. We were told by clinical staff they would retrieve a bundle of prescriptions and they would be placed in the printer each morning and then returned for secure storage each evening. No note was kept of prescription serial numbers when they were removed and returned each day.
- Patient Group Directions (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) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Of the PGDs reviewed we found that eight of these did not include the practice's name.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions at the practice were signed before being dispensed to patients and there was a reliable process to ensure this occurred. However, we contacted a local learning disability home which the practice provides GP services to after our inspection. Staff there informed us that they had had difficulties for the past year obtaining repeat prescriptions from the practice and that there had been occasions where the wrong medicines were provided or that there were medicines missing. Staff at the home had raised this issue with the practice and were told that there had been recent staffing changes to address this issue but that problems were still occurring. 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- The practice did not have a full supply of emergency medicines in accordance with current guidelines and we found two syringes stored with the practice's emergency supplies that had expired in 2009. This had been brought to the practice's attention during the inspection in June 2016.

We reviewed four personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example there was no evidence of a DBS check having been completed for one of the GPs working at the practice. For a newly appointed non clinical staff member we saw evidence that the DBS had been applied for, but not that it had been received. We only saw evidence of one reference for a pharmacist working in the practice and for one of the GPs whose file we reviewed. All files contained proof of identification, qualifications and we saw evidence that registrations with the appropriate professional body were being monitored.

Monitoring risks to patients

At the last inspection we found that systems in place to monitor risks to patient safety were not always effective. We were told that the practice had been through a period where they had found it difficult to recruit clinical staff but at the time of that inspection they had a full complement of staff. We were also told by a clinical staff member that they had patients allocated to them who they were not competent to treat. Issues identified in risk assessments had not been completed at the time of the inspection but we were supplied with confirmation that these were completed after our inspection. At this inspection we again found that actions in the practice's risk assessments had not been completed and that the practice had experienced difficulties with staff recruitment and retention in the preceding 12 months.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. A recent fire risk assessment contained a number of actions, including replacing signage, none of which had been completed. All risks identified were low to medium and did not pose any immediate risk to patient safety. The practice manager confirmed that none of the action had been completed due to pressures related to preparing for the inspection and an accountancy audit.There were

designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and health and safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Again the practice had completed the legionella and general health and safety risk assessments on 9 June 2017 and the practice manager confirmed that none of the actions had been completed due to pressures related to preparing for the inspection and an accountancy audit.
- The practice had told us that they had experienced difficulties with staffing shortages stemming from partner retirement, staff leaving and long term absences. The practice had recently recruited two new GPs who would start at the practice in August 2017 and were using locums to cover shortages in the interim. The practice manager said that reliance on locums had impacted on the practice's ability to provide routine appointments as locums would tend to cover on the day emergency appointments. We were told that nurse sickness absence or annual leave would be occasionally covered by locum staff and that the advanced nurse practitioner would have to cover the administrative duties of absent or sick nursing staff. In addition to locum cover the practice also used the local extended access hub to improve patient access to appointments. Some staff reported that they felt that practice was short staffed in terms of nursing and reception and administrative teams due to staff turnover and illness.
- We reviewed a job description and scope of competence for the staff member who reported being allocated patients outside of her remit at the last inspection. The document clearly defined this staff member's role within the practice and the type of conditions they were authorised to treat. This staff member received mentoring from one of the GPs.

Arrangements to deal with emergencies and major incidents

At our last inspection we found that though the practice had systems in place to respond to emergencies some staff had not received basic life support training in the preceding 12 months. At this inspection we found that the practice's arrangements to respond to emergencies and major incidents were again not effective as the practice did not have a full supply of recommended emergency medicines and four staff members had not received basic life support training.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Four non clinical staff members had not received basic life support training within the last 12 months. Emergency medicines were available in the treatment room but the practice did not have a supply of hydrocortisone for injection (used to treat a severe allergic reaction). We were told by the Advanced Nurse Practitioner that they had attempted to order this but were unable to find a supplier. The practice did have aspirin but this was not soluble (soluble aspirin is used in cases where a heart attack is suspected). There had been no assessment of the need to have a supply of these emergency medicines.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- 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 12 April 2016, we rated the practice as requires improvement for providing effective services as:

- Not all staff were receiving regular appraisals and there was no formalised induction process for new staff members.
- Not all staff had completed essential training in accordance with current legislation and guidance for example safeguarding, infection control and basic life support.
- There was no evidence that the practice had undertaken any result which resulted in an improvement in clinical quality.

At this inspection we found that staff were now receiving an annual appraisal and that there was evidence of quality improvement. However, we still found gaps in essential staff training. additionally we found that the practice had performed lower than local and national averages against indicators for management of patients with diabetes and mental health conditions (although unverified data showed improvement in these areas for 2016/17, and according to the data provided all were in line with local and national averages), the practice had failed to identify and take action in response to high rates of exception reported from national quality targets and there was no clear system in place for managing patients who required further treatment following cervical screening tests. Consequently the practice remains rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' needs.
- The practice monitored that these guidelines were followed through audits and checks of patient records.

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 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 93%. The overall exception reporting rate was 8.2% compared with the national average of 9.8%. 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).

This practice was an outlier for several QOF clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was mixed when compared to the CCG and national averages. For example the percentage of patients with controlled blood pressure was 65% which was lower than the local average of 75% and the national average of 78% (exception reporting was 9% compared with the local average of 6% and national average of 9%). However the percentage of patients with well controlled blood cholesterol was 79% which was comparable to the local average of 81% and the national average of 80% (exception reporting 11% compared with the local average of 8% and the national average of 13%). The practice provided the inspection team with unverified data for 2016/17 QOF performance which showed that the percentage of patients with controlled blood pressure had improved and was now 69% compared with a national average of 78%
- Performance for mental health related indicators was lower than the CCG and national averages. For example the percentage of patient diagnosed with serious or complex mental health conditions who had a comprehensive care plan in place was 68% compared with a local average of 88% and a national average of 89% (exception reporting 9% compared with the local average of 5% locally and 13% nationally). The percentage of these patients who had a note of their alcohol consumption recorded in their notes was 64% compared with the local average of 86% and the

national average of 89% (exception reporting 6% compared with the local average of 4% and the national average of 10%). Again we reviewed unverified QOF data from 2016/17 and the practice had scored 90% for both of these indicators. We were advised that performance possibly deteriorated in 2015/16 because the partner who led in this area retired. A new member of staff had since taken the lead in this area and we were told that this had helped improve performance.

The practice had higher rates of exception reporting compared with the local and national average several long term conditions.

For example the exception reporting rate for Cancer indicators was 34% compared with the local average of 20% and national average of 25%. Exception reporting for patients with rheumatoid arthritis was 31% compared with local average of 4% and national average of 8%. The percentage of patients with cardiovascular disease who had been exception reported was 50% compared with local average of 27% and national average of 31%. We raised this with one of the partners who said that they were unaware that the exception reporting rates were so high and expected them to be lower.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example the practice had undertaken an audit which reviewed patient compliance with diabetic blood sugar control. The practice reviewed patients between November 2014 and 2015 and found that of the 522 patients on their diabetic register 119 of these patients had poorly controlled blood sugar levels and 282 with well controlled blood sugar levels. The practice pharmacist then targeted patients who had not attended for blood monitoring, recalled these patients and ran monthly patient facing diabetic clinics. In addition the practice ran virtual clinics where complex patients were reviewed with secondary care consultant input with a view to optimising care. As a result the number of patients with poorly controlled diabetes reduced to 72 in November 2016 and the number of those with well controlled diabetes increased to 325 patients. The results of this audit were submitted as a poster to the Royal College of General Practitioners and this poster will be presented at the annual conference.

Effective staffing

At the last inspection we found that there were gaps in essential training and that not all staff were being appraised on a regular basis. On this inspection we found that there were still gaps in mandatory staff training. However staff did have the clinical training required to provide effective care and treatment and we saw evidence of appraisal.

- 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, chaperoning, dementia awareness 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 local practice nurse forums.
- 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, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff whose files we reviewed had received an appraisal within the last 12 months.
- At the last inspection we found that not all staff had completed essential training. On this inspection we saw that there were still gaps in staff training. Although all staff had completed the required level of safeguarding training; four non clinical staff had not completed basic life support training within the last 12 months. No staff member had received infection control training within

the last twelve months. We were told by the practice manager this was because the locality nurse trainer had left. There were also gaps in fire safety awareness and information governance training. One of the practice GPs had only received level one child safeguarding 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 plans, medical records and investigation and test results.
- From the examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had a robust system in place for patients who were referred for urgent secondary care assessment and screening.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We also saw evidence of shared learning between the practice and secondary care services. The elderly residential home that the practice provided GP services to informed us that they had requested regular meetings with the practice to discuss patient care but that at present the practice had been unable to provide this.

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were referred to a dietician where appropriate. The practice nurse provided advice on smoking cessation.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 77% and the national average of 81%.

Childhood immunisation rates for the vaccinations were comparable 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 one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.6 (compared to the national average of 9.1). Staff at the practice said that there had been a lower uptake amongst some mothers in the area who did not believe in the efficacy of immunisations.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Staff provided different accounts regarding the systems used to follow up women whose cervical screening results were abnormal. One GP said that a member of the nursing team would follow up those with abnormal results and a member of the nursing team told us that individual clinicians who requested the sample would be responsible for following these results up. However the practice

Requires improvement

Are services effective?

(for example, treatment is effective)

demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

At our last inspection undertaken on 12 April 2016 the practice was rated as good for the key question: Are services caring? We found that the practice had maintained this rating for this key question at this inspection.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

Twenty three of the 35 patient Care Quality Commission comment cards we received were exclusively positive about the service experienced with patients reporting that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five of the cards provided negative feedback and seven provided mixed feedback. Negative comments related to the attitude of reception staff and difficulty getting appointments.

We spoke with 14 patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Three patients said that staff at reception could be abrupt when dealing with requests but all other responses indicated that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 80% and the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 84% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

We spoke with staff at two residential homes, one which support elderly frail people and another which provided accommodation for people with learning disabilities. Both said that the quality of care provided by staff was excellent, although one had raised difficulties with accessing repeat prescriptions.

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

Good

Are services caring?

decision about the choice of treatment available to them. Most patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Staff told us that children and young people were treated in an age-appropriate way and recognised as individuals.

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 local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 77% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 80% and the national average of 85%)

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. However, as at the last inspection, we did not see notices in the reception areas informing patients that this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice provided information prior to the inspection indicating that they had identified 19 patients as carers (0.2% of the practice list) on the day of the inspection the practice manager indicated that there were 60 patients (0.5% of the practice list) identified as carers. It was unclear which of these searches was accurate. Written information was available to direct carers to the various avenues of support available to them and the practice had carers packs that they could give to people identified as having caring responsibilities. Older carers were offered timely and appropriate support. The practice offered carers annual flu vaccinations.

Staff told us that if families had experienced bereavement, their usually sent them a sympathy card which included advice on how to find a support service. Bereaved patients were offered counselling and the GP would contact these patients by phone if they became aware of bereavement.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection undertaken on 12 April 2016 the practice was rated as good for key question: Are services responsive to people's needs? However, we recommended that the practice work to improve access to advanced appointments and advertise translation services in the reception area. During this inspection we did not find any advertisement of translation services and that as a result of ongoing staff recruitment and retention issues some patients still had difficulty accessing advanced appointments.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: The practice provided holistic health assessment for patients over the age of 65 who were housebound or over the age of 80 years old which involved creating a care plan that focused on addressing both the patient's health and social needs.

- The practice offered extended hours on a Monday to Friday between 7.30 am and 8 am and Monday to Wednesday between 6.30 pm to 7.30 pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- A monthly clinic was held by the GP and practice pharmacist for patients with diabetes.
- There were accessible facilities, which included a hearing loop, and interpretation services available, though these services were not clearly advertised.
- Support for patients with mental health concerns was available from a psychologist that the practice hosted.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example the practice had installed a chairlift to allow patients with mobility issues to access the upper floors of the practice.
- The practice offered flu immunisations to patients over the age of 65 and those with caring responsibilities.

Access to the service

The practice was open at 7.30 am every week day and closed at 7.30pm Monday to Wednesday and 6.30 pm Thursday and Friday. Appointments were available during these times. Extended hours appointments were offered at the following times on 7.30 am and 8.00 am Monday to Friday and between 6.30 pm and 7.30 pm Monday and Tuesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%.
- 78% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 76%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 63% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

One area of the survey related to access and appointments was significantly lower than the local and national average.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. However, five patients said they had difficulty getting through to the practice to make appointments by phone. Negative feedback from comment cards also related to access including being able to get an appointment. The practice manager informed us on the day of the inspection that continued problems with staffing had impacted on the practice's ability to provide sufficient numbers of routine appointments. We were told that although locums were recruited to cover staff shortages, these staff members would usually only see patients who attended for an on the day appointment.

The practice had undertaken a review of all questions in the patient survey and implemented actions to further improve all survey scores. In respect of the question related to patient's experience of making an appointment the practice had introduced further training for reception staff and employed a practice manager who would lead and have oversight of the reception team. It was hoped that this would improve patient satisfaction. We were also told that more appointments were now bookable online; however, only one of the patients we spoke with were aware of this facility.

In respect of access to care and treatment, staff at both homes we contacted after the inspection said that GPs would respond promptly to requests for visits.

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 a system 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 16 complaints received in the last 12 months and that these were satisfactorily handled, dealt with in a timely way and provided open and transparent responses. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in response to a number of complaints regarding prescriptions the practice had changed the administrative setup for prescription management. Instead of the role being split between two part time staff members a full time staff member was given responsibility for prescriptions to ensure continuity and reduce error. The practice told us that they had not received any formal complaints regarding the prescription process since making this change; though the local learning disability home the practice supported told us there continued to be errors with repeat prescribing.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 12 April 2016, we rated the practice as requires improvement for providing well-led services as the breaches found in respect of safe and effective services indicated deficiencies in governance. In addition we found that the systems in place resulted in staff being allocated patients with conditions that they were not competent or qualified to consult with and there was a lack of managerial support as a result of the practice being without a permanent manager for a considerable period of time prior to our inspection. In addition to the breaches of regulation identified we recommended that the practice consider implementing a business plan and continue to develop their patient participation group which at the time of our last inspection had only started meeting with patients after a 13 months of inactivity.

We found that some of the concerns identified on our last inspection had not been adequately addressed. New concerns were identified in respect of the practice's ability to provide safe care and treatment which highlighted deficiencies in governance and oversight. Consequently the practice is now rated as inadequate for providing well led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, a lack of safe systems and processes impeded the practice's ability to achieve this vision. There was also no evidence of a strategic business plan in place.

Governance arrangements

We identified deficiencies in the practice's governance framework which undermined the delivery of the safe care and treatment:

- Practice specific policies were available to all staff but some staff we spoke with were not aware of all policies. For example the process for reporting significant events, managing spillages of bodily fluids, managing patients who required treatment following a cervical screening test or in respect of the storage of prescriptions and the management of medicines and emergencies.
- Though staff had lead roles evidence showed that the leadership structure was not always operating effectively. For instance although the practice had an infection control lead no staff had received training within the last 12 months, staff were unaware how to clean spillages within the practice and the practice had not completed all actions outlined in their infection control audit. Staff were unaware of higher rates of exception reporting for QOF which indicated a lack of oversight in this area.
- The systems in place to ensure that all staff had completed essential training were not effective as a, in addition to infection control training, four staff did not have basic life support training and there were a number of staff who had not received information governance training or fire safety training. The practice was unable to evidence training for a GP who was on annual leave.
- There was limited understanding of practice performance in a number of areas. For example we unaware of areas of higher than average exception report for several long term conditions. Though we saw evidence of staff meetings being held attendance at these meetings was not mandatory. Evidence suggested that the mechanisms in place for sharing information and discussions from meetings was not effective as some staff had no awareness of any significant events within the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The system in place to identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. For example the practice did not have a full supply of emergency equipment and expired emergency equipment was found with the emergency supplies, not all recruitment checks had been completed for recently appointed staff and the practice had yet to take action to comply with the recommendations in their latest legionella and fire risk assessment.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. However staff turnover and absence in addition to difficulties related to

Are services well-led?

Inadequate

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

recruitment of clinical staff had impacted on leadership within the practice. This had effected the practice's ability to address the concerns identified at the last inspection and contributed to poor goverance and unsafe systems.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment and when these were identified:

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

However lack of staff awareness regarding significant event identification and management could impede compliance with the duty of candor.

Staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw evidence of weekly meetings where both clinical and administrative matters were discussed. We were told that although all staff were able to attend these meetings non clinical staff attended infrequently. Minutes were comprehensive and we were told by staff that these would be circulated via email after meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff said that they would feel comfortable making suggestions to improve how the practice operated.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. The practice had undertaken a review of the national patient survey score and had implemented changes to try and make improvement in areas where they were below local and national averages. For example they had employed an assistant practice manager who could dedicate some time to oversee and works with the reception team to improve patient's experience when booking an appointment.The practice pharmacist had also provided a presentation to the PPG regarding the practice's prescriptions process.
- Complaints and compliments received.
- Staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice had visited a neighbouring practice to review their administrative systems and had made improvements to their on systems as a result with the aim of improving efficiency.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe Care and Treatment** Care and treatment were not always being provided in a safe way. The provider did not always assess the risks to the health and safety of service users of receiving the care or treatment and do all that was reasonably practicable to mitigate any such risks. Specifically in respect of risks associated with infection control, the management of medicines and equipment and recruitment and monitoring. In addition the practice's chaperoning proceedures did not ensure patients were kept safe. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good Governance** Governance systems and processes were not in place to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk including staff. Specifically in respect of the management of significant events, recruitment, infection control, medicines management, equipment, a lack of essential training and poor chaperoning procedures. In

This section is primarily information for the provider

Enforcement actions

addition there was no oversight of high rates of QOF exception reporting or effective systems in place to follow up patients who required a further intervention following a cervical screening test.

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