

The Village Surgery

Quality Report

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

Ratings

Overall rating for this service

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



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – requires improvement

Are services caring? – good

Are services responsive? – good

Are services well-led? – Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. Because of the concerns identified under safe and well-led the population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

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

People whose circumstances may make them vulnerable – Inadequate

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

We carried out an announced comprehensive inspection at The Village Surgery on 22 October 2015. The overall

rating for the practice was requires improvement. The full comprehensive report on the October 2015 inspection can be found by selecting the 'all reports' link for The Village Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 13 December 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 22 October 2015.

Our key findings were as follows:

The practice had remedied some of the shortfalls identified at our previous inspection but not all; in addition significant new concerns and regulatory breaches were identified at this inspection.

- The system for managing pathology results was informal and lacked GP clinical oversight and quality assurance.
- There were no protocols in place for medical emergencies, management of high risk medicines, business continuity planning, patient safety alerts and uncollected prescriptions.
- There was an ineffective system for managing disclosure and barring service (DBS) checks for staff.
- There was an ineffective system in place for managing staff training, the practice were only able to provide limited evidence of training.
- There was no fire risk assessment completed since 2015 and the practice did not carry out fire drills.

Summary of findings

- Significant events were recorded and learning outcomes were identified; however learning was not shared with all staff.
- There was no clinical oversight for uncollected prescriptions.
- There were gaps in governance systems, internal meetings were not held on a regular basis and minutes were not made available to all staff when meetings were held.
- More than one percent of the patient population had been identified as carers.
- National GP survey results showed that patient satisfaction in all areas was mostly above the local and national averages.

There were 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:

- Include information about the role of the Health Services Ombudsman in its responses to complaints.
- Review the audit system in relation to the monitoring of prescription pads in accordance with national NHS guidelines.

- Ensure a disability discrimination access assessment is completed.
- Review the current system with a view to improve the uptake of childhood immunisations.
- Review the system for monitoring and improving outcomes for patients with long-term conditions.

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

The Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Village Surgery

The Village Surgery is located in North London within the Barnet Clinical Commissioning Group. The practice address is 113 East Barnet Road, Barnet, Barnet, EN4 8RF. The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning. The practice provides a range of services including childhood immunisations, extended hours access, influenza and pneumococcal immunisations, rotavirus and shingles

immunisation and unplanned admission avoidance. More information about services provided by the practice can be found on their website:

www.thevillagesurgerynewbarnet.nhs.uk

The practice has a patient population of 5,016; the practice population was 4,300 when we inspected in October 2015. The patient population is largely White British at 76% and the remaining 24% of patients were from Black and Minority Ethnic groups. At 51% the practice had a comparable proportion of people with a long standing health conditions than the national average of 53%. At 81 years, male life expectancy was above the national average of 79 years. At 85 years, female life expectancy was above the national average of 83 years.

The age range of patients at the practice was comparable to the average GP practice in England. The surgery is based in an area with a deprivation score of seven out of ten (one being the most deprived). Older people registered with the practice have a comparable level of income deprivation to the local and national averages. Patients at this practice have a lower rate of unemployment when compared to the national average.

Are services safe?

Our findings

At our previous inspection on 22 October 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of infection prevention control (IPC) was not adequate, the practice was unable to demonstrate learning from significant events, two members of staff were acting as chaperones without disclosure and barring service (DBS) checks in place and for not carrying out appropriate recruitment checks on new members of staff.

At this inspection there was some improvement with regards to IPC and chaperones now had completed DBS checks in place. However, we found that the practice had not put a system in place to demonstrate learning from significant events and the provider was unable to provide completed DBS checks for three of the four GPs working at the practice.

In addition, we identified new and significant areas of concern:

- **The practice nurse was reviewing all incoming pathology results in the absence of clinical oversight by the lead GP or any written guidance.**
- **There was no clinical oversight for uncollected prescriptions.**
- **There was no protocol for managing medical emergencies and we were not assured that staff had the knowledge to safely handle medical emergencies.**
- **There was no fire risk assessment completed since 2015, the practice did not conduct fire drills and staff had not completed fire safety training.**

The practice is now rated as Inadequate for providing safe services.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse, however there were gaps.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. The practice told us that Disclosure and Barring Service (DBS) checks were undertaken where required, however they were unable

to provide evidence of a DBS check for three of the four GPs employed. 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 nurse was the IPC lead and had completed an annual IPC audit. Although the audit identified areas which required action the practice were unable to provide evidence that they had acted on these risks. For example, no evidence of cleaning schedule in place detailing method, frequency and areas to be cleaned. The practice told us that premises were cleaned twice a week; the practice appeared clean and uncluttered. We identified that minor surgery sessions were held on Tuesdays and no cleaning took place Monday evening or Tuesday mornings. There was no evidence that cleaning staff had completed IPC training and all sinks at the practice were non-compliant with IPC guidelines as they had overflows and did not have elbow operated taps. In addition, the practice was unable to provide evidence that non-clinical staff had completed infection prevention and control training.
- We spoke to two members of non-clinical staff and were not assured that they understood their responsibilities in relation to infection prevention and control. For example, only one of the two members of non-clinical staff we spoke to knew there was a spill kit available. Both members of non-clinical staff were unaware of an IPC protocol and told us that if a child was sick on the premises they would ask the parent to clean it up.
- Clinical staff received up-to-date safeguarding and safety training appropriate to their role, GPs and the practice nurse were trained to safeguarding level 3. They knew how to identify and report concerns. However, non-clinical staff had not completed safeguarding training. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

Are services safe?

- The practice ensured that equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were inadequate.

- All staff received basic life support training; however we were not assured that non-clinical staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. For example, we spoke to three members of non-clinical staff and asked what they would do in a medical emergency. All three members of staff told us they would get a GP. None of the staff mentioned the emergency drugs or equipment and none of the staff mentioned using the panic button to alert all practice staff of the emergency. There was no written protocol in place for medical emergencies for staff to access. We were not assured that staff had the skills to safely handle a medical emergency in the absence of a GP at the practice.
- The practice nurse reviewed all incoming pathology results. We were not assured that this task was inside her scope of clinical competency. We were told that the nurse had completed in-house training approximately 10 years ago; however there was no evidence of what this training covered, how long the training lasted or any competency assessment completed. We spoke to the GP partners and they told us that they did not perform quality checks and that this was the way the system has always been managed. We asked to see a written protocol and we were told by the partners there was no protocol for managing pathology results. In the absence of GPs having clinical oversight of all incoming pathology results we were not assured that the system for managing pathology results was safe.
- Following the inspection the practice submitted a protocol on managing pathology results. However, the new protocol was not comprehensive and did not provide assurance that pathology results were being safely managed. For example, the new protocol relied on patients phoning in to find out their results, and there was no failsafe in the protocol to explain what steps the practice would take if a patient did not phone

in for the result. The protocol stated that a random quality check of 10 samples would be completed by a GP every quarter; however this would be less than one percent of incoming pathology per quarter.

- Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- There were arrangements for planning and monitoring the number and mix of staff needed.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems in place for the handling of medicines. However, they were not effective in some cases

- There were systems in place for managing medicines, including vaccines, medical gases, and emergency medicines and equipment. However, the system for managing uncollected prescriptions was not effective. We spoke with two members of staff and they told us they checked the uncollected prescriptions every three months and put them in confidential waste. However, there was no clinical oversight and staff did not make a record of uncollected prescriptions in patients notes. We checked the uncollected prescriptions and found one from July 2017 and three from August 2017. Two of the uncollected prescriptions from August were for antidepressants for the same patient.
- The practice kept prescription stationery securely but did not monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

Are services safe?

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- There were some risk assessments in place in relation to safety issues, however some of these, such as fire safety, were out of date for review and general environmental risk assessments were not evident. For example, the patient toilet was located on the outside of the practice accessible only through the staff reception area and down two steps. The toilet was not equipped for disabled patients. The practice told us that they had a disability discrimination access assessment completed but were not able to provide evidence of the completed assessment.

Lessons learned and improvements made

The practice learned and made some improvements when things went wrong, however there was minimal improvement to ensuring learning from events was shared with all staff.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- There was a system for reviewing and investigating when things went wrong. Significant events were discussed at meetings but these did not include the

practice nurse or non-clinical staff. One of the partners kept a handwritten record of these meetings however the practice were unable to provide evidence that learning was shared with all staff.

- The practice told us that lessons were learned and they identified themes and took action to improve safety in the practice. For example, a GP examined a possible non-malignant tumour, patient advised to monitor for any growth and return for review. An ultrasound was carried out a few months later for an unrelated issue and the tumour was confirmed as a sarcoma (a malignant tumour). We saw handwritten evidence that this event was discussed between GPs. Learning from this event resulted in a much lower threshold for referring typical lipomas (non-malignant tumours) for an ultrasound.
- There was an informal system for receiving and acting on safety alerts. Safety alerts came into the practice manager and clinical members of staff electronically, the practice manager distributed hard copies to clinicians to sign off and the alerts were returned to the practice manager for filing. The practice told us that alerts were discussed and required action was taken, and we checked the most recent alerts and found that action had been taken where required. For example, we checked a recent alert for sodium valproate and saw evidence that patients were made aware of this alert. However, the practice were unable to provide evidence of all incoming alerts along with evidence of discussion or agreed actions for any alerts relevant to the practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 22 October 2015 we rated the practice as requires improvement for providing effective services as the arrangements in respect of low outcomes for patients with long term conditions and limited or absent record keeping for multi-disciplinary team working.

These arrangements had not significantly improved in all areas when we undertook a comprehensive follow up inspection on 13 December 2017. In addition there were new concerns identified in relation to staff training. The practice remains rated as requires improvement for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

Although we rated the practice as requires improvement for the effectiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- If patients were unable to visit the practice nurse's upstairs consulting room, alternative appointments were arranged for a downstairs consulting room to be used.
- The practice worked collaboratively with a psychogeriatrician to support this population group.
- Patients in this population group are encouraged to register with a local scheme that provides support, transportation and collection of medicines.

People with long-term conditions:

Although we rated the practice as requires improvement for the effectiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Admission avoidance care plans were used for patients at risk of recurrent hospital admissions.
- Text reminders for health checks sent to patients; the practice actively followed up non-responders with letters and phone calls.
- The practice were outliers for several clinical indicators and were working to improve performance in these areas. For example, the percentage of patients on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less for 2016/17 was 58% compared to the Clinical Commissioning Group (CCG) average of 77% and the national average of 79%. The practice provided evidence that in quarter three of 2017/18 performance had increased to 62%.

Families, children and young people:

Although we rated the practice as requires improvement for the effectiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the national target percentage of 90%. For example, there are four

Are services effective?

(for example, treatment is effective)

areas where childhood immunisations are measured; each has a target of 90%. Data for 2016/17 showed that the practice did not achieve the target in all four areas. These measures can be aggregated and scored out of 10, the practice scoring 8.6, compared to the national average of 9.1. We spoke to the practice nurse about this and were told the practice believed the data was incorrect; however the practice was unable to substantiate this claim.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- There is a comprehensive alert system in place for vulnerable children.

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

Although we rated the practice as requires improvement for the effectiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- There was online access for appointment booking and repeat prescription requests.
- Booking of routine appointments offered up to 12 months in advance.

People whose circumstances make them vulnerable:

Although we rated the practice as requires improvement for the effectiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were offered to vulnerable patients.
- Collaborative working with a local drug and alcohol service to manage patients with addiction problems, including a fortnightly clinic with drug and alcohol counsellors hosted by the practice.

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

Although we rated the practice as requires improvement for the effectiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the CCG and national average of 84%.
- 71% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is below the CCG and national average of 90%. We were told that the practice nurse and practice manager were working to recall these patients to improve performance for this indicator.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 92% compared to the CCG average of 92% and the national average of 91%.
- Screening tools such as the Edinburgh postnatal depression score and PHQ9 were regularly used during consultations.

Monitoring care and treatment

The practice had routinely reviewed the effectiveness and appropriateness of the care provided in some areas. Where appropriate, clinicians took part in local and national improvement initiatives.

Are services effective?

(for example, treatment is effective)

The most recent published Quality Outcome Framework (QOF) results were 89% of the total number of points available compared with the CCG and national average of 95%. QOF is a system intended to improve the quality of general practice and reward good practice.

The overall exception reporting rate was 5% compared with the CCG average of 8% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

When we inspected the practice on October 2015 we highlighted poor outcomes for patients with diabetes and hypertension. At the inspection on 13 December 2017 we found that outcomes for patients with hypertension had improved whilst outcomes for patients with diabetes had worsened. For example, in October 2015 (2013/14 data) performance for hypertension related indicators was 66% which was below the CCG average by 23.5% and below the national average by 22.4%. Data for 2016/17 showed an improvement with performance for hypertension related indicators at 87% which was now 10% below the CCG and national average.

However, performance for diabetes related indicators showed a decrease since our inspection in October 2015. For example, at our inspection in October 2015 (2013/14 data) showed that performance for diabetes related indicators was 77.7% which was 12.6% below the CCG average and 12.4% below the national average. Data for 2016/17 showed a decrease in performance diabetes related indicators at 69% which was 20% below the CCG average and 22% below the national average.

We asked the partners about this decrease and they told us they had plans to engage with this patient cohort during the next 12 months. A salaried GP was named the diabetes champion at the practice and there were plans for a GP led walk-in clinic for patients with type 2 diabetes. The practice was also planning to set up a peer group for diabetic patients. These plans were not in place at the time of our inspection.

The practice was an outlier for some QOF targets, data from 2016/17 showed:

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 74%

compared to the CCG average of 81% and the national average of 83%. The practice provided evidence that showed the current achievement of 73% with one quarter left to make further improvements to performance.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 69% compared to the CCG average of 76% and the national average of 78% (this was comparable to other practices in the area).
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physicians questions was 71% compared to the CCG average of 77% and the national average of 76% (this was comparable to other practices in the area).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92% compared to the CCG average of 93% and the national average of 90%.
- The practice was actively working collaboratively with other services in the community. For example, regular involvement with the Multi Collaborative Learning Group within Barnet, the Barnet Drug and Alcohol Service, psychogeriatrician consultant, palliative care nurses and local pharmacists especially for patients using a dosette system.

Effective staffing

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

- The practice understood the learning needs of staff however there was an informal attitude around training. Although staff had access to online training there was no formal system in place to monitor staff training, apart from annual appraisals. For example, the practice was unable to provide evidence of fire safety training, infection control training and safeguarding training for non-clinical members of staff; we identified concerns around IPC knowledge for non-clinical members of staff.

Are services effective?

(for example, treatment is effective)

- The practice provided evidence that staff were supported through induction process and annual appraisals.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- There was evidence that some patient groups received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Are services caring?

Our findings

At our previous inspection on 22 October 2015, we rated the practice as Good for providing caring services. The practice remains rated as Good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 217 surveys were sent out and 102 were returned. This represented about two percent of the practice population. The practice was mostly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 84%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 88%; national average - 91%.

- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 82% of patients who responded said the last nurse they spoke to was good at involving them in their care and treatment; CCG - 82%; national average - 85%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers through patient consultations, new patient registration forms and with signage in the patient waiting area. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (more than one percent of the practice list).

- The practice supported carers by offering double appointments, influenza vaccination and sign-posted carers to support resources within the community.
- 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.

Are services caring?

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

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 86%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 82%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 22 October 2015, we rated the practice as Good for providing responsive services. The practice remains rated as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice provided extended opening hours, online services such as repeat prescription requests, advanced booking of appointments and in-house phlebotomy services.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, if patients booked to see the practice nurse in the first floor consulting room had mobility issues the practice would hold the nurse consultation in a ground floor consultation room. Alternatively a GP would provide a home visit if the ground floor consultation rooms were unavailable.
- Care and treatment for patients with multiple long-term conditions was mostly comparable with other practices in the area, however there were several areas outcomes for patients with diabetes, hypertension and mental health issues that needed improvement.
- Care and treatment for patients approaching the end of life was coordinated with other services.

Older people:

Although we rated the practice as Good for providing a responsive service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

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

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

Although we rated the practice as Good for providing a responsive service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had considered the low outcomes for patients with diabetes and had plans in place to make improvements over the next 12 months.
- The practice held ad hoc meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues; minutes of these meetings were unavailable.

Families, children and young people:

Although we rated the practice as Good for providing a responsive service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

Although we rated the practice as Good for providing a responsive service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- The needs of this population group had been identified and the practice had adjusted the services it offered to

Are services responsive to people's needs?

(for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and online access to routine appointments and repeat prescription requests.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

Although we rated the practice as Good for providing a responsive service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

Although we rated the practice as Good for providing a responsive service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The number of patients with schizophrenia, bipolar affective disorder and other psychoses who had received a care plan in the last 12 months was significantly lower than local and national averages. The practice told us that the practice manager was the lead for recalling these patients. Other indicators for people experiencing poor mental health were in line with local and national averages.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards. A total of 217 surveys were sent out and 102 were returned. This represented about 2% of the practice population.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 73% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG - 67%; national average - 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 84%.
- 93% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.
- 95% of patients who responded described their experience of making an appointment as good; CCG - 68%; national average - 73%.
- 90% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled in a timely way. Final response letters however did not include information about the role of the Health Services Ombudsman in line with the complaints policy.
- There was limited evidence that lessons learned from complaints were shared with all practice staff including

Are services responsive to people's needs? (for example, to feedback?)

the partners. We asked for evidence of meetings where learning from complaints was shared and the practice told us that there was no record of these conversations as learning was shared with staff informally.

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 22 October 2015, we rated the practice as requires improvement for providing well-led services as there was ineffective governance systems in place, the Patient Participation Group (PPG) had not met for more than 12 months and the practice were unable to demonstrate how they sought and acted on patient feedback.

We undertook a comprehensive follow up inspection of the service on 13 December 2017. We found that although the practice had made improvements with regards to the PPG and seeking patient feedback, there was minimal improvement to the governance issues we identified. In addition the inspection raised new and significant governance concerns. The practice is now rated as Inadequate for being well-led.

Leadership capacity and capability

- Leaders did not evidence that they had the skills to address risks and deliver high quality sustainable care. For example, whilst overall outcomes for patients with hypertension had improved, the practice was still an outlier for hypertension related indicators. Outcomes for patients with diabetes had worsened and whilst the practice had aspirational plans in place to address this they were unable to provide evidence of any completed actions to improve outcomes for diabetic patients. Outcomes also required improvement for patients with hypertension and those affected by mental health issues.
- They understood the challenges but were unable to provide evidence on how they were addressing these challenges. For example, partners told us they had not considered succession plans for the practice nurse.
- Staff told us that leaders were visible and approachable. However, practice meetings were not regularly held and clinical meetings often only included the GP partners. Although hand written notes were taken at the clinical meeting these were not distributed to staff.

Vision and strategy

- The practice were unable to provide evidence of a strategy and supporting business plans to achieve priorities.

- Staff we spoke to were not aware of the vision, values and strategy and their role in achieving them.
- There was some evidence that the practice planned its services to meet the needs of the practice population. For example, they worked collaboratively with other services and were involved with a local Multi Collaborative Learning Group.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. For example, they provided an in-house phlebotomy service and fortnightly access to a drug and alcohol counsellor. However, we identified concerns around the monitoring of pathology results related to the in-house phlebotomy service.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and felt confident to do so.
- All staff received regular annual appraisals in the last year.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff told us they felt they were treated equally.

Governance arrangements

The systems of accountability to support good governance and management were inadequate.

- Processes and systems to support good governance and management were limited or absent. For example, there was no protocol for managing high risk medicines, medical emergencies, business continuity planning, patient safety alerts and uncollected prescriptions.
- Staff were clear on their roles and accountabilities in respect of safeguarding. However, non-clinical members of staff had not completed safeguarding training. With regards to infection prevention and control, we were not

Are services well-led?

Inadequate 

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

assured that non-clinical staff were clear on their responsibilities following staff interviews and the practice was unable to provide evidence that non-clinical staff had completed infection prevention and control training. Although the practice had completed an infection control audit there was no clear action plan or timeframes for action to be taken.

- Practice leaders had established some policies, procedures and activities to promote safety. However, there was no system in place to ensure regular review of practice policies. We identified inadequate systems in relation to safe care and treatment. These included unsafe management of uncollected prescriptions, failure to share learning from significant events and complaints, inadequate system for managing incoming pathology results and failure to record action taken in relation to safety alerts.
- At the time of the inspection there were no policies in place for uncollected prescriptions, significant events, business continuity plans, medical emergencies or the management of pathology results. Following the inspection policies for uncollected prescriptions, significant events and management of pathology results were created and submitted however there was no evidence that these policies were embedded or sufficiently detailed.

Managing risks, issues and performance

There were inadequate processes for managing risks, issues and performance.

- There was an ineffective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the system for managing patient safety alerts lacked an audit trail and we were not assured that practice leaders had oversight of complaints.
- The practice were unable to evidence there were plans in place and that staff had been trained for major incidents.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However, the practice nurse managed all incoming pathology results and we were not assured that this task was within the scope of her clinical competency.
- There was evidence of clinical audit to identify quality improvement which included NICE guidance.

Appropriate and accurate information

There was limited evidence that the practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings where staff had access to information; however opportunities for improvement were not always prioritised. Some aspects of information that could be used to improve safety were not always actively discussed, for example in relation to medical emergencies.
- The practice used performance information which was reported and monitored however; there was not a consistent approach to the areas where improvements were needed. For example, some aspects of lower than average performance against the Quality outcomes framework (QOF) were being addressed, however outcomes had worsened for patients with diabetes.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses in some areas.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

There was some evidence the practice involved patients, the public, staff and external partners to support services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. However, some non-clinical staff we spoke with told us they would like to have more opportunities to attend meetings and meet as a team. We were told that practice meetings tended to be on an ad hoc basis and there had not been a meeting in the last 12 months.
- There was an active patient participation group. Meetings were held regularly and patients were able to influence changes within the practice. For example, the PPG suggested that glass is frosted in a clinical consultation room on the ground floor facing the main road, the practice agreed and planned to frost the windows in January 2018 (there are closed blinds on the window).

Are services well-led?

Inadequate 

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

- The service was open with stakeholders about performance.

Continuous improvement and innovation

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

Learning was not consistently shared to ensure improvements to the service. For example, while there was some evidence that improvements had been made as a result of complaints and significant events, there was limited evidence to demonstrate that learning was shared with all practice staff.

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 Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.</p> <p>The registered persons had not done all that was reasonably practicable to ensure that persons employed received appropriate training, in particular:</p> <p>Both non-clinical and clinical staff had not completed fire safety training.</p> <p>Non-clinical members of staff had not completed infection prevention and control training and safeguarding training.</p> <p>Non-clinical members of staff were not able to demonstrate the skills and knowledge required to manage medical emergencies.</p> <p>This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

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 Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that care and treatment is provided in a safe way to patients;</p> <ul style="list-style-type: none">· Pathology results lacked GP oversight and there were no quality assurance processes in place.· Effective infection prevention and control processes were not fully embedded. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had failed to ensure that there were effective systems and processes to ensure good governance in accordance with the fundamental standards of care;</p> <ul style="list-style-type: none">· There was no system in place to evidence action take with regards to patient safety alerts.· Learning from significant events and complaints were not shared with all staff.· There were limited policies and procedures and no system for the review and monitoring of policies. |

Enforcement actions

- Minutes from meetings were either absent or handwritten and held by one member of staff. There was no evidence of practice meetings or meetings involving attendance outside the GPs partners.
- No business continuity plans in place.
- The system to monitor DBS checks were ineffective.
- The system for managing risk with regard to fire safety was inadequate.
- The system for managing uncollected prescriptions was not effective.

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