Daneshouse Medical Centre

Quality Report

Old Hall Street
Burnley
Lancashire
BB10 1LZ
Tel: 01282 423288
Website: www.daneshousemedicalcentre.co.uk

Date of inspection visit: 1 December 2017
Date of publication: 09/02/2018

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection April 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

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

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We undertook a comprehensive inspection of Daneshouse Medical Centre on 5 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate, and we issued warning notices for breaches identified to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Receiving and acting on complaints) and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). The practice was placed into special measures following this visit. The full comprehensive report following the inspection in April 2017 can be found on our website here: http://www.cqc.org.uk/location/1-586401697.

We then undertook a follow up focused inspection of Daneshouse Medical Centre on 22 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice had addressed concerns identified in the warning notices issued.

We undertook a further announced comprehensive inspection of Daneshouse Medical Centre on 1 December

Summary of findings

2017. This inspection was carried out following the period of special measures to ensure further improvements had been made and to assess whether the practice could come out of special measures.

Our key findings were as follows:

- The practice had improved its systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice documented investigations resulting from them and improved their processes.
- Clinicians were aware of evidence- based guidelines.
- Audits had been undertaken, however these were single cycle and changes made as a result had not yet been monitored for effectiveness.
- The practice had improved its performance against the national Quality and Outcomes Framework (QOF) compared to the previous year (QOF is a system intended to improve the quality of general practice and reward good practice).
- Improvements had been made to how complaints were managed and handled, although we did find an example where the practice's response had not adhered to its own complaints policy.
- Managerial oversight of staff training had improved, and there was a more systematic approach to staff appraisals. However, there were gaps in documentation relating to some clinical role-specific training.
- Practice policy and procedure documents had been updated to make them practice specific, although we were not fully assured they were all sufficiently embedded to ensure they were adequately followed.
- Patients continued to find the appointment system challenging and some reported that they were not always able to access care when they needed it.
- Patients we spoke with were positive about their interactions with staff and said they were treated with compassion and dignity. However, results from the national GP patient survey continued to show patients rated the practice lower than others for many aspects of care.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition the provider should:

- Document a formal risk assessment for emergency medicines held on site.
- Document an action plan following completion of infection prevention and control audits to facilitate improvements being made in a timely manner.

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

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

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

Daneshouse Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Daneshouse Medical Centre

Daneshouse Medical Centre (Old Hall Street, Burnley, BB10 1LZ) is housed in purpose built, single storey premises on the outskirts of Burnley. The practice has a small car park, with designated disabled spaces and a ramp to facilitate access for those patients experiencing mobility difficulties.

Since our initial inspection visit, the provider has appropriately updated their registration with the Care Quality Commission and so is now registered to provide regulated activities as a single handed GP rather than a partnership.

The practice delivers primary medical services to approximately 3230 patients through a personal medical services (PMS) contract with NHS England, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG).

The average life expectancy of the practice population is below the national average but in line with CCG averages for females and below both the local and national averages for males (81 years for females, compared to CCG average of 81 and national average of 83. For males; 73 years compared to CCG average of 77 and national average of 79). The practice patient population contains a higher proportion of younger people when compared to local and national averages. For example, 9% are aged between 0 and 4 (CCG and national averages 6%), 25% aged between five and 14 years (CCG and national averages of 12%) and 39% aged under 18 (CCG average 22% and national average 21%). Conversely, only 5% of the practice's patient population are aged over 65, compared to the CCG average of 18% and national average of 17%, while 2% are aged over 75 (CCG and national averages 8%).

A higher proportion of the practice's patients are unemployed; 10% compared to the CCG average of 5% and national average of 4%. The practice caters for a lower proportion of patients with a long standing health condition (44% compared to the CCG average of 56% and national average of 53%).

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by the lead GP (male), with two long term locum GPs (one male, one female) adding a further 0.4 whole time equivalent GP time each week. The practice employs a practice nurse for two days each week and has recently added additional nursing time by recruiting a long term locum nurse to work an additional two days per week. The practice has also employed a health care assistant since our initial visit. The clinical team are supported by a practice manager, who had commenced employment at the practice in November 2017 and a team of four receptionists / administrative staff.

The practice telephone lines are staffed between 8am and 6.30pm each working day. The practice opens from 8.30am until 6:30pm Monday to Friday. Appointments with the GP are available between 9:30am and 11:40am each morning and between 3.30pm and 5:50pm each afternoon, apart

Detailed findings

from Wednesday afternoon when appointments start at 4pm. Extended hours appointments are also available between 6:30pm and 7.10pm each Monday and until 7.20pm eachTuesday evening.

Outside normal surgery hours, patients are advised to contact the out of hour's service, offered locally by the provider East Lancashire Medical Services.

The practice has previously been a teaching practice, but has not had a medical student placement for over a year.

Why we carried out this inspection

We undertook a comprehensive inspection of Daneshouse Medical Centre on 5 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate, and we issued warning notices for breaches identified to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Receiving and acting on complaints) and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). The practice was placed into special measures following this visit. The full comprehensive report following the inspection in April 2017 can be found on our website here: http://www.cqc.org.uk/location/1-586401697.

We then undertook a follow up focused inspection of Daneshouse Medical Centre on 22 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice had addressed concerns identified in the warning notices issued.

We undertook a further announced comprehensive inspection of Daneshouse Medical Centre on 1 December 2017. This inspection was carried out following the period of special measures to ensure further improvements had been made and to assess whether the practice could come out of special measures.

Requires improvement

Are services safe?

Our findings

At our previous comprehensive inspection on 5 April 2017, we rated the practice as inadequate for providing safe services. Findings identified as breaching regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) included:

- Inadequate systems to monitor the location of blank prescription paper.
- Incorrect contact details for local safeguarding teams being available for staff.
- Inadequate systems and processes to manage, assess and mitigate risks.
- Action had not been taken following a recent infection prevention and control audit.
- The system for identifying, recording, investigating and monitoring significant events was not adequate.

There had been some improvements with these arrangements when we undertook our most recent inspection, although further improvements were still required. The practice is now rated as requires improvement for providing safe services.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which had been implemented since our previous comprehensive inspection and communicated to staff. The practice had improved systems to safeguard children and vulnerable adults from abuse. Policies had been updated to ensure they contained relevant information and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect; we were told of examples where patients were referred to local safeguarding teams appropriately.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was also an improved system to manage infection prevention and control (IPC). An updated IPC audit had been completed in October 2017, and although an action plan had not been documented following this we saw evidence that actions identified as a result had been completed, for example the provision of alcohol hand gel in all rooms.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- The practice was working to improve arrangements around the number and mix of staff needed. A staffing level risk assessment had been completed, and additional staff recruited to mitigate risks identified. Nursing capacity had been increased, as had non-clinical staffing levels.
- There was an induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. For example the practice had refined the requirements

given to a locum agency used to source an advanced nurse practitioner, to ensure this member of staff had an appropriate skill set to effectively meet the needs of the patients.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- Individual care records were not consistently written and managed in a way that kept patients safe. We found examples of care records that lacked sufficient detail in consultation notes to ensure 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 we saw included all of the necessary information. However, we did find one example where a discharge letter received by the practice in May 2017 from an out of hours care setting indicated a referral was required for a patient; the patient record did not document that this referral had been made at the time of our inspection visit. The practice confirmed to us immediately following the inspection that this referral had been made after we had flagged it up to the practice.

Safe and appropriate use of medicines

The practice had not fully established reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including medical gases and emergency medicines and equipment minimised risks. However, the practice had not documented a formal risk assessment to identify the rationale for not holding some emergency medicines on site, such as rectal diazepam (a medicine for use when a patient experiences an epileptic fit). The lead GP was able to discuss the reasoning for not stocking this medicine with us; we were told it would be sourced as necessary from the pharmacist located a short distance from the practice.
- Although the practice had implemented more structured systems around the safe management of vaccines, we found that these systems were not consistently followed adequately; we found a B12 vaccine stored in the vaccine fridge which had expired in August 2017. The practice confirmed that this vaccine had been appropriately disposed of immediately following the inspection visit and updated its ordering, storage and handling vaccines protocol to introduce additional safety-netting in order to further reduce the risk of human error when completing stock checks.
- The practice kept prescription stationery securely and monitored its use. There were thorough systems in place to track the location of all prescription stationary and blank hand written prescription paper was stored securely in a locked cabinet.
- Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in line with legislation. However, when we viewed these documents we found nine had either expired or had not been signed as required by the authorising prescriber or staff member who would be administering the medicine.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- 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

The practice had worked to improve its safety record. The new practice manager was in the process of compiling a comprehensive suite of risk assessments to ensure a thorough understanding and management system of risks to staff and patients. For example, workplace safety risk assessments had been completed for all staff employed by the practice in October. The practice manager informed us these had been compiled and sent to an externally contracted health and safety consultant who would be providing a report including recommendations in the near future.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Requires improvement

Are services safe?

- There was an improved system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Significant events and incidents were discussed with all staff at weekly meetings held in the practice, and we saw the minutes of these meetings to confirm this. We viewed examples of significant events; when a referral had been overlooked in October 2017 we saw how the practice had aligned clinicians' systems for initiating referrals using tasks on the electronic record system to minimise the risk of repeated oversight and to provide an appropriate audit trail. We also saw that following incorrect medication being prescribed in error, staff had been reminded of the practice's repeat prescription protocol and advised that interruptions to clinicians' clinical sessions should be kept to a minimum to avoid distractions.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection in April 2017, we rated the practice as inadequate for providing effective services as data demonstrating patient outcomes was low and there was limited evidence that clinical audit was driving improvement. There was also a lack of managerial oversight of staff training and development.

These arrangements had improved when we undertook a follow up inspection on 1 December 2017, although further improvements were still needed. The practice is now rated as requires improvement for providing effective services across all population groups.

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 clinical pathways and protocols.

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- Prescribing data for the practice for October 2016 to August 2017 showed that the average daily quantity of antibacterial items prescribed per Specific Therapeutic group was improving and moving closer to local and national averages; reducing from 1.39 to 1.24 (compared to figures of 1.14 locally and 1.06 nationally for the period June to August 2017).
- 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.

We reviewed evidence of practice performance against results from the national Quality and Outcomes Framework (QOF) for 2016/17 and looked at how the practice provided care and treatment for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.)

Older people:

- Multidisciplinary meetings were held on an ad-hoc basis as and when they were required to support older patients nearing the end of life. The practice had two patients on its palliative care register at the time of our visit and we saw examples of multidisciplinary team working documented in their records appropriately.
- Patients over the age of 75 years were offered an annual review appointment to ensure their health needs were being met.
- Home visits and urgent appointments for those with enhanced needs were offered when required.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long-term conditions:

- Patient outcomes for those with long term conditions had improved since the previous year, as reflected by the practice's QOF results. However, there remained areas that were notably lower than local and national averages. For example, the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 56% compared to the clinical commissioning group (CCG) average of 82% and national average of 80%. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 69% compared to the CCG average of 85% and national average of 83%. The practice showed us unverified data for the current year demonstrating it was on target to make further improvements in its QOF achievements.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.

Families, children and young people:

- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice worked with midwives, health visitors and school nurses to support this population group.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in 2016/17 had improved slightly since the previous year and ranged from 81% to 97% for vaccinations given to children under 2 years old and from 60% to 97% for those given to 5 year olds.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 79%, compared to the local average of 82% and national average of 81%.
- 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, compared to the local average of 88% and national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, compared to the local average of 93% and national average of 90%.
- 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 above local and national averages (practice 100%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was comparable with local and national averages (practice 95%; CCG 97%; national 97%).

Monitoring care and treatment

The most recent published QOF results for 2016/17 were 89.5% of the total number of points available, compared with the CCG average of 98.2% and national average of 95.6%. The overall exception reporting rate for the clinical domains was 6.8% compared with a local average of 11.8% and 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.

This QOF performance demonstrated an improvement on the previous 2015/16 results (72.2%) and the practice shared unverified data for the current year indicating it was on target to make further improvements again, particularly around diabetes indicators.

The practice had not yet established and embedded a comprehensive programme of quality improvement activity, although we did see that action was underway to address this. While we saw that audits had been commenced around the management of patients with poor glycaemic control and antibiotics prescribed for urinary tract infections, these were only single cycle audits; they had not been repeated to check that the changes implemented had been effective. We did see that as a result of these, action plans had been put in place in an effort to improve the quality of care. For example, patients with poor glycaemic control were being proactively recalled for appointments every three months in an effort to more closely monitor their care.

We did see that the practice used information about care and treatment to make improvements. For example, after recognising that the practice had a low uptake for the NHS health checks offered, practice staff began to offer these opportunistically. This resulted in the number of checks completed increasing from 7 (between September and October 2017) to 15 (between October and November

Requires improvement

Are services effective?

(for example, treatment is effective)

2017). The practice had also begun to proactively invite eligible patients by telephone to undertake bowel cancer screening. This had resulted in an increase in uptake from 21% in 2015/16 to 63% in 2016/17.

Effective staffing

The practice did not hold comprehensive documentation to provide assurance that staff had the skills, knowledge and experience to carry out their roles. For example, while we were told that recent update training had been completed, the most recent immunisation and vaccination update training certificate for one of the practice nurses was dated August 2015, with no more recent certificate available. The practice also lacked evidence that update training for the cervical screening programme had been completed which again we were informed had been undertaken. We saw evidence that the healthcare assistant had completed recent immunisation and vaccination training.

The practice had improved managerial oversight of staff training and we saw that up to date records were maintained other than for the nurse's role specific training. The practice understood the learning needs of staff and provided protected time and training to meet them. For example, the practice patient list had previously been closed, but re-opened to accept new patients in September 2017. The practice had sourced appropriate training for reception staff to ensure they had the knowledge and skills to appropriately register new patients onto the system.

The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice had implemented a more systematic approach to ensuring staff had access to appraisal meetings and support. We saw evidence that appropriate appraisal documentation was maintained outlining clear objectives for staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment, however we found examples where patient records did not clearly document that required referrals had been made.

- 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.
- Evidence viewed showed patients did not always receive coordinated and person-centred care. For example we saw an example where a patient who accessed an out of hours care setting in May had not been referred on to secondary care as the discharge letter had indicated was required.
- 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. We saw evidence that joint home visits were arranged between the GP and other professionals such as district nurses.

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.
- While the practice had a system in place to ensure that urgent two week wait referrals were sent in a timely manner, there was further scope to incorporate safety-netting around tracking the appointment process.
- 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 and tackling obesity.

Consent to care and treatment

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

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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.

Requires improvement

Are services caring?

Our findings

At our previous comprehensive inspection in April 2017, we rated the practice as requires improvement for providing caring services as patient feedback indicated a lack of satisfaction with many aspects of care.

While the practice had begun to implement some actions to address this, we found it remained the case that some patients were dissatisfied when we undertook a follow up inspection on 1 December 2017. The practice is still rated as requires improvement 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.
- Ongoing difficulties with access meant that at times the practice did not give 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.
- Of the 12 patient Care Quality Commission comment cards we received from patients, nine were positive about the service experienced, with many commenting how improvements in the service had become evident over the previous few months and commending reception staff for making patients feel listened to. We also received five comment cards from employees of the practice or external contractors who work with the organisation. These also described a positive workplace environment with an improved atmosphere. Three cards from patients described negative experiences of the practice, with two describing difficulties accessing services and one expressing concerns around the attentiveness of staff.

Results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. A total of 377 surveys were sent out and 61 were returned. This was a response rate of 16% and represented about 2% of the practice population. The practice was below average for many satisfaction scores on consultations with GPs and nurses. For example:

- 58% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 56% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 60% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 86%; national average - 86%.
- 82% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 83% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 71% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 55% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them.

Requires improvement

Are services caring?

- Staff communicated with patients in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. We were informed this was done opportunistically as patients attended for other appointments. The practice had recently invited Carers Link to deliver training to staff to raise awareness of the needs of these patients and a carers noticeboard was displayed in the waiting room to raise awareness amongst patients. Practice staff informed us the computer system alerted GPs if a patient was also a carer. The practice had identified 145 patients as carers (approximately 4% of the practice list).

The GP told us that if families had experienced bereavement, the GP contacted them to offer support as necessary. 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. The practice demonstrated awareness of the cultural expectations of the patient population following bereavement.

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

- 55% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 42% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 77% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 74% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous comprehensive inspection in April 2017, we rated the practice as inadequate for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints was found to be in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Receiving and acting on complaints). We also found improvements were required around patient access to appointments.

These arrangements had improved when we undertook a follow up inspection on 1 December 2017, however we found that further improvements were required. The practice is now rated as requires improvement for providing responsive services across all the population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended hours were offered on a Monday and Tuesday evening until 7.15pm for working patients who could not attend during normal opening hours.
- The practice attempted to improve services where possible in response to unmet needs, for example by proactively contacting patients to invite them to attend for health checks and screening appointments.
- 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 facilitating the use of sign language interpreters for patients with hearing difficulties.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

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

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. Consultation times were flexible to meet each patient's specific needs.
- The practice met as necessary with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- 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.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

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

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Timely access to the service

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. At 11:30am on the day of our inspection, there were no routine pre-bookable appointment slots available for patients. Of the twelve comment cards completed by patients, two made specific reference to significant difficulties accessing the service in a timely manner.

During our focused inspection in August 2017, we were told a demand and capacity audit of the appointment system was underway to address concerns regarding patient access. However, during this most recent visit the practice manager informed us this audit had been put on hold and had yet to be completed. It was due to recommence later in December.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 58% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 29% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average - 71%.
- 56% 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 - 83%; national average - 84%.
- 42% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 35% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 38% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

The practice was aware of these low patient feedback scores around access to appointments. Since the publication of these results, the practice had increased both nursing and non-clinical staff capacity in an effort to improve access. In October 2017 the practice had also completed a comprehensive staff risk assessment and associated action plan in an effort to ensure staffing levels resulted in the needs of patients being met. We saw that the action plan was in progress, for example a new member of reception staff was commencing employment with the practice the week following our inspection and the practice was proactively promoting online access to patients in order to reduce pressure on telephone lines; notes detailing the features of online access were added to patients' prescriptions. The practice had reinstated the patient participation group and we saw evidence demonstrating it had discussed concerns around access with them, and advised the group of actions underway to address these concerns.

Listening and learning from concerns and complaints

The practice had made improvements to its systems around managing 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 complaint policy and procedures were in line with recognised guidance. We saw that two complaints were received and logged since our previous inspection. We reviewed both complaints and found that they were handled in a timely way. We did note that a verbal complaint, while written up for practice records to document the discussion and resolved verbally with the patient to their satisfaction, was not followed up in writing with the patient as indicated by the practice's complaints policy. The practice manager informed us that a more recent verbal complaint was being handled at the time of our inspection, and confirmed shortly after the visit that appropriate written correspondence had been sent to the complainant as per the practice's complaints policy.

The practice learned lessons from individual concerns and complaints and had also begun to review complaints in

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

order to analyse trends. It acted as a result to improve the quality of care. For example, following a patient complaint regarding difficulties obtaining information from staff, communication channels within the practice were reviewed and staff given update training around use of electronic tasks on the computer system to ensure messages were passed on and acted on efficiently.

Are services well-led?

Requires improvement

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

Our findings

At our previous comprehensive inspection in April 2017, we rated the practice as inadequate for providing well-led services as there were shortfalls in the governance structure.

We issued a warning notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 1 December 2017. However, further improvements still needed to be made. The practice is now rated as requires improvement for being well-led.

Leadership capacity and capability

The practice had experienced a turbulent period with staffing and was in a period of transition at the time of our visit in December, with the new practice manager in post for less than a month and the previous practice manager leaving after four months prior to that.

Leaders demonstrated some awareness of issues and priorities relating to the quality and future of services. They were developing an understanding of the challenges and were beginning to address them.

Staff told us how the practice manager was extremely visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice was attempting to recruit a salaried GP in order to increase clinical leadership capacity.

Vision and strategy

The practice had developed and documented a clear vision to deliver high quality, person centred care and promote good outcomes for patients. Staff we spoke with were able to articulate this ethos and were aware of their role in relation to it. However, the lead GP was unclear as to the strategy in place to best achieve this; we were told of an awareness of the need to increase clinical capacity and leadership, but there was no clear plan for the practice to move forward in this respect.

Culture

The practice had made improvements towards establishing a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. Many staff told us explicitly how the atmosphere in the practice and working environment had improved since our initial inspection in April.
- The practice focused on the needs of patients and improving their outcomes.
- 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. We saw appropriate apologies and explanations were offered to affected patients when things had gone wrong with care and treatment.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team.
- 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 and staff had been asked to complete equal opportunities surveys. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Work was ongoing in the practice to improve the systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management had been set out, but were not yet fully embedded, understood or effective.

Are services well-led?

Requires improvement

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

- Staff were mostly clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had worked hard to establish practice specific policies, procedures and activities to ensure safety. Policy documents in place had improved since our previous visit where we had found numerous examples of repetition and inconsistencies. However, we were not yet fully assured that these procedures were operating as intended.
- Regular whole staff meetings had been established and were held on a weekly basis.

Managing risks, issues and performance

The practice had made improvements around some processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. The GP and practice manager were able to explain how the performance of a recently employed locum nurse practitioner had been reviewed and the practice's requirements with the locum agency discussed in order to ensure the appropriate skill set was available to meet the practice's needs. Practice leaders had oversight of incidents and complaints.
- Clinical audit was not yet sufficiently embedded in order to demonstrate a positive impact on quality of care and outcomes for patients. We saw that some changes to practice had been documented following the single cycle audits that had been completed since our previous visit.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service development, for example increasing nursing and non-clinical staff capacity.

Appropriate and accurate information

The practice acted on appropriate and accurate information, although we saw evidence that documentation in patient records at times lacked appropriate detail.

- Quality and operational information was used to ensure and improve performance.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in place 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

The practice had increased the involvement of patients and staff to support the services offered.

- Staff we spoke to were able to give us examples of how their views were sought when changes were being made to the service, for example the healthcare assistant informed us how they were involved in updating how the contents of the emergency medicines cupboard were monitored to ensure appropriate stock levels.
- Links with the patient participation group had been re-established, with meetings held in July and October 2017.

Continuous improvement and innovation

We saw that improvements had been made to how learning from significant events, incidents and complaints was shared and disseminated to staff. A meeting structure had been put in place to facilitate discussion around these and other issues, and staff demonstrated awareness of these discussions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 (Good Governance) **How the regulation was not being met:** The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Systems around medicines management, for example stock control and the use of patient group directions to allow non-prescribers to administer medicines required improvement. • We found an example where documentation in patient records indicated required onward referrals had not been made. • We found examples where practice policies had not been followed. • The practice did not hold sufficient documentation to be assured that clinical staff had undertaken all required role specific training.