Dr Bajen and Dr Blasco

Quality Report

Rochford Medical Practice
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Date of inspection visit: 31 January 2017 & 08 February 2017
Date of publication: 06/09/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rochford Medical Practice on 28 April 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Bajen and Dr Blasco on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was a follow-up comprehensive inspection on 31 January 2017 and a further visit on 08 February 2017 to collect further evidence. Overall, the practice is now rated as inadequate.

Our key findings across all the areas were as follows:

- Since the last inspection, the two GPs registered as partners with the Care Quality Commission were still in a legal and personal dispute. They were still not communicating with each other nor taking joint responsibility for the day-to-day running of the practice. Therefore, the practice had no clear leadership structure and insufficient improvement had been achieved since the last inspection.
- Staff members knew how to raise concerns and report safety incidents. These were shared with staff members during practice meetings. When things went wrong, patients received reasonable support, truthful information, and a written apology if appropriate. However, the recorded safety incidents did not show; who had undertaken the actions, when the actions had been carried out, the benefits these actions had achieved, or performed any analysis to check for themes or trends.
- The infection control policy met current guidance, and audits were carried out regularly to ensure infection control was effective at the practice.
- A health and safety risk assessment of the premises had not been carried out to keep staff and patients safe. However, fire safety, and equipment risk assessments had been undertaken.

Summary of findings

- Patient safety and medicine alerts received at the practice were not reviewed or acted on and this presented a risk to patients.
- The practice had a GP lead for safeguarding. However, there was no system to follow-up on children who did not attend for a hospital appointment and who might be at risk.
- There was no system to track two-week wait referrals from the point of practice referral to specialist consultant's appointment.
- Staff members spoken with told us that when providing GP services on a Saturday morning with a locum GP, that the working environment did not provide them enough security and that there was a lack of support.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to local CCG and national practice averages.
- There was no system to ensure clinical staff members were up to date with and following NICE guidance.
- The coding of patients conditions, treatment, medicine, and review requirements showed inconsistencies on the patient record system.
- Staff members, including the lead GP, could not utilise the patient record system to provide them with assurance that patients had received reviews of their condition in line with guidance.
- There was no evidence of an effective system to ensure health reviews were being carried out in line with recommended guidance.
- All staff members had received an appraisal and had a personal development plan.
- Patients spoken with during the inspection said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment. They also told us they could make an appointment with a GP and urgent appointments were available on the day requested.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality at all times.
- The practice identified carers registered at the practice and we saw information for carers on the practice website.
- The practice with the NHS England Area Team or the local Clinical Commissioning Group (CCG) to secure improvements to local services for the benefit of their patients.
- The rates for breast and bowel cancer screening were lower than other local and national practices.
- Clinical and non-clinical staff members had received basic life support training within the last year. However, there was no evidence had received this training in the last 12 months.
- There were contact numbers for utility services however there were no staff member's contacts on the practice business continuity plan.
- There were adequate facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded to issues raised. Complaints were shared with staff members during practice team meetings to understand any lessons learned.
- There was no policy to contact families suffering bereavement to offer support.
- The lead GP was the named GP for all elderly and long-term condition patients registered. This GP was also responsible for checking, actioning, and recording all pathology results, correspondence and repeat prescriptions. We found no arrangements in place to provide these checks and actions if the GP was absent.
- The administrative staff members told us they felt supported by the practice manager.
- The practice policies and procedures were in the process of being reviewed by the practice manager at the time of our inspection.
- We found no arrangements to monitor and improve service quality or patient outcomes.
- The practice did seek the views of staff members or patients to gain feedback or understand their needs and opinions.

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

Importantly, the provider must:

- Include premises monitoring to practice safety risk assessments.
- Implement an effective system to manage medicine and patient safety alerts.
- Implement an effective system to monitor patients prescribed high-risk medicines.
- Implement an effective system to manage and monitor two-week wait referrals appointments for patients.

Summary of findings

- Follow-up, identify, and investigate effectively any potential safeguarding issues.
- Standardise coding of patients conditions, treatment, or monitoring requirements in patient records.
- Implement a quality improvement process including the use of clinical audit.
- Ensure formal deputising arrangements are in place when the lead GP is absent.
- Record those responsible for the acting on safety incidents and analyse regularly to check for trends.
- Improve patient outcomes and the Quality Outcome Framework (QOF) data.
- Implement a system to ensure all clinical staff members are up to date with NICE guidance.
- The practice should seek and act on feedback from staff members and patients.
- Ensure all relevant staff members have received up to date basic life support training.
- Ensure clinical leadership for an effective system of governance, and oversight of clinical performance.

In addition the provider should:

- Contact numbers for staff members should be added to the practice business continuity plan.
- All practice policies and procedures should all be updated, maintained and reviewed to meet current guidance.
- Identify patients that qualify for breast and bowel cancer screening, to improve.
- Produce a policy to support families suffering bereavement.

This service was placed in special measures in July 2016. Insufficient improvements have been made such that there remains an overall rating of inadequate. After an internal meeting at the care, quality commission to discuss our findings the following decision was made. The practice will remain in special measures while enforcement is still in place. The practice will be kept under review and if needed could be escalated to urgent enforcement action.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Clear evidence of improvements or action taken were not seen in the safety incident process documentation. Staff members knew how to raise concerns, and report safety incidents and lessons learned were shared with staff members during staff meetings.
- The infection control policy met current guidance, and the audits carried out had been reviewed and analysed to monitor issues arising.
- There was insufficient clinical capacity at the practice when the lead GP was absent, to check, action, and record, all pathology, correspondence and repeat prescriptions.
- Environmental risk assessments were not carried out however risks including fire safety, and equipment, were documented and recorded appropriately.
- When things went, wrong patients received reasonable support, truthful information, and a written apology when appropriate.
- Patient safety and medicine alerts received at the practice were not reviewed or acted on.
- The practice had a GP lead for safeguarding patients and staff members. However, missed children's hospital appointments were not followed up effectively to investigate the cause.
- There was no system to track two-week wait referrals from the point of practice referral to specialist consultant's appointment.
- Clinical and non-clinical staff members had received basic life support training within the last year. However, there was no evidence the lead GP partner or GP locums had received training in the last 12 months.
- The business continuity plan had utility services contact numbers but did not contain any staff members contact details.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- The practice engaged with the NHS England Area Team or the local Clinical Commissioning Group (CCG) to secure improvements to local services for the benefit of their patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the local CCG and national averages.

Summary of findings

- NICE guidance was not being used consistently to support patient assessments and care.
- The coding of patients conditions, treatment, medicine, and review requirements showed inconsistencies on the patient record system and this could lead to patient risk.
- Many medicines entered on patient records did not have a coded diagnosis. As a result, patients did not receive the reviews they needed where their diagnosis was not recorded.
- The rates for breast and bowel cancer screening were lower than other local and national practices.
- Staff members including the lead GP had not received sufficient training to use the patient record system effectively. This impacted the care and treatment received by patients.
- Staff had received appraisals including personal development plans.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice as comparable or higher than local CCG and national practices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was accessible on the practice website, the leaflet area in the practice, and on the practice notice boards.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 97 patients that were carers' registered at the practice, this equated to 1% of the patient population.
- There was no policy to contact families suffering bereavement to offer support.

Are services responsive to people's needs?

Requires improvement

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

- The practice did not engage with the NHS England Area Team or the local Clinical Commissioning Group (CCG) to secure improvements to services where identified.

Summary of findings

- Patients said they could make an appointment with a GP and there was continuity of care. Urgent appointments were available the same day requested.
- The practice had adequate facilities and equipment to treat patient's needs.
- Information about how to complain was available and easy to understand. Evidence showed the practice had responded to concerns raised. Learning from complaints was shared with staff in practice team meetings.
- The lead GP was the named GP for all elderly and long-term condition patients registered. This GP was also responsible to check, action, and record all pathology results, correspondence and repeat prescriptions. There was no process in place to provide these checks and actions if the GP could not work at the practice or carry out these duties.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well led.

- Leadership at the practice was affected by the on-going dispute between the two GPs registered as a partnership at the practice. They refused to work together and lead the practice, or discuss staff management appropriately.
- There was a poor working environment due to GP partnership breakdown and staff members struggled to cope with the work pressure.
- There was a lack of governance in place at the practice to assess, mitigate, monitor or review risks to patients and staff.
- The practice had a mission statement to declare their intentions of service provision. When asked staff members did not know what these intentions were.
- Staff members understood the practice staffing structure and told us they felt supported by the practice manager. However, the practice manager in post had not effectively been delegated many of the managerial responsibilities including the human resources aspects.
- The practice policies and procedures to govern activity were in the process of being reviewed by the practice manager.
- We found no system in place for monitoring the quality of service provided to patients, including clinical audit.
- The practice safety incidents and complaints systems complied with the requirements of the duty of candour.
- The practice did not seek feedback from staff members or patients in order to identify areas for improvement.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated inadequate for the care of older people. The provider was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services. The issues identified by these ratings affected all patients including this population group.

- The nursing team provided older people with senior health checks. However, nurses did not use a consistent approach when recording information; this reduced the practice ability to review the needs affecting this population group.
- Older people had been allocated a named GP; this responsibility was provided by the lead GP for over 27% of the practice population in this population group.
- Receptionists told us older people were prioritised for urgent appointments and we saw evidence of this during the inspection.
- Multidisciplinary care meetings were held and patients at risk of deteriorating health, or at the end of their life were discussed.
- The practice premises were accessible to patients using a wheelchair and a hearing loop was available at reception.
- Home visits were available when required.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services. The issues identified by these ratings affected all patients including this population group.

- Personalised care plans had not been created for people with patient's long-term conditions. This reduced clinician's ability to provide continuity of care, or check people's health and care needs were being met.
- Diabetes quality data from 2015 to 2016 showed they were between 5% and 10% lower than local CCG and national averages.
- Longer appointments and home visits were available when requested.
- Patients with a long-term condition had a named GP; this responsibility was provided by the lead GP for this population group.

Summary of findings

- Patients with complex needs were provided a multidisciplinary package of care via nursing staff working with local health care professionals. Due to the amount of work taken on by the lead GP, they were rarely involved in this process or meetings. Patient records were not updated during these meetings, this meant evidence that people received the care and treatment discussed could not be seen.

Families, children and young people

Inadequate

The practice is rated as inadequate for family's children, and young people. The provider was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services. The issues identified by these ratings affected all patients including this population group. The provider was rated as inadequate for providing safe, effective, and well-led services, requires improvement for providing responsive services, and good for caring services. The issues identified by these ratings affected all patients including this population group.

- There were no arrangements to identify and follow-up children, and young people living in disadvantaged circumstances, or those with a high number of A&E attendances, who might be at risk.
- Staff members had received child safeguarding e learning and knew the safeguarding lead at the practice was the lead GP.
- Standard childhood immunisations rates were comparable with local CCG and national practice averages.
- Parents told us their children and young people were treated in an age-appropriate way.
- The practice cervical screening rates were above local CCG and national practice averages.
- 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)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services. The issues identified by these ratings affected all patients including this population group.

- The practice offered extended opening hours and online appointments to suit the needs of working aged people.

Summary of findings

- There was limited information regarding health promotion or screening for this population group, however the nursing team shared information where they were able. We were told by staff that this was a funding issue and that they were not provided with the resources to carry out this function effectively.
- Low screening rates for breast and bowel cancer below local CCG and national averages indicating that patients were not coded to enable identification for treatment.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services. The issues identified by these ratings affected all patients including this population group.

- The practice held a register of 56 patients with a learning disability and the practice record system alerted staff members when checking their records. However, only 21 of the patients on this register had received a routine health check, in line with clinical guidance.
- Staff members told us they offered longer appointments to patients identified with a learning disability.
- The nursing team worked with other health care professionals to support the health needs of vulnerable patients. Notes taken during meetings were brief and decisions made were not used to update patient records.
- There was limited information available on the notice boards and leaflet area at the practice about how to access support and voluntary organisations.
- Staff members had received training to recognise the signs of abuse in vulnerable adults. They were also aware of their responsibilities regarding information sharing, and the documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services. The issues identified by these ratings affected all patients including this population group.

Summary of findings

- The nursing team worked with multi-disciplinary teams to case manage patients experiencing poor mental health, including dementia. However, Notes taken during meetings were brief and decisions made were not used to update patient records.
- There was limited information available at the practice to inform patients experiencing poor mental health how to access support groups and voluntary organisations.
- The practice could not identify and follow up all the patients in this population group at risk, for example, high attendances at accident and emergency.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national practice averages. 273 survey forms were distributed and 116 were returned. This represents a 43% return rate.

- 82% of patients found it easy to get through to this practice by phone. This was comparable with the local average of 69% and the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried. This was comparable with 71% local CCG average and 76% national average.
- 91% of patients described the overall experience of this GP practice as good. This was comparable with 85% local CCG average and 81% national average.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area. This was comparable with 78% local CCG average and 80% national average.

Prior to CQC inspections, we usually ask for comment cards to be completed by patients. In this case, we made a short notice responsive inspection due to concerns we had received, therefore, no comment cards had been sent to the practice.

We spoke with seven patients during the two visits to the practice as part of this inspection. All the patients we spoke with said they were satisfied with the care they received, and thought staff members were approachable and caring.

Areas for improvement

Action the service MUST take to improve

- Include premises monitoring to practice safety risk assessments.
- Implement an effective system to manage medicine and patient safety alerts.
- Implement an effective system to monitor patients prescribed high-risk medicines.
- Implement an effective system to manage and monitor two-week wait referrals appointments for patients.
- Follow-up, identify, and investigate effectively any potential safeguarding issues.
- Standardise coding of patients conditions, treatment, or monitoring requirements in patient records.
- Implement a quality improvement process including the use of clinical audit.
- Ensure deputising arrangements are in place when the lead GP is absent.
- Record those responsible for the acting on safety incidents and analyse regularly to check for trends.
- Improve patient outcomes and the Quality Outcome Framework (QOF) data.
- Implement a system to ensure all clinical staff members are up to date with NICE guidance.
- The practice should seek and act on feedback from staff members and patients.
- Ensure all relevant staff members have received up to date basic life support training.
- Implement an effective system of clinical governance and oversight to manage risks to patients and staff.

Action the service SHOULD take to improve

- The practice should engage with the NHS England Area Team and the local Clinical Commissioning Group (CCG) to secure improvements to local services where identified.
- Contact numbers for staff members should be added to the practice business continuity plan.
- All practice policies and procedures should all be updated, maintained and reviewed to meet current guidance.
- Identify patients that qualify for breast and bowel cancer screening, to improve the uptake of screening
- Produce a policy and a system to support families suffering bereavement.

Dr Bajen and Dr Blasco

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, included a GP specialist adviser and a practice manager adviser for the first visit 31 January 2017. The second visit 08 February was led by a CQC lead inspector included a GP specialist adviser and an enforcement inspector.

Background to Dr Bajen and Dr Blasco

Dr Bajen and Dr Blasco, otherwise known as Rochford Medical Practice, is located centrally in Rochford town. The practice is a purpose built building shared with another GP practice. There is a pay and display car park available and there are good public transport links with a train station nearby. The practice list size is approximately 8,900 patients. The patient demographics show an average population aged age distribution profile and an average deprivation score compared with the CCG and national averages. They also have an average ethnic deviation for their population.

There are two GP partners; however, at the time of the last two inspections in June 2016 and January 2017, only one GP could practice due to General Medical Council proceedings. There are three locum GPs that cover the majority of GP sessions. The nursing team comprises of an advanced nurse-prescribing practitioner, one practice nurse also a prescriber, a further practice nurse, a healthcare assistant and a phlebotomist. The non-clinical staff members include a practice manager, four administrative staff members and eight part-time receptionists.

The practice is a nurse training practice with a nurse qualified to mentor and carry out this role.

The practice is open between 6.30am and 7pm Monday to Thursday each week, from 6.30am to 6.30pm on Fridays and from 8.30am to 11.30am on Saturdays. Appointments are available at varied times during these hours dependant on the staff members on duty. When the practice is closed, patients are signposted by the message on the practice telephone voicemail to the out of hour's services by calling 111. The OOH's services are provided by Integrated Care 24 (IC24).

This practice was inspected under our previous methodology in 2014 when we did not award ratings. Initially they were found to be non-compliant with infection control, staff recruitment, and staff members were not supported through a process of supervision to ensure the delivery of safe care. The practice was re-inspected in 2014 looking at these non-compliant areas and as evidence provided showed improvements had been made, we found them to be compliant with the regulations.

We then carried out a comprehensive inspection in April 2016 using our new methodology. We found the practice inadequate overall and they were placed in special measures for a period of six months. In January 2017, we carried out a further follow-up comprehensive inspection to look at the issues from the April 2016 inspection and to re-rate the practice.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Bajen and Dr Blasco, also known as

Rochford Medical Practice on 28 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, and well-led services, and requires improvement for providing responsive and caring services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law and regulations by January 2017. The full comprehensive report from the 28 April 2016 inspection can be found by selecting the 'all reports' link for Dr Bajen and Dr Blasco also known as Rochford Medical Practice on our website www.cqc.org.uk.

We undertook a further full comprehensive follow-up inspection on 31 January 2017 and 08 February 2017 at Dr Bajen and Dr Blasco also known as Rochford Medical Practice to check that actions had been taken to comply with legal requirements. This inspection was carried out following the period of six months in special measures to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked the local CCG to share what they knew. We carried out a full comprehensive follow-up visit on 31 January 2017 and 08 February 2017, and during our visits we:

- Spoke with a range of staff members, clinical, nursing and administrative. We also spoke with seven patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed anonymised computer patient records.
- Looked at information policies and procedures used by the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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

Inadequate

Are services safe?

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as inadequate for providing safe services. We found; documentation of significant events was inadequate for learning. There was no evidence of actions taken in response to patient safety and medicine alerts, and the storage of vaccinations was ineffective. Infection control processes had not been recorded in line with national guidance, no risk assessments in relation to the control of hazardous substances, and insufficient evidence that staff had been suitably trained in safeguarding. Prescriptions were not monitored or secure at all times, no monitoring process for patients prescribed high-risk medicines, and staff member's personnel records lacked recruitment documentation required by legislation.

What we found at this inspection in 31 January 2017 and 08 February 2017.

Safe track record and learning

Significant events were reported and recorded.

- Evidence of improvements or actions taken were not seen in the safety incidents documentation. We reviewed twelve significant events dated from the last 12 months. Details of the staff member(s) that carried out the actions or the improvements made were not recorded. Events had not been analysed to monitor or check for themes or gaps in service. These events were shared with staff members during practice meetings, however because this was an ineffective process lessons were not learned. When we asked staff members about events, they could not remember the improvements or lessons learned. We did see when things went wrong, that patients received reasonable support, truthful information, and a written apology if appropriate which showed the practice complied with the' Duty of Candour'.
- There was no evidence that patient safety and medicine alerts received by the practice had been distributed to staff members throughout the practice. The practice could not provide evidence that actions had been taken in response to alerts, for example treatment changes or recommended guidance to be carried out. When we checked patient records affected by recent alerts there were many patients that had not received the recommended treatment change or guidance specified.

Overview of safety systems and process

The practice had not embedded effective systems to keep patients safe and safeguarded from abuse:

- There was no system to identify, follow-up children, and young people living in disadvantaged circumstances or those with a high number of A&E attendances, who might be at risk.
- Staff members had received child and vulnerable adults safeguarding training via e learning; and knew the lead GP was the safeguarding lead. The safeguarding policy was readily available for staff members. The lead GP attended safeguarding meetings when able.
- A notice in the waiting room and consultation rooms that advised patients of chaperone availability if required. Non-clinical staff acting as chaperones had received a 'Disclosure and Barring Service' (DBS) check for the role. (DBS
- The practice maintained basic standards of cleanliness and hygiene. The premises was visibly clean in clinical areas. The cleaning schedule to check cleaning processes was not signed by the staff member checking the cleaning. This meant evidence of the monitoring process was not seen, although patients told us the practice felt clean and tidy.
- The practice nurse was the infection control lead. The infection control policy had been recently reviewed and updated with recognised clinical guidance. There were annual infection control audits, and bi-monthly infection control monitoring available to view.
- The arrangements to manage medicines included emergency medicines, and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, there was no recognised process in place for handling high-risk medicines.
- The practice had carried out medicines audits, with the support of the local CCG medicine management teams, to prescribe in line with best practice guidelines. Blank prescriptions were stored securely and documented to ensure their safety.

Inadequate

Are services safe?

- The practice cold-chain policy ensured the safe storage of medicine and vaccines. The temperatures of the two fridges were recorded in accordance with guidance.
- Two of the nurses were independent prescribers and could prescribe medicines for specific clinical conditions. Patient group directions (PGDs) were signed, up to date, and allowed the nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines using a patient specific direction (PSD) and was signed and mentored by a clinical prescriber.
- We looked at six members of staff personnel files and found appropriate recruitment checks had been undertaken. The clinical staff member's files had evidence of their qualifications, registration numbers and recruitment checks.

Monitoring risks to patients

- How risks to patients were assessed. There were no assessments to check and monitor the environment for risks to patients and staff members to keep them safe. However, there was a health and safety policy. The practice had a fire risk assessment and had carried out fire drills. Electrical equipment had been checked to ensure it was safe to use and working properly. Infection control, legionella, and a risk assessment for the control of substances hazardous to had been undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings);
- Only one GP partner at the time of the inspection was responsible for all management and patient administration processes, the remaining GP sessions were carried out by locums. This included the review of pathology results, the review of repeat prescriptions, correspondence and the responsibility for the management of elderly and long-term condition patients. We found no arrangements in place to provide these checks and actions if this GP was absent.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all consultation and treatment rooms to alert staff members of an emergency.
- Clinical and non-clinical staff members had received basic life support training within the last year. However, there was no evidence the lead GP partner or GP locums had received training in the last 12 months.
- There were emergency medicines available in the practice and these were shared with the other GP practice in the building. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available; this was also shared by both practices along with emergency oxygen with masks for adults and children. A first aid kit and accident book were available in the reception office.
- The emergency contact numbers of staff members were not within the practice business continuity plan. Although utility suppliers contact numbers were available to support staff members during major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as inadequate for providing effective services. We found; quality outcome framework data lower than local and national practices, no audits to identify patient outcomes improvements, and no system to show staff members had undertaken mandatory training. There was no evidence that clinicians were following national clinical guidance reviews. There was limited engagement with other health and social care providers and GPs rarely attended multidisciplinary working meetings held at the practice. The system for recalling patients for health checks was not effective.

What we found at this inspection in 31 January 2017 and 08 February 2017

Effective needs assessment

The practice engaged with the NHS England Area Team or the local Clinical Commissioning Group (CCG) to secure improvements to local services for the benefit of their patients. We found no procedure to monitor National Institute for Health and Care Excellence (NICE) guidelines. Furthermore, there were no audits to show best practice guidelines were monitored and used to provide effective quality care.

Management, monitoring and improving outcomes for people

The practice collected data for the Quality and Outcomes Framework (QOF) and the national screening programmes. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/2016 showed us the practice achieved 83% of the total number of points available; this was lower than the local CCG average of 91% and the national average of 95%. Exception reporting was lower than local CCG and national averages across all domains. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was lower in comparison to the local and national averages. For example, 69% of patients with diabetes, on the register, had their last cholesterol level recorded (measured within the preceding 12 months) as 5mmol/l or less (01/04/2014 to 31/03/2015) which was lower than the CCG average of 77% and the national average of 81%.
- 80% of patients with diabetes, on the register, had their last blood pressure reading (measured in the last 12months) recorded as 14/80 mmHg or less (01/04/2014 to 31/03/2015) which was better than the CCG average of 72% and comparable to the national average of 78%.
- Performance for mental health related indicators was mixed in comparison to the local and national averages. For example, 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) which was comparable to the CCG average of 77% but below the national average of 88%.
- We were told by the lead GP that QOF data was the responsibility of the nursing team. The nursing team told us they did their best to monitor the data but felt they were unable to be fully responsible whilst managing their own heavy workloads. There was no evidence at the practice to demonstrate quality improvement and no action plan for improvement.
- The practice was unable to provide any evidence of clinical audit to demonstrate where improvements to the quality of clinical monitoring had been identified.
- There was no evidence at the practice that they participated in local audits, national benchmarking, accreditation, peer review or research, other than prescribing audits, which were carried out by members of the local medicine management team when they visited the practice.
- There was no recognised recall system to identify patients due for health checks or reviews. They were provided in an ad hoc manner due to staff member's inability to run reports and identify patients that needed these reviews. We could not be assured that patients had received the reviews or routine care when required.

Effective staffing

The practice induction checklist for all newly appointed staff covered administrative topics and basic guidance on health and safety and information governance. The practice induction checklist was seen in a recently

appointed staff member's personnel file that we viewed. We also found role-specific training and updates for nursing and administrative staff members. However, non-clinical staff members told us the training was via e learning only and they were not given protected time to undertake the training.

- Staff members had received an appraisal within the last 12 months.
- Staff members administering vaccines and taking samples for the cervical screening programme had received specific training; this included an assessment audit of competence. Those administering vaccines showed us how they stayed up to date with immunisation programmes changes by accessing on line resources and support from other nursing staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and the practice intranet.

- For example, medical records, investigations, and test results. However, the patient record system did not show personalised care plans or risk assessments had been created routinely.
- Nursing staff members met with other health and social care professionals to understand and meet the range and various needs of patients'. They assessed and planned on-going care and treatment within these meetings. The lead GP partner was usually unavailable due to workload to attend the meetings. Notes taken were not adequately detailed, and patient records were not updated during these meetings; this meant evidence that people received the care and treatment discussed could not be seen.

Consent to care and treatment

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

- When asked staff members understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff members assessed patient's capacity to consent in line guidance.
- Staff members were aware of 'Gillick competency' and felt confident when assessing young people's capacity. Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The advanced nurse practitioner gained written consent for fitting contraceptive devices; this was recorded and scanned into patient records.
- The GP gained verbal consent for joint injections and recorded this in patient records.

Supporting patients to live healthier lives

The practice attempted to identify patients that needed extra support. For example: Patients in receipt of end of life care, patients that are carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, or alcohol cessation.

- Patients were signposted to their relevant service needs with on the website and from a leaflet area available to both practice patients. However, support offered was not added as a code or recorded when we checked patient's records.
- The nursing team had responsibility for patients with long-term conditions and offered services to these patients when they were seen in the practice.
- The health care assistant was responsible for carrying out new patient health checks and identified patients requiring advice on their diet, smoking and alcohol cessation.
- The nursing team sent telephone reminders to patients who did not attend cervical screening test. They also ensured results were received for all samples sent and followed up women who were referred when abnormal results had been received.
- The practice's uptake for the cervical screening programme was 91%, which was higher than the CCG average of 86% and the national average of 81%.

National data published in March 2016 showed the practice had lower screening rates for breast cancer and bowel cancer compared with the CCG and national averages. We found no process to follow up those who failed to attend for screening:

Inadequate

Are services effective?

(for example, treatment is effective)

- 66%, of females, aged 50 to 70 years were screened for breast cancer in the previous 36 months (three-year coverage); this percentage was low in comparison with the local CCG average of 73% and the national average of 72%).
- 53%, of patients, aged 60 to 69 years were screened for bowel cancer in the previous 30 months (2.5-year coverage); this was below the CCG average of 61% and the national average of 58%.
- Childhood vaccinations given to under one year olds and measles mumps and rubella (MMR) vaccinations given to under, two year olds were above local CCG and national practice averages.

Requires improvement

Are services caring?

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as requires improvement for providing caring services. We found; The majority of patients said they were treated with compassion, dignity and respect. However, not all patients we spoke to felt supported by reception staff. There was no policy to proactively contact families suffering bereavement to offer additional support.

What we found at this inspection in 31 January 2017 and 08 February 2017.

Kindness, dignity, respect and compassion

We saw staff members being helpful to patients and treating them with dignity.

- The building was divided between the two practices and patients were made aware on arrival which rooms belonged to each practice. The separation was seen between the two reception desks and a sign asked patients to stand away from the desk in order to protect patient confidentiality.
- Curtains were provided around couches in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Treatment and consultation room doors were closed during consultations to ensure conversations could not be overheard.
- Patients that we spoke with told us they were satisfied with the care provided by the practice and that their dignity and privacy was respected by clinical staff.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local CCG and national satisfaction scores on consultations with GPs and nurses. For example:

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

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about their care and treatment. We were also told they felt clinical staff listened to them and had enough time to make an informed decision about the choice of treatment offered to them.

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

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

Facilities to help patients be involved in decisions about their care included:

- An intranet translation service was used to translate information when required. However there were no arrangements to translate verbal conversations during consultations.

Requires improvement

Are services caring?

- Information regarding services was available on the practice website and in the reception area, which was shared by both GP practices in the building.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices in the patient waiting area told patients how to access support groups and organisations. There was also information for carers on the practice website.

- The patient record system informed staff members if a patient was also a carer. The practice had identified 97 patients as carers, which represented 1% of the practice list.
- There was no procedure to routinely contact families that had suffered bereavement. If a bereaved family contacted the practice, they were offered support through a local bereavement counselling service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as requires improvement for providing responsive services. We found; the practice had not reviewed the needs of its local population in the last year and had limited engagement with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services. Although national patient data reflected that access to appointments was above average, patients we spoke with told us of difficulties accessing appointments and getting through on the phone. Complaints records were incomplete, some were missing and there was no evidence of analysis or sharing of learning outcomes.

What we found at this inspection in 31 January 2017 and 08 February 2017.

Responding to and meeting people's needs

The practice could not evidence to us they had reviewed the needs of its population, or engaged with the NHS England area team. They did not engage with the local clinical commissioning Group (CCG) to benefit patients with improvements to local services.

- The practice offered early morning appointments at 6.30am to patients before work or education.
- There was a procedure to offer longer appointments when requested, for patients with a learning disability.
- Home visits were available for older patients and patients who had a medical need.
- Same day appointments were available for children and those patients needing a same day consultation; however staff members and patients told us that they needed to call at 6.30am to get a same day appointment.
- Travel vaccinations were available at the practice.
- The practice was accessible to patients using a wheelchair and a hearing loop was available at reception.
- The translation service available was basic, for example; staff members used an internet search engine to translate.

Access to the service

The practice was open between 6.30am and 7pm Monday to Thursday, 6.30am and 6.30pm on Friday and from 8.30am to 11.30am on Saturdays. Appointments were available at times during the opening hours depending on the staff members were on duty. In addition, pre-bookable appointments could be booked up to eight weeks in advance.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

People told us on the day of the inspection that generally they were able to get an appointment when needed. The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. A note from reception staff members was sent to the GP who called the patient to determine the need for a home visit.

In cases of urgency, alternative emergency arrangements were made.

Listening and learning from concerns and complaints

The practice had arrangements in place to manage complaints and concerns.

- The complaints policy recognised guidance and contractual responsibilities for GPs in England.
- The designated responsible person to handle all complaints was the practice manager.
- We saw a leaflet available to help patients understand the complaints system in the practice. There was also information available on the practice website.

Verbal complaints were recorded and dealt with at the time of occurrence by the practice manager. We looked at nine complaints received in the last 18 months and these records showed that complaints were dealt with in a timely way. The person affected received an apology when necessary and was told about any actions taken to address the complaint. The evidence of lessons learnt from individual concerns and complaints were not shared with

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

administrative staff members. This was not an effective system to support learning and embed improvement within the practice. Any actions taken to address the complaint was not thoroughly documented, and did not identify the person responsible to carry out the actions.

Are services well-led?

Inadequate

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

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as inadequate for providing well-led services. We found; The leadership at the practice was inadequate and directly linked to the on-going dispute between the two GPs responsible for the practice. They were unable to lead effectively as they refused to work with each other, discuss or respond to issues and manage the staff members appropriately. The practice did not have a clear vision and strategy and staff members were not clear about this.

There was no clear leadership structure and staff did not all feel supported within the practice. There was a lack of attention to governance by the GP partners. A number of policies and procedures were out of date, did not reflect current practice and some policies were missing, for example there was no policy available for example regarding the safe storage of vaccines and medicine requiring cold storage.

We found at this inspection in 31 January 2017 and 08 February 2017.

Vision and strategy

The breakdown of the GPs partnership and the lack of vision or strategy for the future had affected the staff member's morale in a negative manner. Staff members told us they operated on a day-to-day basis, and felt they did not see the how the practice could continue without change for the future.

There was a statement of purpose and a practice charter on the website, however we could not see that the aims and objectives within these documents evidenced in the service delivery at the practice

Governance arrangements

The practice did not have a governance framework to support the delivery of strategy or quality of patient care and there had been no noticeable improvement since the last inspection. We found that some of the issues highlighted in the last inspection had not been actioned and patients remained at risk.

The practice policies and procedures that underpinned that framework were in the process of being reviewed at the time of inspection. The GP partners at the practice did not ensure that governance at the practice was effective and did not discuss issues together to enable the management or the systems and processes effectively. Disagreement between the two GP partners registered with the Care Quality Commission, had led to a lack of managerial capacity and communication issues between the GPs and staff members working there. We found that;

- Staff members did not feel part of a team and felt the practice manager was the only person supporting them.
- Some practice specific policies were out of date and had not been updated with current information on the day of inspection.
- The practice did not understand its performance against other practices showing lower patient outcomes quality. The nursing team held the responsibility for many performance areas including QOF, infection control, patient clinical reviews and health checks. They told us this was difficult to sustain whilst dealing the day-to-day nursing requirements of a practice with such a large patient list size. We found that there was a lack of ownership regarding staff members work load by the partners at the practice.
- Staff members lacked the skills and support to code patient's data effectively or to produce reports using the information on the practice computer system.
- The practice were not identifying or managing risks to patients. These risks included the monitoring of patients taking high-risk medicines, the management of patient safety and medicine alerts, ensuring clinical staff were up to date with the latest NICE guidance and the review and analysis of complaints and significant events.

Leadership and culture

The GP partners inability to communicate or lead the practice staff members resulted in poor care and planning. The lack of ownership or responsibility for workload delegation also impacted on the safety of patient care. On the day of inspection, the partners were unable to demonstrate they had the capacity, and capability, to run the practice and provide high quality care. The relationship between the partners affected all staff members working at the practice. We were told that the lack of leadership from the partner's left staff members struggling to cope with their workload.

Are services well-led?

Inadequate

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

The practice gave people reasonable support, truthful information and a verbal and written apology if they were affected with improper care and treatment. The provider was aware of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was no clear clinical leadership structure in place for administrative staff members and they told us they did not always feel supported.

- Staff said practice meetings occurred monthly although the GP rarely attended. This did not show the practice worked as a team to deliver patient care.
- Whilst staff felt comfortable talking to their peers, we were told it could be difficult to approach the GP about their concerns due to the workload.
- Staff felt the workload was overwhelming and identified the breakdown of the GP partnership as the cause.

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

The practice did not seek the feedback of their patients or the public.

- The practice had a patient participation group (PPG); however, it was small and met infrequently. The practice manager was in the process of encouraging patients to join this group to gain patient opinions for improvements to the practice.
- Staff members gave feedback during ad-hoc meetings and appraisals; however, concerns were raised but they felt no actions were taken in response.

Continuous improvement

There was a lack of focus on improvement or evidence that improvements had been made within the practice since the last inspection on 28 April 2016. However, we acknowledge an action plan in place but this had not resulted in sufficient improvements since the last inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered persons did not have effective systems or processes to assess, monitor and improve the quality of the services or to assess, monitor and mitigate risks to patients and staff. How the regulation was not being met: There was no quality improvement systems in place including clinical audit; no premises health and safety risk assessment; no system to manage patient safety and medicine alerts; a lack of monitoring of patients prescribed high-risk medicines; significant events were not being analysed effectively; NICE guidance was not being routinely followed; clinical capacity was insufficient in the absence of the lead GP; no action plan to improve QOF data; inaccurate coding of the health conditions of patients to allow effective reviews to take place; ineffective system to monitor two week patient referrals; staff training in basic life support; safeguarding procedures in relation to children not attending healthcare appointments.