

Edridge Road Community Health Centre

Inspection report


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Date of inspection visit: 02 August 2018
Date of publication: 23/10/2018

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 location

Inadequate 

Are services safe?	Good 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as Inadequate overall. (Previous rating February 2018 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

During the announced comprehensive inspection carried out on 24 November 2017 the practice was rated as inadequate and was placed into special measures. The full comprehensive report on the November 2017 inspection can be found by selecting the 'all reports' link for Edridge Road Community Health Centre on our website at www.cqc.org.uk.

Following the period of special measures, we undertook an announced comprehensive inspection on 2 August 2018 to follow up on breaches of regulations that we identified in the previous inspection on 24 November 2017. The provider had made improvements since the last inspection and addressed some of the concerns identified in the last inspection; however, some of the concerns were not fully addressed and the practice remains rated as inadequate.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines; however, they still needed to improve care of patients with long-term conditions, improve identification of patients with cancer, uptake of childhood immunisations, uptake of cervical screening and undertake learning disability health checks.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use; however, some of the patients reported difficulty in getting appointments.
- The results of the national GP patient survey indicated that patient satisfaction was generally below average.
- While there was a focus on learning and improvement at all levels of the organisation there were areas that needed improving such as patient experience and engagement of patients.

The areas where the provider **must** make improvements are:

- Ensure care and treatment of the service users met their needs.

The areas where the provider **should** make improvements are:

- Provide protected learning time for all staff.
- Consider ways to identify carers to ensure their needs are known and can be met.

This service was placed in special measures in 7 February 2018. Insufficient improvements have been made such that there remains a rating of inadequate for effective, responsive and well-led. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Edridge Road Community Health Centre

Edridge Road Community Health Centre provides primary medical services from 2 Edridge Road, Croydon CR0 1FE to approximately 6,100 patients and is one of 55 practices in Croydon Clinical Commissioning Group (CCG). This practice is managed by The Practice Surgeries Limited, Corporate provider. The practice website can be accessed through

The practice is situated in a building which has other services including community dentistry, breast screening service and health visitor clinics.

The clinical team at the practice is made up of one part-time male clinical lead GP and one part-time male and two part-time female long-term locum GPs, one

female nurse practitioner, one female practice nurse, one healthcare assistant and a female pharmacist. The non-clinical team at the practice is made up of seven administrative and reception staff members.

The practice population is in the third most deprived decile in England. The practice population has a higher than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is above the CCG and national averages. The practice population of older people is below the CCG and national averages.

The practice is registered as an organisation with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Are services safe?

We rated the practice as good for providing safe services.

During the inspection carried out in 27 November 2017, we rated the practice as inadequate for providing safe services as the arrangements in place in relation to monitoring of patients on high risk medicines was ineffective; they did not have a system to manage and follow-up patients who had been referred for suspected cancer; the provider did not have processes in place to ensure the cervical smear results were appropriately disseminated to relevant clinicians; the provider did not have clear systems in place to manage significant events; and staff did not have the information they needed to deliver safe care and treatment to patients.

At this inspection we found that the arrangements in place for the issues identified in the previous inspection had significantly improved.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice provided 17 GP sessions each week; however, the practice informed us that they had recently increased the number of appointments provided in each session which included 13 face to face appointments and six telephone consultations. This was done in response to patient feedback about difficulty in obtaining appointments. They also provided four pharmacist sessions and four advanced nurse practitioner sessions.
- There was an effective induction system for temporary staff, tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 including sepsis.
- When there were changes to services or staff, the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. The provider had a system in place to manage and follow-up patients who had been referred for suspected cancer (two-week wait referrals).

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Are services safe?

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Data for 2016/17 indicated that the practice had prescribed a high number of antimicrobials (when they had a walk-in service) compared to the local and national averages. The practice provided data indicated that they had prescribed 1725 antimicrobial items during September 2016 and November 2016 and during the same period in 2017 they had only prescribed 194 antimicrobials, which is a significant decline. Data for 2017/18 from the Croydon Clinical Commissioning Group indicated that the practice had achieved 0.87 for Q3 2017/18 which was below the local target of 1.00 items per Specific Therapeutic Group for number of antimicrobials prescribed.
- Patients were involved in regular reviews of their medicines.
- The provider had a practice based pharmacist who monitored prescribing of medicines and dealt with prescription queries.
- The practice monitored patients on high risk medicines appropriately; they had a detailed policy and protocol for management of these medicines.
- The practice undertook regular audits to monitor patients on high risk medicines, anticoagulant medicines and antimicrobials.

Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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.
- The practice uploaded significant events to a central reporting system for the provider to analyse and report back to the practice. They also had a spreadsheet which they used to locally record significant events which was used to monitor outcomes.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and the population groups: working age people (including those recently retired and students) and people whose circumstances may make them vulnerable as Inadequate for providing effective services. We rated the population group older people as good and the population groups: people with long-term conditions, families, children and young people and people experiencing poor mental health as requires improvement for providing effective services.

During the inspection carried out in 27 November 2017 we rated the practice as inadequate for providing effective services as the practice did not always review the effectiveness of care it provided; they did not have multi-disciplinary team meetings to ensure effective care and treatment was provided to patients; uptake rates for vaccinations and cervical screening were significantly below average and the Quality and Outcomes Framework (QOF) results for 2016/17 were significantly below the local and national averages.

During this inspection we found that the arrangements in place to address some of the issues identified in the previous inspection had resulted in some improvements; however, in some areas insufficient improvements have been made, hence the practice remains rated as inadequate.

Effective needs assessment, care and treatment

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

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

Older people:

This population group was rated good for providing effective services.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for providing effective services.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The most recent verified performance data from the practice (2016/17) showed diabetes performance indicators were generally below average. For example, only 57.8% of patients had well-controlled diabetes, indicated by specific blood test results which was significantly below the CCG (Clinical Commissioning Group) average of 74.1% and the national average of 79.5%. Unverified results for 2017/18 provided by the practice indicated that the practice had achieved 79.3% of the total points available for diabetes indicators which is an improvement.

Families, children and young people:

This population group was rated requires improvement for providing effective services.

- The most recent verified performance data from the practice (2016/17) showed childhood immunisation uptake rates were below the target percentage of 90% for all four areas measured for children aged up to two years. Unverified results for 2017/18 provided by the practice indicated that they had improved on three out of four indicators; however, they were still below the target percentage of 90% on all four indicators.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- All newly registered children were asked to attend an appointment with a nurse.

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

This population group was rated inadequate for providing effective services.

- The most recent verified performance data from the practice (2016/17) showed the practice's uptake for cervical screening was 47.8%, which was significantly below the 80% coverage target for the national screening programme. The practice was aware of this and found that they had a problem with migration of smear codes and informed us that this had been addressed. The provider had introduced Saturday nurse clinics to improve the uptake for cervical screening; however, the practice informed us that this did not significantly improve their uptake, and as a result, they had decided to instead opportunistically encourage patients to attend for screening. Unverified results provided by the practice for 2017/18 indicated an improvement in the uptake of cervical screening; however, it was still significantly below average.
- The practice's uptake for breast and bowel cancer screening was below the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

This population group was rated inadequate for providing effective services.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability; however, we found that only 22.7% (five out of 22 patients) of patients with learning disability had a health check in the last year. The

provider informed us that the advanced nurse practitioner had completed training in learning disability and would be seeing one patient a week to ensure an increase in these numbers.

- The practice had developed a strong liaison with Turning Point, their local alcohol and drug addiction team.

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

This population group was rated requires improvement for providing effective services.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The most recent verified performance data from the practice (2016/17) showed mental health performance indicators were generally below average. For example, only 23.4% of patients with a mental health condition had a comprehensive, agreed care plan documented in their record, which was significantly below the CCG (Clinical Commissioning Group) average of 88.8% and the national average of 90.3%. Unverified results for 2017/18 provided by the practice indicated that the practice had achieved 79.2% of the total points available for mental health indicators which is an improvement.
- The practice took part in violent patient scheme (Safe Haven Scheme). The practice had 33 patients on this scheme who were not able to access GP services elsewhere. The practice offered face to face appointments on Tuesdays for patients on this scheme; all patients on this scheme had care plans and access to a dedicated GP.

Monitoring care and treatment

Are services effective?

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The most recent published Quality Outcome Framework (QOF) results were below average at 79.5% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 95.8% and national average of 95.5%.
- The overall exception reporting rate was 8.7% compared with a CCG average of 8.4% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)
- Unverified QOF results for 2017/18 provided by the practice indicated that the practice had achieved 92% of the total number of points available, which was a significant improvement when compared to 2016/17 results; however, the practice reported that their exception reporting was above average. Following this the provider had completed an audit to ascertain if exceptions were appropriately reported and had developed a detailed standard operating procedure for exception reporting and had trained staff.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided training to meet them; however part-time staff were not always provided with protected learning time. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff undertook mandatory training on basic life support, safeguarding, General Data Protection

Regulation, equality and diversity, dignity and privacy, Deprivation of Liberty Safeguards, Mental Capacity Act, fire safety, health and safety, infection control, information governance and conflict resolution.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. The practice held monthly multidisciplinary team meetings and fortnightly multidisciplinary GP huddles co-ordinated by the local Clinical Commissioning Group (CCG); they had bespoke multidisciplinary team meetings for children, adult and vulnerable patients.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with, community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Consent to care and treatment

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for providing caring services.

During the inspection carried out on 27 November 2017, we rated the practice as requires improvement for providing caring services, as the national GP patient survey data and evidence from the inspection showed that the patients rated the practice lower than others for many aspects of care; the practice had only identified 11 patients as carers (0.2% of practice patient list).

During this inspection we found that the practice had acted on some of issues we had identified in the previous inspection and had made some improvements; however, insufficient improvements have been made, hence still rated as requires improvement.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with or below local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. The practice had identified 32 patients as carers (0.5% of the practice patient list), which is an improvement since the last inspection.
- The practice's GP patient survey results for 2017 were in line with or below local and national averages for questions relating to involvement in decisions about care and treatment. The GP patient survey results for 2018 indicated an improvement in this area; although, they were still below average.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, as inadequate for providing responsive services .

During the inspection carried out on 27 November 2017, we rated the practice as requires improvement for providing responsive services, as the results of the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages, and patients told us that they were not always able to get appointments when they needed them.

During this inspection we found that the practice had acted on some of the issues we had identified in the previous inspection and had made some improvements; however, patients still reported difficulties getting appointments and insufficient improvements have been made, hence rated inadequate.

Responding to and meeting people's needs

- The practice provided 17 GP sessions each week; however, the practice informed us that they had recently increased the number of appointments provided in each session which included 13 face to face appointments and six telephone consultations. However, some of the patients reported difficulty in getting appointments; On the day of inspection we saw that a pre-bookable GP appointment was available on 10 August 2018 (8 day wait). They also provided four pharmacist sessions and four advanced nurse practitioner sessions.
- The provider informed us that in response to patient feedback they had recently increased the number of urgent / on the day appointments and decreased the number of pre-booked appointments, although it was too early to see if this improved patient experience of getting an appointment.
- The provider regularly monitored patients who did not attend appointments and sent text reminders for appointments.
- The provider regularly monitored answering of incoming calls; the results indicated that the proportion of calls being answered increased from 49% in October 2017 to 80.2% in July 2018. The provider informed us that they put a consistent reception/administrative team in place and had trained reception staff in customer care, signposting, processes and protocols; staff who failed short of the expected standards were monitored and performance managed.

- The practice understood the needs of its population and tailored services in response to those needs. The practice had a 'You Said We Did' poster in the patient waiting area indicating the changes they had performed following patient feedback. The changes included the following:
 - Increase in the number of same day appointments.
 - Saturday clinics for cervical screening.
 - Monitoring the call answering times of incoming calls and training of reception staff to improve call answering times.
 - Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
 - The facilities and premises were appropriate for the services delivered.
 - The practice made reasonable adjustments when patients found it hard to access services. The health centre had separate rooms for breastfeeding and baby changing.
 - The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
 - Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
 - The practice had a patient advice service on Wednesdays which assisted patients who did not have their own internet access, with internet searches, and assisted in completion of forms and benefit searches. They also had conversations with those who were socially isolated.

Older people:

This population group was rated inadequate for providing responsive services as the issues identified as inadequate affected all the patients including this population group.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Health promotional advice and support was provided on how to maintain health and to remain independent.

People with long-term conditions:

Are services responsive to people's needs?

This population group was rated inadequate for providing responsive services as the issues identified as inadequate affected all the patients including this population group.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated inadequate for providing responsive services as the issues identified as inadequate affected all the patients including this population group.

- 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.
- Patients had access to postnatal mother and 6-week baby checks.
- Appointments for children were prioritised.

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

This population group was rated inadequate for providing responsive services as the issues identified as inadequate affected all the patients including this population group.

- 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, Saturday appointments.

People whose circumstances make them vulnerable:

This population group was rated inadequate for providing responsive services as the issues identified as inadequate affected all the patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Some of the vulnerable patients were contacted prior to their appointment to remind them of time.

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

This population group was rated inadequate for providing responsive services as the issues identified as inadequate affected all the patients including this population group.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a member of their administrative team as a dementia champion with a GP lead.

Timely access to care and treatment

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use; however, some of the patients reported difficulty in getting appointments.
- The practice's GP patient survey results were in line with or below local and national averages for questions relating to access to care and treatment. The GP patient survey results for 2018 indicated an improvement in this area; however, the results were still generally below average.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

During the inspection carried out on 27 November 2017, we rated the practice as inadequate for providing a well-led service as there was no structure or processes in place to ensure that leaders had an understanding of performance of the practice and were able to deliver safe and effective care for patients; for example, the practice had failed to act on the findings of national GP patient survey of deteriorating patient satisfaction. Staff reported that the leaders at an organisational level were not always visible and there was inadequate capacity to develop leadership capacity and skills. Structures, processes and systems did not adequately support good governance and management; the provider did not have an active patient participation group.

During this inspection we found that the practice had made improvements in leadership and governance arrangements; however, insufficient improvements have been made, with feedback from patients indicating they continue to experience difficulty accessing the service and further work required to embed the Patient Participation Group.

Leadership capacity and capability

- Leaders understood the challenges and had addressed some of the issues identified in the last inspection; however, they still needed to improve care of patients with long-term conditions, patient satisfaction including access to appointments, improve identification of patients with cancer, uptake of childhood immunisations, uptake of cervical screening and undertake learning disability health checks.
- Leaders at all levels were visible and approachable. Following last inspection, the medical director for the provider took an interim role of 'Clinical Lead' for the practice and worked closely with both clinical and non-clinical staff and addressed the issues we had identified during the last inspection. The provider informed us that the medical director would remain as a clinical lead until a new clinical lead was trained.
- The provider informed us that they were planning to train another GP to take the role of the 'Clinical Lead'.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values.
- Staff were aware of and understood the vision.

Culture

- Staff stated they felt respected, supported and valued.
- Staff had access to a confidential line where they could call and get advice and support.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management had improved since the last inspection.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The practice did not have a practice manager; the provider informed us that they were in the process of training a member of reception staff to take the role of a

Are services well-led?

practice manager; they informed us that this person would be trained and continually supported by the regional business manager and operational quality manager.

Managing risks, issues and performance

There were processes for managing risks, issues and performance and these processes had improved since the last inspection.

- There was a process 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. Practice leaders now had oversight of safety alerts, incidents, and complaints.
- There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff to manage major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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 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 did not have an active patient participation group (PPG) and had not had any meetings since the last inspection. The provider informed us that 25 patients had signed up to be members of the PPG; however, only ten members were interested to attend meetings. A member of administrative staff had spoken to these members and the practice had arranged a PPG meeting on 24 August 2018 and we saw evidence to support this.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- There was a focus on learning and improvement which is demonstrated by the provider addressing some of the issues identified in the previous inspection and making improvements; however, these were not sufficient.
- The provider used a detailed CQC self-assessment toolkit (developed by the provider) to ensure all areas of the service were checked on a regular basis.
- The provider informed us that they had plans to develop a winter pack for homeless patients to include gloves and toiletries.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider (The Practice Surgeries Limited) did not ensure the care and treatment of service users met their needs.</p> <p>The outcomes for patients were below average when compared to local and national averages.</p> <p>The provider failed to undertake health checks for patients with learning disability to improve outcomes for these patients.</p> <p>The provider failed to identify patients with cancer through the two week wait process.</p> <p>The provider failed to improve the uptake of childhood immunisations and cervical screening.</p> <p>The provider failed to improve low scoring areas in the national GP patient survey to improve patient satisfaction.</p> <p>The systems in place to seek and act on feedback from patients were not fully embedded.</p> <p>This was in breach of Regulation 17(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>