Dr P Arumugaraasah's & Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

The practice was previously inspected by the CQC on 4 May 2016. At that stage the overall rating for the practice was inadequate. This rating applied to effective, well led and all six population groups. Safe, caring and responsive were rated as requires improvement. Following the inspection the practice was placed into special measures for six months and warning notices were issued. The report stated that the practice must do the following:

- Ensure that safe systems were in place, including completion of mandatory training, following cold chain guidance and maintenance of all all clinical equipment is up to date.
- Ensure that govenance systems were in place, including practice's recall systems, appointments systems, acting on the views of people who use the service and ensure staffing is adequate, including performance monitoring.

We carried out an announced comprehensive inspection at Dr P Arumugaraasah's & Partners on 31 January 2017. We found that the practice had made improvements following the last inspection, and it is now rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events, although learning from events was not formally shared with non-clinical staff.
- The practice had mostly defined and embedded systems to minimise risks to patient safety, but vaccines were not stored in line with guidance.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient outcomes were lower than the national average in most areas, and cervical smears were not recorded in line with guidance in the patient record.

Summary of findings

- Results from the national GP patient survey and patients that we spoke to on the day of the inspection showed patients were less satisfied with the service provided than the national average.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice reported that it proactively sought feedback from staff and patients, but could not provide evidence of changes instigated by such feedback.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Assess the risks to the health and safety of service users of receiving the care or treatment in respect of
- The proper and safe management of medicines.
- Follow-up of patients with complex and long term conditions.
- Cervical smear procedures and recording
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

In addition the provider should:

- Consider sharing the outcomes of serious events investigations with all staff.
- Consider adding contact details of all staff and providers with whom the service works to the business continuity plan.
- Ensure that meetings are held with the local mental health team.
- Review cervical smear and bowel and breast screening in order to improve outcomes for patients.
- Review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.
- Consider minuting all staff meetings.

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

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?

Requires improvement

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared with clinicians to make sure action was taken to improve safety in the practice, although they were not formally shared with non-clinicians. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some defined and embedded systems, processes and practices to minimise risks to patient safety. However, vaccines were not stored in line with guidance and as such may not have been fit for use.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, the business continuity plan did not contain contact numbers for all staff and healthcare providers in the local area.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average. For example,
- The practice had systems in place for the management of notifications.
- There was evidence that audit was driving improvement in patient outcomes.
- Multi-disciplinary working was taking place.
- Uptake of cervical, bowel and breast screening were all below the national average.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, the number of patients who said that the practice nurse treated them with care or concern was 16% below the national average.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt that they were involved indecisions relating to their care.
- Information for patients about the services was available and patients were directed to relevant services.
- The practice had identified a relatively low number of patients on the practice list as carers, although carers were provided with support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, such as extended hours for a higher than average percentage of working patients on the practice's list
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, learning was not routinely shared with non-clinical staff and some meetings were not minuted.

Summary of findings

- The practice had developed a governance structure to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, in some cases, such as improving uptake for screening programmes improvements were not evident.
- Staff had received inductions, and in the last year had received annual performance reviews and attended staff meetings and training opportunities.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents but there were not formalised systems for sharing the information with staff.
- The practice sought feedback from staff and patients but there were only limited examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for safety, effective, caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Follow up of older patients had not previously been robust, although unverified end of year information showed that this had improved.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as requires improvement for safety, effective, caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the national average. The practice had scored 62% for diabetes related indicators in the last Quality and Outcomes Framework, which was lower than the national average of 89% (QOF is a system intended to improve the quality of general practice and reward good practice). The exception reporting rate for diabetes related indicators was 4.8%, lower than the national average of

Summary of findings

11% (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).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for safety, effective, caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were similar to national averages.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

Summary of findings

The provider was rated as requires improvement for safety, effective, caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The provider was rated as requires improvement for safety, effective, caring and for well-led. The issues identified as requiring improvement overall affected all 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

Summary of findings

The provider was rated as requires improvement for safety, effective, caring and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was lower than the national average. The practice had scored 80% for mental health related indicators in the last Quality and Outcomes Framework, which was lower than the national average of 93%. The exception reporting rate for mental health related indicators was 3.9%, lower than the national average of 11% (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).
- The practice did not have regular meetings with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results for the year 2015/16 showed the practice was performing in line with local and national averages in some areas but was lower in others. Three hundred and sixty seven survey forms were distributed and 80 were returned. This represented 1.4% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 80%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were mostly positive about the standard of care received. Patients said they found the staff at the practice helpful, and that doctors treated them with respect and involved them in decisions. Two of the cards made negative comments about the lack of a female doctor and the repair of the chairs in the waiting room.

We spoke with nine patients during the inspection. Five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, three of the patients said that appointments were difficult to access, and three said that doctors and nurses did not consistently involve them in decisions about their care.

Dr P Arumugaraasah's & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector**.**The team included a GP specialist adviser, and an Expert by Experience

Background to Dr P Arumugaraasah's & Partners

Dr P Arumugaraasah's and Partners is in Peckham in the London Borough of Southwark. The practice has two partners (who provide three sessions per week each) who manage the practice which is based at Lister Primary Care Centre, 101 Peckham Road, London, SE15 5LJ. The practice is based in purpose built building which is shared with two other GP practices plus several other healthcare providers.

The practice has approximately 5,600 registered patients. The surgery is based in an area with a deprivation score of 2 out of 10 (10 being the least deprived). The practice population's age demographic shows a higher than the national average numbers of patients between 0 and 54 years and a lower proportion of patients aged over the age of 60.

In addition to the partners there is a salaried GP (who provides eight sessions a week) and locum GP working two clinical sessions per week who are providing clinical care at the practice. There is also a full time practice nurse. The practice is managed by a practice manager and there are five further administrative staff.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the Care Quality Commission (CQC) for the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice is open from 8am until 6:30pm Monday to Friday. There are extended opening on Mondays from 7am until 8am and on Wednesdays and Thursdays from 6:30pm until 7:30pm.Outside of normal opening hours the practice uses a locally based out of hours provider.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr P Arumugaraasah's and Partners on 4 May 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 and well led 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 by 1 August 2016. The full comprehensive report on the 11 August 2016 inspection can be found by selecting the 'all reports' link for Dr P Arumugaraasah's and Partners on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr P Arumugaraasah's and Partners on 31

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England to share what they knew. We carried out an announced visit on 31 January 2017. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, the practice manager and administrative staff and spoke with 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 a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 4 May 2016, we rated the provider as requires improvement for providing safe services in respect of:

- The practice was not formally discussing serious untoward incidents.
- Staff were not trained in some areas such as safeguarding.
- Cold chain processes were not being followed in the storage of vaccines.
- Clinical equipment had not been calibrated.

The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by 1 August 2016.

We found that the provider had made limited improvements when we undertook this announced focused inspection on 31 January 2017, and the provider is still rated as requires improvement for providing safe services.

Safe track record and learning

We found in this inspection that there was a partially effective system in place for reporting and recording significant events, although it was unclear how learning was shared.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- From the sample of six documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that incidents were investigated and recorded. There were records that some serious incidents had been discussed by the clinicians, but there were no records of sharing information with the rest of the practice team. In the inspection of May 2016 we had seen that most significant event analysis was hand written and not stored online. We saw that records were now typed and were available on shared drives.

Overview of safety systems and processes

During this inspection we found that the practice had some defined and embedded systems, processes and practices in place to minimise risks to patient safety

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three. All other staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal), with the exception of vaccine storage.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).
- The refrigerator in which vaccines were kept was checked on a regular basis. However, vaccines were pushed to the sides and the back of the refrigerator where temperatures may be lower than the temperature recorded on the gauge. The practice could not therefore assure itself that vaccines were fit for use.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

During this inspection we found that there were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The salaried GP had undertaken a review of clinical staffing. We noted that the next routine GP appointment (not those which could be accessed each morning) was in two days' time. In the inspection of May 2016 this had been more than a week.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Requires improvement

Are services safe?

- The practice had a business continuity plan for major incidents such as power failure or building damage. However, the business plan did not contain contact details for all staff and healthcare providers in the local area.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 May 2016, we rated the provider as inadequate for providing effective services in respect of:

- The practice had not reviewed guidance during a six month period prior to the inspection.
- Quality and Outcomes Framework (QOF) scores were significantly lower than the national average. Cold chain processes were not being followed in the storage of vaccines.
- The practice had not undertaken audits in the last two years.
- Staff had not undertaken training relevant to their role and staff had not been appraised..
- The practice was not meeting regularly with local palliative care and mental health teams.

The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by 1 August 2016.

We found that the provider had made limited improvements when we undertook this announced focused inspection on 31 January 2017, and the provider is now rated as requires improvement for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw documented evidence that notifications had been discussed in clinical meetings,
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice kept a log of all notifications that had been received.

Following the inspection of May 2016 the practice had reviewed and discussed all notifications between November 2015 and May 2016 which had not been reviewed by the practice during this period, and had actioned them as required.

Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 79% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall level of exception reporting in the practice was 4.6%, which was lower than the national average. (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). These QOF results relate to April 2015 to March 2016, a period prior to the first inspection of the practice in May 2016.

This practice was an outlier in some areas of QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. The practice had scored 62% for diabetes related indicators in the last QOF, lower than the national average of 89%. The exception reporting rate for diabetes related indicators was 4.8%, lower than the national average of 11%. The practice had a higher than average prevalence of diabetes.
- Performance for mental health related indicators was lower than the national average. The practice had scored 80% for mental health related indicators in the last QOF, which was lower than the national average of 93%. The exception reporting rate for mental health related indicators was 3.9%, lower than the national average of 11%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 79% and was lower than the national average of 96%. The exception reporting rate for COPD related indicators was 9.7%, lower than the national average of 13%.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice manager had been appointed as recall lead following the previous inspection and had implemented a review protocol which ensured that patients had been recalled. At the time of the inspection, up to date QOF information was not available to review whether or not the practice had improved both recalls and QOF data since the inspection in May 2016. However, unverified information from the practice's clinical records system showed that recalls had improved and that the practice was expected to score over 90% for QOF for the year 2016/17. However, this will not be verified until the QOF results are released in October 2017.

In this inspection we found that there was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced since the last inspection, two of these were completed audits where the audit had been repeated, improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example the practice had audited prescribing of methotrexate following the outcome of a serious untoward incident relating to the medicine. Following the first audit the practice had reviewed whether methotrexate was clinically indicated for all patients to whom it was being prescribed. At the second audit the number of patients prescribed methotrexate was reduced from 10 to three in conjunction with other health services in the area. The practice had also introduced a new review protocol for blood tests and had introduced a policy that only one month's supply of medicine would be provided at a time to allow better reviews of blood testing.

Effective staffing

During this inspection evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with district nurses and health visitors on a monthly basis and with the palliative care team on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice did not have regular meetings with the mental health team.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- The practice was not using standardised recording templates for cervical smear tests and consent for these tests were not adequately recorded.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, and smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 73%, which was lower than the Clinical Commissioning Group (CCG) average of 82% and the national average of 81%. The practice had not taken specific measures to address this. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 80% to 90% and five year olds was 90.6%

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. These rates were lower than the national average.

- Fifty three per cent of female patients aged 50-70 had been screened for breast cancer in the past 36 months, which was lower than the national average of 72%.
- Thirty two per cent of patients aged 60-69 had been referred for bowel screening in the previous 30 months, which was lower than the national average of 57%.

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

Requires improvement

Are services caring?

Our findings

At our previous inspection on 4 May 2016, we rated the provider as requires improvement for providing caring services in respect of:

- The practice had not acted on feedback from patients.
- The practice had not effectively identified carers.

The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by 1 August 2016.

We found that the provider had made limited improvements when we undertook this announced focused inspection on 31 January 2017, and the provider is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

Most of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The national GP patient survey showed patients felt they were treated with compassion, dignity and respect in some areas. The practice was either average or below average in most areas for its satisfaction scores on consultations with GPs and nurses. This survey was conducted prior to the inspection of May 2016 and the current inspection process. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 82% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% 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

Several patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However, several patients said that they did not

Requires improvement

Are services caring?

feel involved in the consultation and that clinicians did not include them in decisions in relation to their care. Patient feedback from the comment cards aligned with these views.

Results from the national GP patient survey showed results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 90%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (0.7% of the practice list). The practice had looked to identify more careers as patients attended the practice, and there were 10 more than on the previous inspection. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 4 May 2016, we rated the provider as requires improvement for providing responsive services in respect of:

- Non-urgent appointments were not readily available to patients.

The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by 1 August 2016.

We found that the provider had made improvements when we undertook this announced focused inspection on 31 January 2017, and the provider is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday morning from 7am and on Wednesday and Thursday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or for those with complex health needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

During this inspection the practice was open from 8am until 6:30pm Monday to Friday. There was extended opening on Mondays from 7am until 8am and on Wednesdays and Thursdays from 6:30pm until 7:30pm. Outside of normal opening hours the practice used a locally based out of hours provider. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 85%.
- 84% of patients said their last appointment was convenient compared with the CCG average of 86% and the national average of 92%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 49% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We noted that the wait for a routine appointment was two days which had improved from over one week in the inspection of May 2016.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

This was managed by a duty doctor who also saw patients in the practice where same day appointments were required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a

Good

Are services responsive to people's needs?

(for example, to feedback?)

GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the computer system and in leaflets and notices at the practice.

We looked at one complaint received in the last six months which was the only one received since the last inspection in May 2016 and found that the complaint had been satisfactorily handled. The complaint had been made verbally, and on this occasion there had been no learning required for the practice. In the previous inspection of May 2016 we had reviewed three complaints received in the previous 12 months and found these were also satisfactorily handled in a timely way.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 4 May 2016, we rated the provider as inadequate for providing well led services in respect of:

- The practice did not have effective recall systems in place.
- The practice had not taken action in relation to patient feedback.
- The practice did not have documented team meetings.
- Governance systems in the practice were not developed.

The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by 1 August 2016.

We found that the provider had made some improvements when we undertook this announced focused inspection on 31 January 2017, and the provider is now rated as requires improvement for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. The practice had increased the level of staffing in the practice and appointments were more readily available.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had taken measures to improve its understanding of the performance of the practice. Improvements were evident in some areas. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice, but these meetings were not minuted.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of the refrigerator in which vaccines were stored.
- We saw evidence from minutes of clinical meetings that lessons were learned and shared following significant events and complaints, but that learning was not always shared with non-clinical staff.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had reflected on the requirements highlighted from the inspection of May 2016. Although governance and systems had improved, there were some areas where improvements were still required or where improvement could not yet be demonstrated. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of eight documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Requires improvement

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings, but non-clinical meetings were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, but there was no evidence provided of changes that had been instigated by the PPG.
- The NHS Friends and Family test, complaints and compliments received.
- Staff, who told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had demonstrated improvement following the inspection of May 2016 but was as yet not involved in any new development projects in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not store vaccines in suchthat they could meet the requirement of this regulation. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The system of clinical governance did not consistently ensure that the provider assessed and monitored the quality and safety of the services provided in the carrying on of the regulated activity. The practice was an outlier in most areas of the Quality and Outcomes Framework (QOF) which is indicative of care that is not effective. The practice did not record all of the details required for smear tests consent was not recorded. Practice surveys and feedback from patients showed that patient satisfaction levels were below the national average. The practice could not demonstrate that it had acted on this feedback.

This section is primarily information for the provider

Requirement notices

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