

# Birchdale Road Medical Centre

## Inspection 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 location

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

This practice is rated as requires improvement overall.  
(Previous rating August 2017– Requires Improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Birchdale Road Medical Centre on 3 October 2018. This inspection was undertaken in line with our inspection programme of re-inspecting practices where a breach or breaches of regulations was identified at our previous inspection.

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 did not always review the effectiveness and appropriateness of the care it provided. There was evidence that care and treatment was not always delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient consultation notes did not always have sufficient detail explaining patient symptom(s), discussion, diagnosis and proposed treatment.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

- Recent patient safety alerts had not been acted on by the practice.
- The practice had systems in place to manage infection prevention and control, as well as ensuring facilities and equipment were safe and in good working order.
- There was no evidence that staff at the practice had undergone sepsis training. Clinical staff we spoke with could tell us the indicators of a potential sepsis diagnosis.
- The practice and PPG worked together to ensure that care was delivered and could be accessed easily at the practice.
- There was no clinical oversight of the consultations by locum GP clinical staff at the practice.

The areas where the provider must make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Inform patients what services the practice provides for recently bereaved patients.
- Obtain a paediatric oximeter to assist with the diagnosis of illness such as sepsis in children.
- Review recent National GP Survey data with a view to addressing mixed patient satisfaction levels.

**Professor Steve Field** CBE FRCP FFPH FRCGP

**Chief Inspector of General Practice**

## Population group ratings

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

## Our inspection team

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

## Background to Birchdale Road Medical Centre

Birchdale Road Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 3,300 patients under a General Medical Services (GMS) contract. A GMS contract is agreed nationally between general practices and the National Health Service (NHS) to deliver core medical services.

The practice provides a range of enhanced services including child vaccines and extended hours. It is registered with the Care Quality Commission to conduct the following the regulated activities:-

- Maternity and midwifery services
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

The staff team at the practice includes the lead (male) GP working between eight and ten sessions per week and one long term locum female GP working two sessions per week, a female practice nurse working four sessions per week, a female healthcare assistant working one session per week, a practice manager working 37.5 hours per week, and a team of reception and administrative staff all working a mixture of part time hours.

The practice opening hours are: -

- Monday, Tuesday and Thursday from 9am to 7pm
- Wednesday and Friday from 8.30am to 7pm

GP appointments are available:

- Monday, Tuesday, Wednesday and Thursday 10am to 12.30pm and 3.30pm to 6pm
- Friday 9.30am to 12.30pm and 3pm to 6pm

Extended hours are available 6.30pm to 8.30pm on Thursdays, and additionally through the Newham GP Co-op service every weekday from 6.30pm to 9.00pm and on Saturday from 9.00am to 1.00pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

# Are services safe?

**We rated the practice as inadequate for providing safe services.**

**At our previous inspection on 25 August 2017, we rated the practice as requires improvement for providing safe services as not all arrangements the practice had in place to ensure safe care and treatment were adequate. This included not having systems in place to ensure electrical equipment was checked and certified safe to use, and clinical equipment had not been calibrated. We issued the practice with a requirement notice to comply with the relevant regulations in respect of the identified issues.**

At this inspection, the practice was rated as inadequate for safe services because:-

- The practice could not provide the inspection team with evidence that staff had undertaken recent sepsis training. In addition, we were concerned regarding the overall medicines review management at the practice as we noted that patients were being prescribed medicines without regular reviews being conducted. Not all clinical records of patients that we examined had been completed detailing the reason for consultation, diagnosis and treatment prescribed.

## Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse, but these were not always adequate.

- 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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, 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.
- 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 (with the exception of sepsis) 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.
- 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, however this knowledge did not extend to recognition of sepsis. The lead GP told the inspection team that they knew how to identify and manage patients with severe infections including sepsis. We spoke with the lead GP with regards to the most recent sepsis training they had received. They told us that he recently conducted training online, however they were unable to articulate their understanding of sepsis to members of the inspection team. In addition, the lead GP did not have access to the most recent sepsis toolkit to help diagnose patients. We asked for evidence of sepsis training to be forwarded to the inspection team, but this had not been received.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, however this was not always used effectively.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. Staff could tell us how the practice managed test results and that there was a documented approach held at the practice of how to do so.

# Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians did not always make timely referrals in line with protocols. On the day of inspection, the inspection team saw the practice had on one occasion taken 12 days to process a two-week wait hospital referral for a patient.
- Patient consultation notes were not always complete in accordance with best medical practice as records lacked patient symptoms, summary of discussion with patient, and reason(s) for course of clinical action taken.

## Appropriate and safe use of medicines

The practice had some 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.
- Staff prescribed, 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.
- The practice had limited evidence that patients' health was monitored in relation to the use of medicines and followed up on appropriately. For example, we noted that two patients who were currently receiving monthly repeat medication for hypertension had not had a medicines review since July 2015.
- We noted that blank prescription pads were held in three unsupervised rooms, two of which were accessible to patients.

## Track record on safety

The practice had an adequate track record on safety in relation to premises management.

- There were risk assessments in relation to safety issues such as Legionella and health and safety.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear and current picture of safety that led to safety improvements.

## Lessons learned and improvements made

The practice did not always learn from and make 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 showed some evidence that acted on and learned from external safety events as well as patient and medicine safety alerts, however this evidence was not consistent or up-to-date. The practice did not have evidence of any recent Medicines and Health Products Regulatory Agency (MHRA) alerts received at the practice.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice as requires improvement for providing effective services overall and across all population groups.**

**At our previous inspection on 25 August 2017, we rated the practice as good for providing effective, as the practice met all requirements for providing an effective service for patients.**

At this inspection, the practice was rated as overall requires improvement for providing effective services because:-

- The inspection team were concerned that not all clinical staff at the practice had sufficient up-to-date clinical knowledge to allow them to carry out their role effectively. This was evident to the inspection team through the responses we received from members of staff at the practice when we spoke with them concerning reviews of patients with long term conditions and mixed Quality Outcomes Framework (QOF) scores regarding care and treatment for patients with diabetes. In addition, we found that provision of care to some of the population groups such as older people and people experiencing poor mental health (including people with dementia) did not always meet the needs of patients within these groups.

**Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.**

## Effective needs assessment, care and treatment

- Patients' immediate and ongoing needs were assessed, but this was not always done so using current clinical knowledge. 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 requires improvement for providing effective services because:-

- Older patients who are frail or may be vulnerable received an assessment of their physical, mental and

social needs. However, we had no evidence that the practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.

- There was evidence that practice followed up on older patients discharged from hospital. The practice offered a consultation within 2 weeks of discharge. There was no evidence of timely changes to care plans as a result of a hospital admission.
- 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 because:-

- Patients with long-term conditions had structured reviews to check their health and medicines needs were being met, however, there was little evidence that these reviews were consistently held annually. We viewed seven patient records for persons on multiple medications and found that three patients had a review within 12 months. 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.
- Adults with newly diagnosed cardiovascular disease were offered statins, a medicine for secondary prevention. The practice did not have a coherent system for monitoring patients who had provision of care based both at the practice and within secondary care.
- The practice's performance on quality indicators for long term conditions was comparable to local and national averages. For example, the percentage of patients with diabetes, on the practice register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 67%, compared to the local CCG average of 74% and the national average of 79%.

### Families, children and young people:

This population group was rated requires improvement for providing effective services because:-



## Are services effective?

- Childhood immunisation uptake rates were generally in line with the target percentage of 90% or above, apart from children aged two who had received one dose of immunisation for measles, mumps and rubella (MMR) where the practice achieved 89%.
- The practice had arrangements for following up failed attendance of children's appointments.
- Appointments with the nurse could be scheduled for before or after school.

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

This population group was rated requires improvement for providing effective services because:-

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. The practice told us they were aware that their screening percentage was slightly under the national average and that they were continuing with their programme of contacting women who had not recently been screened.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice could not tell us what plans were in place to address the low take-up rate for screening in these areas at the practice.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for providing effective services because:-

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- Despite the practice telling the inspection team they had no vulnerable patients, they held a register of patients living in circumstances that made them vulnerable which included those with a learning disability. The practice did not hold a register of patients living in other circumstances that make them vulnerable

including homeless people and travellers. When we asked the practice why this was so, we were informed that the practice did not have any patients on their list who was

- The practice did not have a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Although the practice does not have any vulnerable patients, we were told that conversations between staff and patients were used to identify vulnerable patients and this this patient group were offered longer appointments in required.

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

This population group was rated requires improvement for providing effective services because:-

- The lead GP told us they assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder, but they were unable to show us how. They were unable to show us examples of providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease and access to 'stop smoking' services. There was not a coherent system for following up patients who failed to attend for administration of long term medication.
- We asked the lead GP about patients who were assessed to be at risk of suicide or self-harm and what arrangements the practice had in place to help them to remain safe. We were not able to obtain a concise answer from the lead GP, but were informed that the local CCG safeguarding lead would be contacted.
- 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 practice offered annual health checks to patients with a learning disability.
- Patients can self-refer to the local CCG led Improving Access to Psychological Therapies (IAPT).
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 91% compared to the local CCG average 85% and the national average of 84%.

### Monitoring care and treatment

# Are services effective?

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the local clinical commissioning group (CCG) average of 95% and the national average of 95%. The overall exception reporting rate was 4% compared with the national average of 10%.
- We had evidence that the practice used information about care and treatment to make improvements.
- The practice was involved in quality improvement activity. Clinicians took part in local improvement initiatives.

## Effective staffing

Staff had the skills and experience but not all staff had up-to-date clinical knowledge to allow them to carry out their role effectively.

- Not all staff had appropriate knowledge for their role to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. For example, we viewed three sets of patient notes with respect to the management of their diabetes. There was no evidence of changes being made as a result of the review, when it reasonably would be expected that a change to patient treatment and/or their care plan would have been made to help with patient compliance of medicines as part of their treatment.
- 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 protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice did not always provided staff with ongoing support. There was an induction programme for administrative new staff. This included one to one meetings, appraisals, coaching and mentoring and

revalidation. There was a locum pack for clinical staff working temporarily at the practice, but there was no evidence of clinical oversight by the lead GP of the work conducted by locum clinical staff at the practice.

- There was no clear approach for supporting and managing clinical 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 shared 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 with, and liaised, with community services, social services and carers for housebound patients and with health visitors.
- 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 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 not consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Not all staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. We asked members of staff about the practice involvement with social prescribing. Only member of staff could provide us with evidence of social prescribing by telling us that they had recently referred a patient for an



## Are services effective?

exercise programme at a local leisure centre. The lead GP did not appear to understand the benefits of social prescribing and had no evidence to show us that they had used this scheme with patients they saw.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice told us they supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, however we limited evidence (one social prescribing referral) that the practice actively supported these priorities.

### **Consent to care and treatment**

The practice could provide evidence that they obtained consent to care and treatment in line with legislation and guidance, but not all clinicians could describe how they assessed the capacity of a patient to consent to treatment.

- The practice nurse could show members of the inspection team on patient clinical records where they noted that consent had been gained before commencing treatment. The lead GP was able to talk to us about gaining consent regarding providing contraception to patients aged under 16. However, they were unable to tell the inspection team how they would assess patients who may lack the capacity to make decisions and therefore give consent to treatment, using the Mental Capacity Act as a guide.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as requires improvement for caring.**

**At our previous inspection on 25 August 2017, we rated the practice as requires improvement for providing caring services as data from the National GP Patient Survey data at that time showed that patients rated the practice lower than others for aspects of care such involvement in decisions about their care and treatment and being treated with dignity and respect.**

At this inspection we rated the practice as requires improvement because:-

- Although some progress had been made by the practice to address patient satisfaction levels, the practice (based on the data of the most recent National GP Patient Survey) still achieved satisfaction scores below the local and national averages.

## 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 National GP patient survey results for the practice were below local and national averages for questions relating to kindness, respect and compassion. For example, 72% of patients said that the last healthcare professional they saw or spoke to was good at treating them with care and concern during their last appointment, compared to the local Clinical Commissioning Group (CCG) average of 80% and the national average of 87%.

## Involvement in decisions about care and treatment

Staff provided systems to encourage 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 over 3% of the practice list as being carers.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. For example, 80% of patients (compared to the local and national average of 87% and 93% respectively) stated they were involved as much as they wanted to be in decisions about their care and treatment during their last appointment. We spoke with the practice about the National GP Patient scores for the practice, and they told us that they were aware of the scores and they had been working to improve on the scores received. We saw evidence of an in-house survey the practice had conducted (in July 2018) to ascertain current patient satisfaction levels with the service provided.

## Privacy and dignity

The practice respected 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 requires improvement for providing responsive services.**

**At our previous inspection on 25 August 2017, we rated the practice as requires improvement for providing responsive services as the practice did not have an effective system to manage complaints. Complaints were not always investigated properly and proportionate action was not always taken following any failure identified by the complaint or investigation. In addition, the practice did not have a plan of action to improve on low National GP patient survey relating to the practice provision of responsive services.**

At this inspection, the practice was rated requires improvement for responsive because:-

- Whilst the practice was able to show that they responded to the needs of their patient list by offering extended hours surgery, emergency appointments and telephone consultations, the inspection team were concerned that the practice could not give a clear explanation of what circumstances could make a patient vulnerable and the lead doctor's understanding of the Mental Capacity Act (MCA) and when it would be applied. In addition, we noted that some patients with long-term conditions were not receiving annual reviews.

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- 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 practice provided effective care coordination for patients who are more vulnerable or who have 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.

Older people:

This population group was rated requires improvement for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Health checks are available for patients aged 75 and over.

People with long-term conditions:

This population group was rated requires improvement for responsive because:

- Patients with a long-term condition received a review to check their health and medicines needs were being appropriately met, however checks were not always conducted annually. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients identified as being at high risk of hospital admission within this population group were given emergency appointments when required.

Families, children and young people:

- This population group was rated requires improvement for responsive because:
- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

# Are services responsive to people's needs?

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

This population group was rated requires improvement for responsive because:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Catch-up immunisations are available to students starting university including Meningitis C.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for responsive because:

- Despite the practice telling us they had no vulnerable patients, they held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Currently the practice did not have any homeless persons registered at the practice. We were concerned that the staff at the practice did not have a clear understanding of what circumstances may make a patient vulnerable, as they appeared to only relate patients with learning difficulties as patients who circumstances made them vulnerable.
- We were told that people in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Patients within this population group are given longer appointments when required.

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

This population group was rated requires improvement for responsive because:

- Not all staff interviewed had a good understanding of how to support patients with mental health needs and

those patients living with dementia. We were concerned regarding the lack of recent training for the lead doctor regarding applying the Mental Capacity Act (when relevant) during their day-to-day practice.

- Patients are offered dementia assessments if required.
- The practice held GP led annual health assessments for patients who had been identified with diagnosed with experiencing poor mental health.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to access to care and treatment. For example, 73% of patients (compared to the local and national average of 62% and 66% respectively) stated that they who were very satisfied or fairly satisfied with their practice appointment times.

## 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. 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 requires improvement for providing a well-led service.**

**At our previous inspection on 25 August 2017, we rated the practice as requires improvement for providing well-led services as the practice did not have a clear strategy or business plans in place. There were gaps in governance arrangements relating to safety issues and complaints and there was limited evidence to show that the practice responded in a timely fashion to complaints and patient survey results.**

At this inspection, the practice was rated as requires improvement for well-led because:-

- Governance arrangements at the practice were not effective as there was no oversight by the lead GP of the clinical care provided by locum GP's working at the practice. In addition, the practice did not conduct regular documented clinical staff meetings, neither had they established a strategy or formulated clear business plans to achieve priorities they had identified.

## Leadership capacity and capability

Leaders had some capacity and skills to deliver sustainable care.

- Leaders had some knowledge about issues and priorities relating to the quality and future of services. They understood the challenges and had plans to address them.
- Leaders at all levels were visible and approachable. They worked with staff and others to make sure they could provide compassionate and inclusive leadership.

## Vision and strategy

The practice had a vision to deliver quality and sustainable care.

- There were a set of values which staff at the practice adhered to. There was no evidence the practice had formal strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

## Culture

The practice had a culture of providing care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- 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 had received an annual appraisal 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. However, not all systems in place were being adhered to.

- Structures, processes and systems to support good governance and management were clearly set out, but not always understood and effective. Governance and management of partnerships, joint working arrangements and shared services by the practice did not always promote co-ordinated person-centred care. This was evidenced by the response from the lead GP when we asked about the practice systems regarding the monitoring of shared-care patients on anticoagulant medicines.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety, but they did not always

## Are services well-led?

assure themselves that they were operating as intended. This was evidenced to the inspection team through the lack of oversight the lead GP had over the work of other clinical staff at the practice.

### Managing risks, issues and performance

Not all processes for managing risks, issues and performance were clear or consistent.

- The practice had processes to manage current and future performance. Practice leaders had oversight incidents and complaints, but not recent safety alerts.
- Clinical audit had an impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.
- The practice did not have a written high-risk medicine prescribing policy in place.

### Appropriate and accurate information

The practice acted on appropriate information (when available).

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. We noted that the practice had monthly all staff meetings, where issues such as complaints and significant events were discussed.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was not always accurate and useful. Patient records were not always completed with relevant information following a consultation.

- 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 involved patients, the public, staff and external partners to support sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- There was no evidence that the practice conducted internal clinical staff meetings

### Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that had not enabled the provider to have oversight of work conducted at the service. This is with reference to the lack of clinical oversight by the service provider of the clinical care provided by locum clinical staff working at the service.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had systems or processes in place that had not enabled the provider to provide effective management of blank prescription scripts held at the service. Processes at the service did not ensure that the service was consistent in distributing and acting upon patient and medicine safety alerts in a timely manner. Systems at the service were not clearly defined to ensure clinical staff were kept up-to-date with current evidence-based practice and some clinical consultation notes lacked sufficient detail of the consultation between the patient and clinician.</p> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>