The Willows Medical Practice

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Willows Medical Practice on 13 October 2016. Overall the practice is rated as Inadequate.

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

- There was a lack of managerial oversight and the leadership had failed to mitigate identified risks. Governance systems were informal and ineffective.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. Our inspection identified concerns in relation to safeguarding, chaperoning, infection control, medicines management, fire, health and safety, recruitment and emergency procedures.
- There was minimal monitoring or benchmarking of performance to improve patient outcomes. The practice was not aware of data demonstrating where performance was poor comparatively to other practices and there was no ongoing programme of clinical audit.
- The practice did not ensure that all staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were performing duties outside of their responsibility and competence.
- There were gaps in staff understanding of their roles and responsibilities in obtaining consent. There was no monitoring in place to ensure consent to treatment was obtained in line with legislation and guidance.
- The practice did not maintain a carers register and had only identified two carers (0.03% of the practice list).
- The practice continued to receive negative feedback about its appointment system and accessing the service despite making changes to it.
- The practice was unable to provide assurance its complaints policy and procedure were in line with

Summary of findings

recognised guidance and contractual obligations for GPs in England. The practice was unable to demonstrate how it had shared learning and made improvements as a result.

- The practice did not proactively seek patients' feedback in order to improve the quality of service provided. They had been unaware of some low satisfaction scores from the national patient survey and the PPG raised concerns about the practice's lack of responsiveness to their suggestions. Patients were not always positive about their interactions with staff and said they felt they were not always listened to or involved in decisions about their care.

The areas where the provider must make improvements are:

- Care and treatment must be provided in a safe way for patients. Risks should be assessed, mitigated and monitored. This includes introducing systems and processes for addressing concerns identified in relation to medicines management, infection control, environmental risks and medical emergency procedures.
- Ensure recruitment arrangements include all necessary employment checks.
- Ensure staff are appropriately supported and their training needs identified to ensure they have the necessary skills and competencies to be able to carry out their roles safely and effectively.
- Review its governance arrangements to ensure performance is monitored and fully understood so improvements are made to patient outcomes and the quality of the service provided. This includes reviewing its policies and processes to ensure they are relevant to the practice and accessible to staff.
- Establish an effective system for identifying, handling and responding to feedback from complaints, patient surveys and the PPG. Learning should be identified and shared amongst staff.

The areas where the provider should make improvement are:

- Establish an effective system for identifying and supporting carers.
- Advertise within the practice the provision of the translation and bereavement services for patients and provide patient information in different languages.
- Consider how to improve communication with patients who have a hearing impairment.
- Monitor the practice website so patients receive up to date information.
- Improve processes for making appointments.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. We identified concerns in relation to chaperoning, infection control, medicines management, recruitment, fire and health and safety and dealing with emergencies.
- Where risks had been identified, the practice had failed to mitigate them.
- There was insufficient attention to safeguarding children and vulnerable adults. Safeguarding policies were out of date and not easily accessible to staff. Not all staff had received up to date training in safeguarding.
- We found Healthcare Assistants (HCAs) were administering vaccines without having had all the necessary training to ensure they were safe to do so.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- There was high exception reporting in several areas with an overall exception reporting of 25%. This was considerably higher than the Clinical Commissioning Group (CCG) average of 7% and the national average of 9%. The practice were not aware of this data and had not implemented any action plans in response.
- The practice had systems in place to keep clinical staff up to date with national guidelines but they did not monitor that all staff were using these when delivering care to patients. No records were kept of staff training or supervision.
- There was limited evidence of quality improvement activity including clinical audit. There was no evidence that the audits in place were driving improvement in patient outcomes.

Summary of findings

- The practice did not ensure that all staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were performing duties outside of their responsibility and competence.
- Induction training arrangements were inadequate and there was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.
- There were gaps in staff understanding of their roles and responsibilities in obtaining consent. There was no monitoring in place to ensure consent to treatment was obtained in line with legislation and guidance.
- Multidisciplinary working was taking place with the exception of midwives, district nurses and health visitors, who did not maintain contact with the practice.

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.

- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care. The practice had not been aware of the survey results and so there was no action plan in place to improve in these areas.
- The practice had not been proactive in identifying carers. Only two patients (0.03% of the patient list) registered with the practice had been recognised as carers.
- Feedback from patients was mixed. Some patients felt they were not always listened to or involved in decisions about their care, but others described staff as caring and were satisfied with how they were treated.
- There was insufficient information available to help patients understand the services available to them. There was limited information displayed in the waiting room and no information was available in languages other than English.
- There was no register in place for end of life patients and patients requiring bereavement services were signposted elsewhere.
- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services, as there are areas where improvements should be made.

Summary of findings

- Patients reported considerable difficulty in accessing a named GP and poor telephone access.
- Appointment systems were not working well so patients did not receive timely care when they needed it. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was considerably lower than average. The provider told us they were conducting a patient survey to ascertain the feeling of the patients about appointment times and availability..
- The practice was unable to provide assurance its complaints policy and procedure were in line with recognised guidance and contractual obligations for GPs in England. There was no evidence the practice was sharing learning from complaints amongst staff.
- Services had been planned and delivered to take into account some of the needs of different patient groups.
- The practice had reviewed the needs of its local population and had put in place a plan to secure improvements for the areas identified such as the pharmacy project scheme to provide a practice based pharmacist.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a clear vision or strategy. Staff were not clear about their responsibilities in relation to a vision or strategy.
- There was a lack of managerial oversight and leadership capacity within the practice. Governance arrangements did not ensure risks were managed, performance was monitored, policies were regularly reviewed and updated or that staff were appropriately trained and supported.
- The practice did not proactively seek patients feedback in order to improve the quality of service provided. They had been unaware of some low satisfaction scores from the national patient survey and the PPG raised concerns about the practice's lack of responsiveness to their suggestions.
- Staff working at the practice told us they felt supported by management and felt able to make suggestions and raise concerns. Practice meetings were held regularly, but there was no formal system in place to share information.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for providing safe, effective, responsive and well led and requires improvement for caring services. The issues identified as inadequate overall affect all patients including this population group.

- Nationally reported data showed the exception reporting figures for disease indicators were higher than national average and the practice was not aware of this. For example, the exception reporting rate for hypertension was 24%, compared to the local and national averages of 4%.
- The practice did not maintain a carers register and had only identified two patients as carers. There was limited support available to them.
- Home visits and same day appointments for those with enhanced needs were offered. However, patient access to timely care at the practice was poor.

People with long term conditions

Inadequate

The practice is rated as inadequate for providing safe, effective, responsive and well led and requires improvement for caring services. The issues identified as inadequate overall affect all patients including this population group.

- Performance for diabetes related indicators was mixed when compared to the local and national averages. However, exception reporting rates were higher than local and national averages and the practice was not aware of this. Therefore, no action had been taken to improve patient outcomes. For example, the overall exception reporting for diabetes was 26%, compared to the local average of 8% and national average of 11%. Data for 2015/16, which had not been verified at the time of our inspection, showed a decline in performance.
- The practice told us that they did not currently maintain an end of life register and did not provide bereavement services. Patients were signposted to the Macmillan service.

Families, children and young people

Inadequate

The practice is rated as inadequate for providing safe, effective, responsive and well led and requires improvement for caring services. The issues identified as inadequate overall affect all patients including this population group.

Summary of findings

- The systems in place to identify children who were at risk were not effective. Although there was a safeguarding register in place, the safeguarding policies were out of date and not practice specific.
- Immunisation rates were relatively low for a number of the standard childhood immunisations. For example, the vaccinations given to five year olds ranged between 70% and 90%, compared to the national average ranging between 81% and 95%.
- There was no joint working with midwives and health visitors.
- Patients told us that children and young people were treated in an age-appropriate way and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for providing safe, effective, responsive and well led and requires improvement for caring services. The issues identified as inadequate overall affect all patients including this population group.

- Although the practice offered extended opening hours for appointments on Tuesday and Wednesday, patients were not always able to access timely care and the telephone triage in place was ineffective. Data for 2015/16 showed that 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The provider told us they were conducting a patient survey to ascertain the feeling of the patients about appointment times and availability.
- Sexual health screening and health promotion advice was offered through the practice website, but there was limited accessible health promotion material available through the practice.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were flexible and offered continuity of care.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for providing safe, effective, responsive and well led and requires improvement for caring services. The issues identified as inadequate overall affect all patients including this population group.

- Not all clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005.
- The practice systems, processes and practices in place to keep patients safe and safeguarded from abuse were inadequate.
- 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.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for providing safe, effective, responsive and well led and requires improvement for caring services. The issues identified as inadequate overall affect all patients including this population group.

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. Furthermore, exception reporting rates were higher than average and data for 2015/16 showed there had been a decline in performance.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff 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 were published in July 2016 and contained data collected between July and September 2015 and January and March 2016. The results showed the practice was performing in line with local and national averages. 283 survey forms were distributed and 122 were returned. This represented 2% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 60% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards and seven of these cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However, eight of the comment cards highlighted issues with phone access as well as access to appointments.

We spoke with a patient from the patient participation group (PPG) during the inspection. They also told us they were satisfied with the care provided by the practice, although they felt that they were not always listened to.

The Willows Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to The Willows Medical Practice

The Willows Medical Practice is a GP partnership located in Chigwell, Essex. They hold a General Medical Services (GMS) contract and their services are commissioned by Redbridge clinical commissioning group (CCG). The Willows Medical Practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of family planning, diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is staffed by four GP partners, two female and two male and one salaried female GP who provide a combination of 26 sessions a week. The practice also employs a full time practice manager, part-time practice manager, a practice nurse who works 40 hours a week, two healthcare assistants (HCAs), a secretary and two receptionists who work 32 and 30 hours respectively. The practice is an established teaching and training practice for medical schools and takes students from Foundation Year 2 to 5. There are three trainee GPs based at the practice. The practice has recently recruited a pharmacist as part of the CCG pharmacy project who works two days a week.

The practice is open between 8.30am and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8.30am and 1.30pm on Thursday. Appointments are from 9am to 12pm and 4pm and 6pm on Monday, Wednesday and Friday and from 9am to 12pm and 3pm to 6pm on Tuesday. Extended hours appointments are offered on Tuesday between 7.30am and 8.30am and Wednesday between 6.30pm and 8pm. When the practice was closed, patients were advised to call 111.

The practice has a list size of 6,500 patients and they provide a wide range of services including chronic disease management , phlebotomy, sexual health screening, childhood immunisations and vaccinations, minor surgery, ECG monitoring, post natal checks and childhood immunisations, vaccinations, screening, family planning and NHS health checks.

The practice is located in a purpose built health centre and shares the building with a range of GP and community services on ground and first floor levels. The practice is situated on the ground floor. The practice is also located in an urban and semi-rural area with patients who come from a wide variety of backgrounds and cultures with the majority of the patient population being young families.

The practice was previously inspected against the previous inspection regime and was found to be compliant in all domains.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 October 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for 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.
- Observed the premises and reviewed the practice and procedures in place at the practice.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available from the practice manager's office. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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 reviewed safety records and patient safety alerts and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a security incident during a home visit which posed a safety risk to the clinician, the practice took action to ensure that all risks had been assessed before visiting a patient in their home. The practice had found that they did not have this information when this incident occurred.

Overview of safety systems and processes

- There was a lack of systems, processes and practices in place to keep patients safe and safeguarded from abuse:There was insufficient attention to safeguarding. Policies and procedures were not easily accessible to staff as they were kept in the practice manager's office, which was locked in their absence. The policies were not specific to the practice, did not state who the practice lead for safeguarding was and made reference to the Primary Care Trust (PCT), an organisation dissolved in 2013. Staff we spoke with were unclear about who the practice lead was.
- The practice were unable to demonstrate all staff had received up to date safeguarding training as no records were kept. We looked at five staff files (one nurse and four non-clinical) and there was no evidence of any child or adult safeguarding training. GPs were last trained to child safeguarding level 3 in February 2014.
- The GPs discussed safeguarding at their weekly clinical meetings and we saw evidence of multi-agency child safeguarding referrals from the practice. There was a safeguarding register in place.
- A notice in the reception area advised patients that chaperones were available if required. Not all staff who acted as chaperones had received training. However, after the inspection the provider told us that training had been given to all staff acting as chaperones. No staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check by the practice and the practice had not undertaken a risk assessment to determine why one was not necessary. (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). After the inspection the provider told us that all staff had now received a DBS check.
- On the day of our inspection, the premises were visibly clean, with the exception of the staff toilets. However, there were no systems and processes in place to ensure infection control risks were identified and mitigated. There was an infection control policy in place which made reference to the local infection prevention teams, however, there was no evidence of any joint working. No infection control audits had been completed and the practice told us they assumed this was the responsibility of the building owners. The healthcare assistant (HCA) was the infection control clinical lead but had not received any training for the role. The practice was unable to provide any evidence that other staff had received infection control training.
- The curtains in the consulting rooms were reusable, but records showed they had not been washed or changed since November 2013. In addition, the curtains had been identified as a fire hazard in a in a fire risk assessment carried out in November 2015. Recommendations to regularly launder the curtains to ensure their fire resistance or to change them to fire-resistant, disposable curtains had not been actioned by the practice

Inadequate

Are services safe?

- The practice did keep cleaning records for medical equipment, as set out in the infection control policy. The spillage kit was out of date. After our inspection, the practice sent confirmation they had ordered one.
- The arrangements for managing medicines, including vaccines, did not keep patients safe (including obtaining, prescribing, recording and handling). Staff only recorded the current fridge temperature. National guidelines state the minimum and maximum temperature should also be recorded to ensure medicines are stored within the correct range. The practice did not have a second thermometer to check the accuracy of temperature readings and the one thermometer had not been calibrated.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). However, there were no signed PGDs for travel immunisations.
- HCAs were also administering vaccines but these were not set against a patient specific direction (PSD) from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). The practice were not aware of what PSDs were and had signed PGDs for administering flu immunisations instead. Furthermore, one HCA had not received any formal, foundation immunisation training and neither HCA had obtained annual updates. Therefore, we could not be assured they had the necessary competencies and skills to carry out this role safely.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The newly recruited practice based pharmacist ensured that prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found the practice had failed to complete the appropriate recruitment checks for two members of staff (one clinical, one non-clinical) prior to them starting work. These members of staff had been recruited within the past two years. The first had one reference and a DBS check from their previous employer, which did not include enhanced checks for children. No risk assessment had been completed despite them undertaking baby immunisation clinics at the practice. The second member of staff's file did not have a full employment history and no references. In addition, the DBS check was from their previous employer.

Monitoring risks to patients

The safety of the practice environment was not a sufficient priority. The practice did not assess, monitor or manage risks to patients and staff.

- The practice shared the building with other services, but there was no practice specific health and safety policy in place. Whilst the practice had undertaken a risk assessment for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), they were unable to demonstrate risks in relation to infection control and the control of substances hazardous to health (COSHH) were appropriately monitored and managed; no COSHH risk assessment had been completed.
- Staff had not received fire safety training. A fire risk assessment had been carried out in November 2015 which had a risk rating of 'moderate' based on the issues identified. The risk assessment had documented several recommendations which had not been actioned, including the safe storage of fire fighting equipment, evacuation procedures and the configuration of cables in the computer server room.
- No electrical equipment had been checked since 2014 to ensure the equipment was safe to use. This had also been highlighted in the fire risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice had recently recruited a receptionist and other administration staff worked longer hours to provide cover at the reception. The GPs provided cover for each other.

Arrangements to deal with emergencies and major incidents

Inadequate

Are services safe?

There were a lack of sufficient arrangements in place 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. A first aid kit, accident book and emergency medicines were available. The emergency medicines were easily accessible to staff in a secure area and staff knew of their location. All the medicines we checked were in date.
- The practice told us staff received basic life support training every 18 months. National guidelines state clinical staff should receive training annually. Records showed two members of non-clinical staff had not received any basic life support training.
- The practice shared a defibrillator with the community services located in the building. The oxygen was stored in a room without suitable signage or ventilation. This had been highlighted in the fire risk assessment in November 2015 but had not been actioned. We could not be assured the practice would be able to respond appropriately in a medical emergency.
- The practice was unable to provide a business continuity plan therefore, we were not assured that there were effective systems in place in the event of major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was a lack of monitoring by the practice to ensure all staff were assessing patient needs and delivering care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Although the practice had systems in place to keep clinical staff up to date through their weekly clinical meetings, the practice did not ensure all staff were up to date on current guidelines. For example, healthcare assistants who were who responsible for undertaking flu immunisations.

Management, monitoring and improving outcomes for people

The practice submitted information for the Quality and Outcomes Framework (QOF) and performance against national screening programmes. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/15 showed the practice had achieved 96% of the total number of points available. Data for 2015/16 was also available, but not had not been verified and published at the time of our inspection. This showed the practice had achieved 92% of the total number of points available. However, the practice was not using this information to identify where improvements were needed to improve outcomes for particular patient groups. Furthermore, the practice's exception reporting rate was higher than both local and national averages.

The overall exception reporting rate for the clinical domains in 2014/15 was 25%, higher than the Clinical Commissioning Group (CCG) average of 7% and the national average of 9%. Data for 2015/16 showed this had increased to 28% (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 had not been aware of its high exception reporting until we highlighted it during our inspection. Therefore, no action had been taken. The following areas of exception reporting were higher than CCG and the national averages:

- The exception reporting for diabetes was 26% (CCG average was 8% and the national average, 11%).
- The exception reporting for asthma was 45%, (CCG average was 3% and the national average, 7%).
- The exception reporting for Chronic Obstructive Pulmonary Disease (COPD) was 35% (CCG average was 10% and the national average, 12%).
- The exception reporting rate for dementia was 19% (CCG average was 10% and the national average, 8%).
- The exception reporting rate for mental health was 25% (CCG average was 6% and the national average, 11%).

QOF data from 2014/2015 showed:

- The percentage of patients with diabetes, on the register, who had received influenza immunisation was 100%, higher than the CCG average of 89% and the national average of 94% However, the exception reporting rate for this indicator was 40%. This had increased to 50% in 2015/16. Whereas;
- The percentage of patients with diabetes on the register, who had received a foot examination in the last 12 months was 77%, lower than the CCG average of 83% and national average of 88%. This had decreased to 66% according to the 2015/16 data with an exception reporting rate of 32%.
- 2014/15 data showed the percentage of patients with mental health conditions on the register who had a comprehensive agreed care plan documented on their notes was 93%, compared to the CCG average of 90% and the national average of 88%. However, the practice had excepted 29% of its patients compared to a CCG average of 6%. Performance for this indicator had declined in 2015/16. Eighty-six per cent of patients with mental health conditions had a care plan and the practice's exception rate was 32%.
- The percentage of patients with dementia on the register who had received a face to face review was 78%, compared to the CCG average of 83% and the national average of 84% (exception rate was 7%). Performance for this indicator had declined in 2015/16 to 73% and an exception rate of 17%.

Inadequate

Are services effective?

(for example, treatment is effective)

There was no ongoing programme of clinical audit to drive improvements in patient outcomes. Three clinical audits had been carried out in the last two years, but none had been through a second cycle where improvements had been implemented and monitored.

- The most recent audit carried out was a single cycle audit to assess and ensure that national standards on monitoring renal function were being met for patients prescribed Rivaroxaban (a medicine used to treat blood clots in certain patients). Thirty patients prescribed this medicine were audited and their clinic letters and pathology results were reviewed to ensure the standards, which included annual blood test, were being met. Results showed that 30% of these patients had not received a blood test within the last year. The audit did not show what action had been taken to improve the outcomes for these patients and no second audit had been scheduled.
- There were no other quality improvement iniatives.

Effective staffing

The practice did not ensure that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice told us that they had an induction checklist for all newly appointed staff and the staff were shadowed for the first 3-4 weeks of employment. When we looked at five staff records, we found that there was no induction checklist in place and no newly appointed staff had received any induction training.
- The practice could not demonstrate how they ensured role-specific training for relevant staff. For example, we found the healthcare assistants (HCAs) had not received any formal HCA training since their role changed from a receptionist role a few years ago. We also found the HCAs were performing roles such as pill checks and hormone replacement therapy without the required accredited training.
- Staff administering vaccines had not received specific training which had included an assessment of competence. For example, one of the HCAs undertook flu immunisations but had not received any formal, foundation immunisation training and neither of the HCAs had attended any update courses.
- Clinical staff attended monthly protected learning events organised by the lead GP trainer and the CCG. Those reviewing long term conditions had received update training in diabetes and health checks and the practice nurse had received update training in cervical smears. The practice nurse told us they met with the nurses from another practice based at the health centre for weekly supervision and learning, which also included informal training with a tissue viability nurse. No records were kept to demonstrate this learning had taken place; the practice had not adhered to its own supervision policy which stipulated records should be kept of all training and clinical supervision.
- There was a lack monitoring and oversight to ensure all staff learning needs were being identified. Records showed three non-clinical staff had not received an appraisal in the past year. One member of staff who had received one was unable to identify what goals and learning needs had been identified during their appraisal. The GPs had received their appraisal and support for revalidation. They provided clinical supervision to two registrars and two medical students who had recently commenced their placement with the practice.
- There were gaps in staff training as not all staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff told us that they had access to and made use of e-learning training modules and in-house training. However, no records were kept to demonstrate this.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with most of the other health and social care professionals, such as the integrated care management team, 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

Inadequate

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. Meetings took place on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice told us that they had good access to the community matron, but the midwives, health visitors and district nurses did not attend practice meetings even though they were invited. Practice staff told us they felt contact with these groups was poor, despite the health visitors holding their own clinics at the health centre.

Consent to care and treatment

The systems in place to ensure that staff sought patients' consent to care and treatment in line with legislation and guidance were inadequate.

- Not all clinical staff understood the relevant consent and decision-making requirements of the Mental Capacity Act (MCA) 2005. Four clinical staff including one GP had not received any MCA training.
- We were not assured staff were assessing capacity when providing care and treatment to children and young people as three of the clinical staff were unable to demonstrate their understanding of Gillick competency guidelines.
- No audits of patient records had been carried out to ensure staff were obtaining consent correctly.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- The practice based pharmacist had been trained as a smoking cessation advisor and was due to commence smoking cessation clinics in the following month.
- Patients were given dietary advice leaflets and patients were referred to a dietician.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place 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 immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged between 75% and 94% compared to the national average ranging between 73% and 95%. The childhood immunisation rates for the vaccinations given to five year olds ranged between 70% and 90%, compared to the national average ranging between 81% and 95%.

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

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. However,

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Seven of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Eight of the comment cards highlighted issues with phone access as well as access to appointments.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% 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%.
- 89% 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%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice, although they felt communication with the practice GPs could be improved. Feedback from patients sent to the CQC highlighted issues with staff attitude and poor communication. These patients said they also felt that they were not listened to or involved in decisions about their care.

Results from the 2016 national GP patient survey aligned with these views and showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 78% 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%.
- 81% 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 had not been aware of the national GP patient survey scores therefore were unable to provide any evidence of what action they had taken to improve the areas where patient satisfaction was low.

The practice facilities in place to help patients be involved in decisions about their care were not effective:

- Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices displayed in the reception areas informing patients this service was available. The practice website did not have an option for different languages and information leaflets in the practice were not offered in different languages despite the large number of Eastern European patients registered with the practice. Information leaflets were available in easy read format.

Requires improvement

Are services caring?

- There was no hearing loop installed. Staff told us patients requiring British Sign Language (BSL) interpreters were able to book this service in advance. However, there were no notices displayed in the reception areas informing patients this was available.

Patient and carer support to cope emotionally with care and treatment

There was limited information displayed in the patient waiting area telling patients how to access support groups and organisations. The practice had a website which had links to health information but as this was not not monitored regulary, some information was out of date.

The practice did not maintain a carers register and had only identified two carers (0.03% of the practice list) as carers. They told us that a few of their patients had carers who had been employed through agencies. The registration form had been recently changed to include the identification of carers. There was no carers protocol in place but the practice told us that carers were offered flu immunisations and respite care.

The practice told us that they did not currently maintain an end of life register. They did not provide bereavement services, but would signpost patients to Macmillan nurses. There was no information displayed in the practice regarding this.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they were a part of the joint NHS England and CCG pharmacist project to recruit a practice based pharmacist to support the practice and provide expert advice to patients on medicines and safe prescribing. The pharmacist, who had been employed two months before the inspection, worked two days a week and undertook roles such as prescribing and patient reviews.

- The practice offered extended hours on a Tuesday morning at 7.30am and on a Wednesday evening until 8pm. The provider told us they were conducting a patient survey to ascertain the feeling of the patients about appointment times and availability.
- The practice offered telephone triage and patients could book appointments online. Prescriptions could be ordered online and via post.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice carried out six week baby checks and immunisation clinics held by the practice nurse every Tuesday evening until 6.30pm. Mothers were able to breastfeed and were accommodated in a private room if requested.
- Patients were able to receive travel vaccinations available on the NHS and were signposted to other clinics for vaccines available privately.
- There were accessible facilities within the premises for those using a wheelchair. There was a buggy park within the premises for pushchairs.
- There was an electronic notice board in the waiting area which kept patients informed of services. A self check-in machine in the waiting area was not working at the time of our inspection.
- There was a lift installed in the health centre.

Access to the service

The practice was open between 8.30am and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8.30am and 1.30pm on Thursday. Appointments were from 9am to 12pm and 4pm and 6pm on Monday, Wednesday and Friday and from 9am to 12pm and 3pm to 6pm on Tuesday. Extended hours appointments were offered on Tuesday between 7.30am and 8.30am and Wednesday between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

Feedback received by the Care Quality Commission (CQC) from two patients and five of the complaints received by the practice highlighted problems with access to the service and long waiting times. Additional feedback from the Patient Participation Group (PPG) as well as most of the comment cards highlighted that people were not able to get appointments when they needed them. Patients reported having to take time off work to access appointments and poor phone access. Some patients reported having to ring the practice at least 42 times before the phone was answered as well as lines being disconnected while waiting to get through to the practice. Patient requests for the practice to add additional phone lines had not been actioned.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

The practice told us they were aware of the issues regarding access to the service but they were unable to demonstrate the action they had taken had been effective. A telephone triage system as well as book on the day appointments to improve access had been introduced, but patient feedback continued to raise issues with the telephone triage system. On the day of inspection, we observed five patients who were unable to get a same day appointment.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a 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 system in place for handling complaints and concerns was not effective.

- There was a designated responsible person who handled all complaints in the practice and we saw information on how to complain on a noticeboard in the waiting room.
- We were not provided with a complaints policy and there was no evidence that the procedures were in line with recognised guidance and contractual obligations for GPs in England. For example, when we reviewed a response letter to a complaint received by the practice, there was no evidence from this letter of what the next steps would be if the patient was not satisfied with the response or whom the patient could contact outside the practice.

We looked at seven complaints provided to us by the practice dating back to January 2015 and found six of them were dealt with in a timely manner. Two of the complaints, not relating to appointments had been satisfactorily handled. For example, where a complaint had been received regarding issues with a Controlled Drug prescription, the practice suggested that a dedicated person would deal with this request each time to avoid delays. Five of the complaints mostly related to phone access but despite assurances from the practice, these issues had not been resolved. There was no evidence provided by the practice to show how learning was shared.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The leadership failed to demonstrate how it assured the provision of safe and high quality care to its patient population. There was no clear vision or guiding values. Staff we spoke with did not know whether there were practice values and there was no mission statement, strategy or business plan in place setting out its objectives.

Governance arrangements

Governance arrangements were unclear, poorly managed and did not ensure the practice was run safely and effectively. Risks to patients and staff were not appropriately assessed or mitigated and opportunities to improve the quality of service provided and patient outcomes were missed:

- There was no clear staffing structure and some staff were not aware of their own roles and responsibilities. We found examples of staff undertaking tasks outside their expertise, without the appropriate training.
- The practice was unable to provide assurance all staff had received the necessary training, supervision and support due to a failure to maintain accurate records.
- Practice policies were not always practice-specific, were out of date or missing. Furthermore, they were not easily accessible to staff. For example, there was whistle-blowing policy and the safeguarding,information governance and clinical governance policies were due for review.
- There was minimal monitoring of the practice's performance, despite there being a designated member of staff for the Quality and Outcomes Framework (QOF). The latest QOF scores showed the practice had high exception reporting rates in a number of areas, which staff told us they were not aware of.
- There was no programme of continuous clinical and internal audit to monitor quality and make improvements. The practice had only undertaken three, single-cycle audits in the last two years and they were unable to demonstrate how these had lead to improvements in patient outcomes. No infection control audits had been carried out.
- There were poor arrangements for identifying, recording and mitigating risks. The governance framework did not ensure patients were receiving care in a safe environment by staff who had the skills and competencies. For example, concerns were found in relation to safeguarding, staff training, medicines management, recruitment, health and safety and emergency procedures.

Leadership and culture

On the day of inspection the partners in the practice were unable to demonstrate they prioritised safe, high quality and compassionate care. There was a lack of managerial oversight and leadership arrangements were not effective.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour; however, not all staff were aware of this policy. (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). The partners encouraged a culture of openness and honesty. The practice had systems in place 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.

Staff felt supported by management.

- They told us that they held weekly team meetings. However, notes from practice meetings were recorded in pencil in a notebook. The practice manager told us that recording meetings in pencil allowed the practice to easily erase and change information. It was unclear how information from these meetings was shared amongst staff.
- 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. All staff were

Are services well-led?

Inadequate

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

There was minimal engagement with people who used services. The practice did not respond to what people who use services said and there was limited evidence that it proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a patient participation group (PPG) in place which met regularly, together with the practice manager. They told us the GPs did not attend these meetings and they were concerned information was not being feedback. The PPG had not carried out any recent patient surveys. They told us that when they submitted proposals for improvements to the practice management team, these were not acted upon. For example, they had raised concerns regarding the condition of the extension leads in the server room and submitted proposals on how to rectify the issue. The practice had not acted on these suggestions and this issue had also been identified in a 2015 fire risk assessment as a potential fire risk.
- The practice were not aware of patient feedback on their care and treatment in relation to the national GP patient survey scores and therefore had not taken steps to improve the areas of low patient satisfaction.
- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice told us that they implemented an over 75s template for housebound patients to use during their health checks, after this was suggested by the practice nurse. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** • The provider failed to ensure that staff had received the appropriate training, professional development, and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had failed to: • Assess the risks to the health and safety of service users of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks. Concerns were identified in relation to safeguarding, chaperoning, infection control, medicines management, fire, health and safety, recruitment and emergency procedures. • Ensure that persons providing care or treatment had the qualifications, competence, skills and experience to do so safely. • Ensure that the equipment used by the service provider are safe to use for their intended purpose. No electrical safety testing had been carried out. • Ensure the proper and safe management of medicines, including the appropriate monitoring of fridge temperatures. • Assess the risk of, and prevent, detect and control the spread of infections, including those that are health care associated. Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Enforcement actions

- The provider did not have systems and processes in place to assess, monitor and improve the quality of the services provided. They had not evaluated and acted upon information available to them.
- The provider did not have systems in place to monitor and mitigate the risks relating to the health, safety and welfare of patients.
- The provider failed to ensure they maintained records relating to people employed by the practice.
- The provider failed to seek and act on feedback from patients on the services provided, for the purpose of continually evaluating and improving such services.

Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014