Eldene Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eldene Surgery on 15 September and 3 October 2017. Overall the practice is rated as requires improvement.

When we undertook a comprehensive inspection of Eldene Surgery in February 2017 we found areas of concern. The practice was rated as good for effective, requires improvement for safe, caring and responsive and inadequate for well led. The practice was served two warning notices on 6 March 2017.The warning notices served related to Regulation 18 Staffing and Regulation 17 Good Governance of the Health and Social Care Act 2008. The practice had submitted an action plan detailing the actions they were taking to meet legal requirements. A focused inspection was carried out on 2 August 2017 to follow up on the warning notice relating to Regulation 18 staffing where concerns were again identified and a requirement notice was served.

These reports can be found by selecting the 'all reports' link for Eldene Surgery on our website at www.cqc.org.uk.

This report covers the comprehensive inspection we carried out at Eldene Surgery on 15 September an 3 October 2017 to follow up on the warning notice in relation to Regulation 17- Good Governance and to check whether the practice had completed the actions they told us they would take to comply with all regulations. We found the practice had made progress in achieving their improvement plan but found issues of continuing concern and have rated the practice as requires improvement overall.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety but these did not always operate effectively, for example in relation to medicine safety alerts and infection prevention control.
- Updated protocols and policies had recently been implemented and there had not been time for these to be sufficiently embedded within the practice at the time of the inspection.

Summary of findings

- Staff had completed essential training. However there was no system in place that enabled the management team to have oversight of when role specific training needed updating and whether it had been undertaken.
- A nurse had been recruited to manage the nursing team who did not have general practice experience, leadership or appraisal skills.
- Appropriate recruitment checks had been carried out.
- Results from the national GP patient survey showed improvements in areas relating to care and treatment, but worsening results relating to patient access during lunchtime and via the telephone.
- There was limited evidence of clinical audit that improved patient outcomes.
- There was a leadership structure and staff felt better supported by management.
- Communication between staff and management had improved.

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

Importantly, the provider must:

- Ensure systems and processes are reviewed to ensure safe care and treatment for service users.
- Seek and act on feedback received about the services provided.
- Ensure the practice assess the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have plans that ensure adequate measures are taken to minimise those risks.
- Ensure arrangements in respect of staff support and training are reviewed.

In addition the provider should:

- Review systems for identifying and supporting vulnerable patients such as carers and those recently bereaved.
- Ensure assurance and oversight of recruitment checks undertaken by the human resources department and role specific training requirements for clinical staff are maintained within the practice.
- Ensure patient group directives for the safe provision of immunisations are correctly adopted.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

When we inspected the practice in February 2017 we identified a number of issues affecting the delivery of safe services to patients. The practice was rated as requires improvement for the provision of safe services to their patients. When we inspected the practice on 15 September and 3 October 2017 we found the practice had made progress in achieving their improvement plan. However, we found issues of continuing concern and we have again rated the practice as requires improvement for providing safe services.

- There was a system for reporting and recording significant events. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable and received reasonable support.
- Appropriate risk assessments had been completed.
- There was a system to record medicine alerts and they were sent to all clinicians. However the practice was unable to demonstrate that actions had been taken to identify patients whose treatment plans may need reviewing.
- All GPs were now trained to child protection or child safeguarding level three. Nurses and the health care assistant was now trained to a minimum level 2 on safeguarding children.
- The infection control lead had not received appropriate training to perform this role and we found a number of areas that were not appropriately managed, for example the segregation of sharps waste.
- Blank prescriptions were not always securely stored.
- Patient group directives which allow nurses to administer medicines in line with legislation had not been correctly adopted.
- The professional registration check for a new member of staff had been completed but was not documented within the staff file and the practice was only able to provide evidence of this after contacting the HR department of Integrated Medical Holdings, who the practice had entered into partnership with, which was based off site.
- Emergency medicines were available but not easily accessible and we found equipment to test blood sugar levels to be out of date.

Summary of findings

Are services effective?

Requires improvement

When we inspected the practice in February 2017 the practice was rated as good for the provision of effective services to their patients. Following our inspection of the practice on 15 September and 3 October 2017 we have rated the practice as requires improvement for providing effective services.

- Data showed patient outcomes were comparable to local and national averages.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality.
- We found that staff were not always aware of the protocols that they should be adhering to. For example, wound care and contraception injections.
- A nurse had recently been employed to lead the nursing team. Competencies were evident in the clinical areas being undertaken. However we found that the nurse had no experience in general practice nursing, chronic disease management, leadership or appraisal in order to be able to appropriately supervise the nursing team.
- There was limited evidence of quality improvement including clinical audit.
- There was no system in place that enabled the management team to have oversight of when role specific training needed updating.

Are services caring?

Good

When we inspected the practice in February 2017 the practice was rated as requires improvement for the provision of caring services. Following our inspection on 15 September and 3 October 2017 we have now rated the practice as good for the provision of caring services.

- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For all the areas that were reported on in the previous inspection in February 2017 relating to care and compassion and involvement in their care we saw an improvement in the GP survey scores during this inspection.
- The practice had identified 31 patients as carers (0.4% of the practice list).

Summary of findings

- Support would be given to bereaved relatives if they were to ask for it, but that there was no process in place to ensure that the practice was proactive in delivering this support.

Are services responsive to people's needs?

Requires improvement

When we inspected the practice February 2017 the practice was rated as requires improvement for the provision of responsive services to their patients. When we inspected the practice on 15 September and 3 October 2017, we found the practice had made no improvements in relation to access to services. We have again rated the practice as requires improvement for providing responsive services.

- Same day appointments were available for children and those patients with medical conditions that required same day consultation.
- Longer appointments were available for patients with a learning disability.
- The practice had an effective system for system for handling complaints and concerns.
- Home visits were available for older patients who were unable to attend the practice.
- At both the inspection in January 2016 and February 2017 results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. At this inspection we found that patient satisfaction had not improved in areas for patient access via the telephone and lunch time access.
- Extended hours were not offered by the practice.
- Telephone appointments were not effective as patients were unable to book a specific time for this and they could be called back at a time they were unable to answer if they were at work. The practice also closed over the lunchtime period, meaning they were unable to call the practice during the lunch time period when they were not working.

Are services well-led?

Requires improvement

When we inspected the practice in in February 2017, we found significant areas of concern and rated the practice as inadequate for being well-led. When we inspected the practice on 15 September and 3 October 2017 the provider had addressed the breaches of Regulation 17 – Good Governance set out in the warning notice sent to the provider. However we found that although improvements had been made there were still areas of concern. The practice is now rated as requires improvement for providing well led services.

Summary of findings

- The new partnership had a vision and strategy to take the practice forward, however the new arrangements had not had sufficient time to embed and improved outcomes were not wholly evident at the time of the inspection.
- The arrangements for governance and performance management did not always operate effectively. For example in relation to medicine safety alerts, infection control and patient access.
- The practice was working closely with the local clinical commissioning group to ensure identified areas for improvement were implemented going forward.
- Staff had been consulted and communicated with regarding the change of the partnership and were engaged with the improvement plan. Staff told us that morale had improved and that the management team were much more approachable.
- The patient participation group met regularly and members of the practice team also attended. They told us that they hadn't felt that the practice had engaged with the group in the past but were hoping that this would change going forward.
- Previously staff opinions had not been sought and there was reluctance by staff to make suggestions. The new management team had undertaken a culture survey and actions had been identified as a result.
- The practice was focused on its internal management and staffing issues and we saw no evidence of continuous improvement activity outside this area. A number of improvements had been implemented that would need time to embed before positive, sustained outcomes could be evidenced.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

The provider is rated as, requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- All patients over 75 and over have a named GP that is accountable for their care.
- Home visits are carried out to elderly patients who are unable to attend the surgery.
- Contact details for support workers, cares and next of kin are recorded in the patient records.

People with long term conditions

Requires improvement

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

The provider is rated as, requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice employed a nurse with the appropriate training and competencies to manage the care of patients with asthma and COPD (a chronic lung disease)
- Referrals to specialist care is made where appropriate for patients with long term conditions.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 77% compared to the clinical commissioning group (CCG) average of 76% and national average of 76%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

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

Summary of findings

The provider is rated as, requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- There were systems in place 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.
- Monthly meetings were held with health visitors, school nurses and the practice to discuss and update the care of children subject to child protection.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

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

The provider is rated as, requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Access for working age patients was difficult as the practice did not offer appointments outside of working hours and telephone lines were closed over the lunchtime period.
- The practice did not offer telephone appointments pre-bookable at specific times.
- Online appointment booking and online prescription services were available for patients.

People whose circumstances may make them vulnerable

Requires improvement

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

The provider is rated as, requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

Summary of findings

- The practice holds a register of patients with a learning disability and longer appointments were offered where appropriate.
- Patients who are registered blind and those hard of hearing have alerts on their medical record to alert staff that the patient may require additional help.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

The provider is rated as, requires improvement for providing safe, effective, responsive and well led services and good for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- Patients on the mental health register were invited for annual reviews.
- A counselling service was available within the surgery.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 100% of patients on the register with a serious mental health condition had a comprehensive care plan agreed in the preceding 12 months compared to the CCG average of 93% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed that the practice performance had improved in all areas since the previous survey results published in July 2016. Of the 227 survey forms that were distributed, 107 were returned. This was a response rate of 47% and represented 1.3% of the practice's patient list. The data showed:

- 58% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and national average of 71%. This was higher than the practice score of 54% we noted when we inspected in February 2017.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and national average of 84%. This was higher than the practice score of 70% we noted when we inspected in February 2017.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and national average of 85%. This was higher than the practice score of 77% we noted when we inspected in February 2017.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and national average of 80%. This was higher than the practice score of 67% we noted when we inspected in February 2017.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards of which seven were positive about the standard of care received, two were mixed giving both positive and negative comments and three were gave negative comments. Most patients said the practice was excellent and said they were treated with respect and care by staff. The two negative comments received commented on lack of communication and the difficulty in getting appointments for a doctor of their choice.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, polite and professional. However there were also comments regarding the difficulty in getting through by telephone and the difficulties in getting appointments if working.

Eldene Surgery

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 a practice nurse specialist advisor and a practice manager specialist adviser.

Background to Eldene Surgery

Eldene Surgery is an urban GP practice providing primary care services to patients resident in Swindon. It is one of the practices within the Swindon Clinical Commissioning Group and has approximately 7,700 patients. The practice building is purpose built with patient services located on the ground floor and includes eight consulting rooms and three treatment rooms. The building is shared with an Ophthalmology clinic run by Great Western Hospitals NHS Foundation Trust. They have a separate receptionist but share the waiting room.

The practice patient population is relatively evenly spread across all age groups. The area the practice serves has approximately 10% of people from different cultural backgrounds and is in the average range for deprivation nationally. The percentage of patients living with a long term chronic disease is 63% which is higher than the local average and national average of 53%. A high percentage of patients living with a long term chronic disease can increase demand on GP services.

The practice is managed by five GP partners, four male and one female. However this is changing in the near future due the retirement of one of the GP partners. A new partnership had been entered into with Integrated Medical Holdings (IMH) where two GPs have joined the partnership. They arenot based at the practice and do not do clinical work in the practice, but offer managerial and clinical leadership. The practice also employs a salaried GP (female) who is currently on maternity leave. It is hoped to recruit an additional salaried GP within the next few months. At present the practice provides 27 GP sessions each week, which is five sessions fewer than recommended for the number of registered patients. In order to try and meet patient demand locum GPs are regularly employed. The practice is supported by a nurse practitioner, a nurse specialising in respiratory problems, a practice nurse and two health care assistants. The administrative team is led by an interim practice manager and an assistant practice manager. The practice is a teaching and training practice for GPs specialising in general practice. (A teaching practice accepts medical students while a training practice accepts qualified doctors training to become GPs who are known as Registrars.) At the time of the inspection no medical students or registrars were being supported by the practice.

The practice premises are open between 8.30am and 12.30pm and from 1.30pm to 6pm Monday to Friday. Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practices telephone lines are closed an answerphone message instructs patients to call a mobile telephone number which is held by the duty doctor. Outside of these hours and when the practice is closed patients are directed via an answerphone to contact NHS111. Out of hours services are provided by Great Western Hospitals NHS Foundation Trust.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between Swindon Clinical Commissioning group and the practice for the provision of medical services.

Detailed findings

The practice is registered to provides services from Eldene Surgery, Colingsmead, Swindon, Wiltshire, SN3 3TQ

Why we carried out this inspection

We undertook a comprehensive inspection of Eldene Surgery on 15 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good for providing effective services, requires improvement for providing safe, caring and responsive services and inadequate for providing well led services. We also issued warning notices to the provider in respect of staffing and informed them that they must become compliant with the law by 31 July 2017. We undertook a follow up inspection on 2 August 2017 to check that action had been taken to comply with legal requirements. The practice was rated as requires improvement for the provision of safe services. These reports can be found by selecting the 'all reports' link for Eldene Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Eldene Surgery on 15 September and 3 October 2017. This inspection was carried in order to follow up on the warning notice in relation to regulation 17 good governance and to check whether the practice had completed the actions they told us they would take to comply with all regulations.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the clinical commissioning group to share what they knew. We carried out an announced visit on 15 September and 3 October 2017. During our visit we:

- Spoke with a range of staff including, four GPs, three nurses and one health care assistant, the interim practice manager, the assistant practice manager and five members of the reception/administrative team.
- Spoke with patients who were attending the surgery and three members of the patient participation group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

At our previous inspection on 2 February 2017, we rated the practice as requires improvement for providing safe services as during the inspection we found:

- Arrangements for data protection of personal identifiable information did not meet the standards of the Data Protection Act 1998.
- Processes to ensure appropriate staff recruitment and professional registration checks were not in place.
- Systems to ensure actions were taken in respect of medicine alerts received were not in place.
- Actions to be taken in respect of the infection control audit had not been completed.
- Appropriate training required for staff to carry out their role, including safeguarding and infection control had not been undertaken by all staff.

When we inspected the practice on 15 September and 3 October 2017 we found the practice had made progress in achieving their improvement plan. However, not all of these arrangements had improved and we found additional issues of continuing concern and have again rated the practice as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the assistant practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient collapsed in the waiting room this was discussed at a practice meeting and the system by which staff summoned help was improved.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- We reviewed the practices systems and process for responding to medicines alerts received from the Medicines and Healthcare Regulatory Authority (MHRA). There was a system to record these and they were sent to all clinicians. However the practice were unable to demonstrate that actions had been taken to identify patients who may need reviewing.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were now trained to child protection or child safeguarding level three. Nurses and health care assistants were now trained to a minimum level 2 on safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service (DBS) check or a risk assessment for each member of staff had been undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had fitted a door lock to prevent access to patient records by the public which met the standards of the Data Protection Act 1998.

The practice maintained appropriate standards of cleanliness and hygiene.

Requires improvement

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The healthcare assistant was the infection prevention and control (IPC) clinical lead. However appropriate training to fulfil this role had not been undertaken. Additional learning needs had been identified by the IPC lead and this had been arranged to take place. An action plan completed in August 2017 contained incorrect information. For example, the audit stated that no actions were necessary regarding the vaccine fridges, however all three fridges only had one thermometer instead of the recommended two thermometers to record temperatures to ensure safe storage of vaccines. We also saw that some furniture was not wipeable. The practice did not have the appropriate sharps bins to ensure safe segregation of sharps waste and some staff were unaware that the practice should have separate bins for certain medicines. All staff had completed an e-learning module on infection prevention control however we found that the learning was not embedded. Not all staff were aware of where the spillage kit was kept and a member of staff was unaware of where to go for further advice following a needle stick injury.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). However we found that these did not always operate effectively and the security of medicines and blank prescriptions was compromised. We were told by staff that patients could not access that part of the building as the doors to the waiting room were self-locking. However we found this not to be the case and a consulting room not in use was unlocked and accessible. Blank prescriptions were accessible and needles and syringes were not in a locked drawer.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems in place to monitor the use of blank prescriptions. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions (PGD's) were in use 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 presenting for treatment. However we found that these had been incorrectly adopted and were not in line with local policies, to ensure all PGD's were individualised to each practice. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed nine personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. These checks were now being conducted by the Human Resources (HR) department of the organisation that the practice had gone into partnership with. However we found that the management within the practice did not have oversight of this. For example the professional registration check for a new member of staff had been completed but was not documented within the staff file and the practice was only able to provide evidence of this after contacting the HR department based off site.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Requires improvement

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. At the time of the inspection the number of GP sessions offered to patients was lower than recommended for the number of registered patients. The management team had recognised the need to employ additional GPs rather than having to utilise regular GP locums and were working to achieve this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available in a secure area of the practice and all staff knew of their location. However we found that the equipment was not all stored in one place which meant they were not easily accessible to staff. In addition there was no list of items and medicines so that staff could ensure that items were not missing and were suitable for use.
- Most medicines we checked were in date and stored securely. However equipment to test the blood sugar levels of patient's were 10 months out of date.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At the inspection on 2 February 2017 the practice was rated as good for providing effective services. At this inspection concerns were identified that has led to the practice being rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practices exception rates was 8% compared to a local and national average of 10%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the last blood pressure reading for 76% of patients on the register with diabetes, was in the target range (140/80 mmHg or less), compared to the clinical commissioning group (CCG) average of 76% and national average of 78%.
- Performance for mental health related indicators was better than the national average. For example, The percentage of patients with a serious mental health disorder who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% with no patients being excepted

There was limited evidence of quality improvement including clinical audit. We were told that an audit programme had been proposed but had not yet been implemented.

There had been four clinical audits in the last two years; none of these were completed audits where the improvements made were implemented and monitored. We did see evidence that the results of one audit had been used by the practice to improve services. This audit was carried out to ensure that patients taking a specific medicine had also been prescribed an additional medicine to protect the stomach as recommended by national guidelines. A number of patients were identified who needed their care reviewing and this was undertaken by the practice.

The practice participated in local prescribing audits and action taken as a result included assessment of antibiotic prescribing. Following identification of higher than local antibiotic prescribing, evidence was seen that measures had been taken to address this.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality.
- At the inspection in August 2017 we found that that a member of staff conducting patient diabetes reviews had not received appropriate training. At this inspection we found that the member of staff was no longer undertaking reviews for patients diagnosed with diabetes.
- We found that staff were not always aware of the protocols that they should be adhering to. For example, wound care and contraception injections.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- A nurse had recently been employed to lead the nursing team. Competencies were evident in the clinical areas being undertaken. However we found that the nurse had no experience in general practice nursing, leadership or appraisal in order to be able to appropriately supervise the nursing team. We were told that the head of nursing within the organisation, which had partnered with the practice, would be undertaking this role until suitable leadership training had been put

Requires improvement

Are services effective?

(for example, treatment is effective)

into place. However this nurse would not always be working in the practice, which meant that the nursing team did not have supervision on a daily basis from a member of staff with the appropriate skills.

- We found that there was no system in place that enabled the management team to have oversight of when role specific training was required or needed updating. For example, the management team were unable to evidence, and therefore have assurance, that the respiratory nurse had undertaken any role specific training and regular updates for this role. As the nurse had been unavailable on the day of the inspection we returned to the practice on 3 October 2017. At this inspection the nurse was able to evidence that appropriate training had been undertaken.

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. The practice staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on quarterly basis.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant support services.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the clinical commissioning group (CCG average of 82%, the national average of 81%. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 75% of women aged 50 to 70 had been screened for breast cancer in the last 36 months, compared to the CCG average of 76% and national average of 72%. 56% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months, compared to the CCG average of 55% and national average of 58%.

Most childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, the practice score for childhood immunisation rates for the vaccines given to under two year Was 9.7 out of 10, which was above the target of nine and national average of 9.1

The practice did not currently offer 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.

Good

Are services caring?

Our findings

At our previous inspection on 2 February 2017, we rated the practice as requires improvement for providing caring services. At this inspection we found improvements had been made and the practice is now rated as good for providing caring services

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

We received 12 comment cards of which seven were positive about the standard of care received, two were mixed giving both positive and negative comments and three were gave negative comments. Most patients said the practice was excellent and said they were treated with respect and care by staff. The two negative comments received commented on lack of communication and the difficulty in getting appointments for a doctor of their choice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For all the areas that were reported on in the previous inspection in February 2017 relating to care and compassion we saw an improvement in the GP survey scores during this inspection. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again there was an improvement in these scores from the GP survey since our previous inspection in February 2017. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 89%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 86%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (0.4% of the practice list).

Staff told us that if families suffered a bereavement there was no process for their usual GP to contact them. We were also told that support would be given to bereaved relatives if they were to ask for it but that there was no process in place to ensure that the practice was proactive in delivering support.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 February 2017, we rated the practice as requires improvement for providing responsive services as they needed to improve the system for patient access to appointments and services. There had been no improvement in this area and the practice was again rated as requires improvement.

Responding to and meeting people's needs

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients who were unable to attend the practice.
- Longer appointments were available on request for patients with complex needs.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The local NHS counselling service held sessions at the practice each week where they saw patients referred by the practice.
- The practice did not offer NHS health Checks to patients aged between 40 -74.

Access to the service

The practice was open between 8.30am and 12.30pm and from 2pm to 6pm Monday to Friday. Between 8am to 8.30am, 12.30pm to 2pm and 6pm to 6.30pm the practice was closed but offered emergency care via answerphone message which gave an emergency mobile number to contact which was answered by the practice and directed to a GP. We noted during the inspection that when the practice was closed there were no notices on the doors of the practice explaining how patients could contact a GP in an emergency. Appointments were from 8.40am to 12.20pm every morning and 3pm to 5.20pm daily.

We were told that all requests for on-the-day appointments were triaged by the reception staff. At our previous inspection on 2 February 2017 we found that the guidance provided to reception staff to ensure this was effective was unclear. At this inspection we saw that an algorithm was available for staff and was clear in the processes that were to be followed.

Extended hours were not offered by the practice. We were told that telephone appointments could be booked, however patients we spoke to told us that this was not effective as they were unable to book a specific time for this and they could be called back at a time they were unable to answer, if they were at work. The practice also closed over the lunchtime period, meaning they were unable to call the practice during their own lunch time.

At both the inspection in January 2016 and February 2017 results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. At this inspection we found that patient satisfaction had not improved. We saw that this had been recognised by the management team and actions to improve this identified but they had not been implemented at the time of this inspection.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and compared to the national average of 71%

Listening and learning from concerns and complaints

The practice had an effective system for system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, in the practice leaflet, practice, practice website and a notice in the waiting room.

We looked at complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints as well as from analysis of trends and action was taken as a result to

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

improve the quality of care. For example, a complaint had been received when a patient was removed from the patient list when only a change of surname had been requested. The NHS process for these type of changes was discussed with staff at a practice meeting to minimise the chances of reoccurrence in the future.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 2 February 2017, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found whilst some arrangements had improved there remained areas of continuing concern when we undertook a follow up inspection of the service on 15 September and 3 October 2017. The practice is now rated as requires improvement for being well-led.

Vision and strategy

The practice had recently entered a partnership with Integrated Medical Holdings (IMH). Two additional GPs had joined the partnership although they would not be carrying out clinical work within the practice. Managerial support and clinical leadership would be provided by IMH for the benefit of patients. We saw that the new partnership had a vision and strategy to take the practice forward, however the new arrangements had not had sufficient time to embed and improved outcomes were not wholly evident at the time of the inspection.

In view of the new management structure the practice had developed a business plan for the following 12 months only, which included an on-going Improvement Action Plan. This covered areas such as recruitment, patient access and staffing. The practice was working with the local clinical commissioning group to ensure identified areas for improvement were implemented going forward.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, were not always fully implemented. For example:

- Systems to ensure actions were taken in respect of medicine alerts received were not in place.
- An infection prevention control audit demonstrated lack of knowledge and had not identified areas that required action and Patient Group Directions had been incorrectly adopted both of which the management team were unaware of.
- Appropriate checks of emergency medicines and equipment were not in place.
- There was limited evidence of clinical audit that improved patient outcomes.
- There was no system in place that enabled the management team to have oversight of when role specific training needed updating and whether it had been undertaken.
- There had been no improvement in patient access since the last inspection in February 2017.
- Updated protocols and policies had recently been implemented which were not embedded within the practice at the time of the inspection.

However we also saw:

- Improved processes were in place for the recruitment of staff
- There had been improvements in the GP survey patient responses, in a number of areas relating to care and treatment.
- Essential training by staff had been completed.

Leadership and culture

At the inspection in February 2017 we found that there was a lack of confidence in the management structure and staff told us they did not feel supported by the management team. Staff also told us they had no confidence that concerns they raised were listened to, treated seriously or acted on. At this inspection staff told us that this had significantly improved and that they felt listened to and valued members of the team. At this most recent inspection we saw that staff had been consulted and communicated with regarding the change of the partnership and were engaged with the improvement plan. Staff told us that morale had improved and that the management team were much more approachable.

The practice held regular meetings with all staff groups and minutes were documented.

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

- The patient participation group met regularly and members of the practice team also attended. They told us that they hadn't felt that the practice had engaged with the group in the past but were hoping that this would change going forward. The new partners had attended the previous meeting and several projects had been proposed that the group could be involved with.

Are services well-led?

Requires improvement

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

- Previously staff opinions had not been sought and there was a reluctance by staff to make suggestions. The management team had undertaken a culture survey and actions had been identified as a result.

Continuous improvement

The practice was focussed on its internal management and staffing issues and we saw no evidence of continuous improvement activity outside this area. A number of improvements had been implemented that would need time to embed before positive outcomes could be evidenced.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not ensured: • Appropriate implementation of infection prevention control systems. • Safe and secure storage of blank prescriptions. • Appropriate actions had been taken in relation to medicine alerts received. • That systems were in place to assure themselves that clinical equipment and emergency drugs were safe to use. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. They had not ensured that: • Prescription paper was securely stored once distributed.

This section is primarily information for the provider

Requirement notices

- All was done that was reasonably practicable to act on feedback received about the services provided in order to improve access for patients.
- Learning from clinical audit was driving improvement in patient outcomes.
- Updated systems and processes were fully embedded within the practice and operating effectively in relation to, clinical protocols, medicine alerts and equipment checks.

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

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 registered person did not ensure staff received appropriate training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.