

Dr Durston & Partners

Quality Report

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

Ratings

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

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

The practice was previously inspected on 30 August 2016 and rated requires improvement for safe, effective and well led.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? – Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Dr Durston & Partners on 23 January 2018 to follow up breaches of regulation identified at our previous inspection undertaken on 30 August 2016. At our last inspection the provider was rated as requires improvement for key questions: Are services safe? Are services effective? Are services well led? We issued requirement notices in respect of breaches of regulation 11, 12, 17 and 18 of the Health and Social Care Act Regulations 2014. The concerns related to lack of adequate knowledge around consent, lack of safe management of medicines, infection control concerns which had not been adequately mitigated. The systems around the management of significant events, safeguarding, recruitment and training and appraisal and the arrangements for responding to emergencies were either absent or ineffective.

In addition to the breaches of regulation we also made recommendations of other actions the practice should take.

At this inspection we found:

Although some concerns highlighted on our last inspection had been addressed there were some areas where sufficient improvement had not been made.

For example:

Summary of findings

- The systems in place to manage risk were not effective and did not ensure patients remained safe. The arrangements in place to respond to emergencies were not sufficient as there was no fire policy and not all staff had received basic life support and fire training in accordance with current legislation and guidance. Recruitment processes did not ensure that appropriate background checks had been completed or that risk assessments had been undertaken to consider their necessity. There was not adequate indemnity insurance in place for two members of nursing staff. Risks associated with the control and spread of infections were not being adequately assessed in the case of legionella and not sufficiently mitigated in the respect of furnishings in the treatment room.
- Although we witnessed staff treating patients with compassion, kindness, dignity and respect and patient feedback on the day of the inspection was largely positive; the practice had scored below the local and national average in respect of consultations with nurses. The practice was unaware of these lower scores and had taken no action in response to this.
- We were told that staffing continued to be an issue and that the current operational model was unsustainable due to the demands on the service, the high turnover of patients and the comparatively high level of deprivation among their population.

However we also found that:

- Although the practice had not met targets related to immunisations; clinical outcomes for patients were mostly in line with local and national averages and the practice had achieved good outcomes against the targets set within the CCG. Clinical audit was used to improve the quality of care.
- Most patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Practice staff were active within other local healthcare organisations which worked to improve the care provided to patients in the local area.

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

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

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

- Continue with work aimed at identifying patients with caring responsibilities to be able to provide appropriate support and signposting.
- Consider ways to formally record discussions around significant events, complaints and clinical updates.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Dr Durston & Partners

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 an expert by experience.

Background to Dr Durston & Partners

Dr R S Durston & Partners (Camberwell Green Surgery) is part of Southwark CCG and serves approximately 12,000 patients. The practice is registered with the CQC for the following regulated activities: Diagnostic and Screening Procedures, Treatment of Disease, Disorder or Injury, Maternity and Midwifery Services and Family Planning.

The practice is located in an area ranked in the third most deprived decile on the index of multiple deprivation. It has more than double the national rate of unemployment. The practice had a higher proportion of working age patients and slightly lower proportion of patients over the age of 60 compared to other practices nationally. The practice has double the rate of deprivation affecting older people than the national average.

The practice is run by three partners, one female and two male, in addition to four salaried GPs three of whom are

male and one female. The practice employs an advanced nurse practitioner, three practice nurses and two healthcare assistants. The practice offers 39 GP sessions and four nurse practitioner sessions per week. .

At our last inspection we were told that the practice had until recently experienced some financial difficulties which had caused the practice to doubt the financial sustainability of the business. The practice were now planning to merge with another local practice. The practice told us that they had submitted several business plans to the CCG but that these had been rejected.

The practice is open between 7.45am and 6.30pm Monday to Friday with the exception of Thursday when the practice closes at 8pm. Extended hours appointments are offered between 7.30am and 8am Tuesday, Wednesday and Friday and telephone appointments between 7.30pm and 8pm on Thursdays.

Dr Durston & Partners operates from a converted building which is owned by the partners. The service is accessible for those with mobility problems. Practice patients are directed to contact local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract.

The practice is a member of GP federation Improving Health Limited and one of the partners is the clinical director.

Are services safe?

Our findings

At the last inspection we rated the practice as requires improvement for providing safe services as there was no policy in place for the management of significant events and action taken in response to significant events was not timely. We also found that emergency medicines were not easily accessible, prescriptions were not kept securely, that staff were not aware of the practice safeguarding leads and that the practice safeguarding policy did not note the identity of the safeguarding leads. We also found that risks associated with infection control had not been adequately assessed or addressed. The practice's recruitment processes did not keep patients safe; with some staff not having adequate professional indemnity in place and others either having no (Disclosure and Barring Service (DBS) check in place or no risk assessment to justify the absence of a DBS check.

At this inspection we again found that the practice did not have indemnity cover in place for two nursing staff and the absence of DBS checks had not been assessed. The practice also did not have adequate systems in place to mitigate against risks associated with infection control and fire and the arrangements in place to respond to emergencies did not adequately mitigate risks to patients. Most of these issues were addressed within 48 hours of our inspection. Consequently the practice is now rated as requires improvement for providing safe services.

Safety systems and processes

- We found that only the members of non-clinical staff who acted as chaperones were DBS checked. There was no formalised policy which assessed the requirement for a DBS check for other members of non-clinical staff. One of the practice's advanced nurse practitioners and one of the practice nurses did not have medical indemnity cover in place and there was no proof of ID for one staff member. Recruitment information had not been retained for a locum nurse and proof of ID was not on file for a recently recruited non-clinical staff member.

The practice provided evidence that indemnity was now in place for all clinical staff and that supplied checks from the nursing agency as well as the proof of ID after the inspection.

- We saw that policies contained the appropriate information regarding leadership both in the practice and locally and that all staff were aware of the process for reporting safeguarding concerns. All staff had received appropriate training in safeguarding. The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Policies were in place and staff knew who led in this area. Regular infection control audits were now being undertaken and staff had taken action to address most of the concerns. The most recent external audit highlighted that treatment rooms were carpeted which was not in line with current guidelines. The carpets were cleaned every six months and the practice informed us that they had requested for quotations from organisations to undertake work which would address these risks. We were provided with evidence after our last inspection that immunisation data was available for staff.
- The practice continued to ensure equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients & Track Record on Safety

At our last inspection we were found that most risks to patient safety were managed well. At this inspection we again found that most risks had been assessed and addressed though there was a lack of oversight in respect of the management of fire safety and legionella. Some staff told us that more staff were needed and leaders within the practice described the current operating model as unsustainable.

- The practice conducted safety risk assessments. There were policies covering most areas of risk management. However, there was no fire safety policy available, though one was drafted on the day of the inspection. None of the training files we reviewed showed that staff

Are services safe?

had completed fire safety training though this was completed after the inspection. The practice were also not consistently undertaking periodic flushes of water outlets in line with their legionella risk assessment.

- There were arrangements for planning and monitoring the number and mix of staff needed. Some staff told us that additional staff were needed. One of the partners referred to the current situation at the practice as unsustainable due to the volume of work required.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines although the service did not have all recommended emergency medicines.

- The systems for managing medicines, including vaccines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. The practice had a supply of emergency of

medicines though there was no supply of naloxone (used in response to opioid overdose), diclofenac for injection (analgesia) or dexamethasone (used to treat croup in children) and there was no risk assessment in place to consider the need for these medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong but significant events were not regularly discussed in staff meetings.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example staff were reminded to be diligent when issuing correspondence after confidential information from one patient was sent to another in error. Staff we spoke with at the inspection were able to recall learning from significant events however significant event discussion was not a regular item at staff meetings and there was only evidence of discussion of significant events at one meeting though no detail of what was discussed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

At our last inspection we rated the practice as requires improvement for providing effective services as not all staff were familiar with legislation around consent, not all staff had received an appraisal within the last 12 months and not all staff had completed essential training and there was a lack of evidence of multidisciplinary working and care planning for palliative care patients. Only one audit demonstrated quality improvement.

At this inspection we found that most of these issues had been addressed, although some staff had not completed basic life support and fire safety training in accordance with recommended guidelines. The practice is now rated as good for providing effective care.

Effective needs assessment, care and treatment

New guidance was emailed to clinicians although there was no formalised process for ensuring everyone was aware of new guidance. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. .

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was not an outlier for prescribing of hypnotics, antibacterial and antibiotics.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication. This was done as part of the CCG holistic health assessment initiative. Although the scheme only required the practice to undertake 81 assessments they completed 101 and 55 at home which exceed the target of 50. The practice also provided integrated case management to 48 patients; exceeding the 22 required by the CCG.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had agreed personalised care plans for 68% of their patients aged over 75 and had care plans which aimed to avoid admission to accident and emergency for 89% of their patients.
- The practice followed up on older patients discharged from hospital; reviewing all patients over the age of 75 who attended hospital quarterly. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Most patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However uptake rates for the vaccines given were below the target percentage of 90% in respect of all four immunisation indicators with scoring ranging between 81% and 87%. The practice nurse informed us that there was still resistance to the MMR vaccine among some of the patient population which made it hard for them to achieve the target. We saw evidence that a system was in place to recall patients for immunisations where they failed to attend appointments.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme according to Public Health England. However this was above the CCG

Are services effective?

(for example, treatment is effective)

average of 66% in the CCG and 72% national average. The practice nurse told us that cultural factors made certain demographics within the practice resistant to attending for screening.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had conducted 311 health checks within the last 12 months against a target of 288 set by the CCG.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and who had no fixed address.

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

- The practice continues to work in partnership with a substance misuse clinic to support patients with addictions. The service ensured these patients were supported with their physical and mental health needs.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 96%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 95%; national 95%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 4.9% compared with a national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Although performance was generally good across all indicators there were some indicators where the practice was performing below local and national averages. For example:

- The percentage of patients with diabetes who had well controlled blood sugar was 67% compared to 75% locally and 80% nationally. However the rate of exception reporting for this indicator was significantly lower than the local and national average: 2.7% compared with 6.6% in the CCG and 12.4% nationally. The practice were undertaking work to improve this figure including participating in virtual clinics with consultant advice for complex patients. The practice supplied unverified data regarding their performance to date for this indicator in 2017/18 which was 68% with two months of the QOF year remaining.
- The practice had exception reported 43% of patients aged 75 with a fragility fracture who had been treated with a bone sparing agent. However 100% of the remainder were treated with an appropriate bone-sparing agent. The reason the practice gave for this was that they had undertaken an audit and identified a number of patients who had been on the medication for longer than five years and where it was no longer indicated. These patients had been referred to specialists and exception reported from the indicator.
- The practice used information about care and treatment to make improvements. We saw evidence of two cycle audits. For example we saw that the practice had done an audit in response to an MHRA alert about the risk associated with valproate (usage) in pregnant women. In the first cycle five patients were identified as at risk. The practice found that of the patients prescribed this medicine none had been contacted to inform them of the risk. The practice contacted all

Are services effective?

(for example, treatment is effective)

patients on this medicine, communicated the risks associated with valproate to staff and created a template on the patient record system to guide clinical staff through an assessment of patients who were at risk and prescribed this medicine. The practice re-audited and found that all patients had been contacted and all patients either had their medication discontinued and if they remained on the medicine it was clinically justifiable and the patients were adequately monitored.

- The practice undertook another audit focusing on cervical screening among patients with HIV. During the first cycle the practice found that only 43% of these patients had attended for screening within the last 12 months. The practice made efforts to contact patients who had not received a test and encourage them to attend for screening. The practice increased the numbers of patients after three months to 58% and identified an additional 13% who could be excluded from the count for other reasons.
- The practice participated in local quality improvement initiatives. For example the practice participated in an initiative to identify frailty amongst older patients. Although the initiative only required half of the 80 patients who qualified for assessment to be reviewed the practice reviewed all of these patients and allocated a frailty score which enabled the practice to better tailor advice and support to patients.
- The practice participated in virtual clinics for patients with complex long term illnesses whose conditions were difficult to manage.

Effective staffing

At this inspection staff had the clinical skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However some staff had not completed or undertaken updates in respect of essential training in line with current recommendations and guidance.

- A number of staff had not completed the recommended essential training in accordance with current legislation and guidance. For example none of the staff whose files were reviewed had completed fire safety training; although this was completed within 48 hours of our inspection. Non-clinical staff had also not completed basic life support training within the last 12 months. We

were told that basic life support training had been booked for all staff in March 2018. However clinical staff had undertaken clinical training and updates relevant to their role. Up to date records of clinical skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- All appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example the practice had engaged 66 patients to stop smoking compared to the target set by the CCG of 29 patients.

Are services effective?

(for example, treatment is effective)

The practice had also helped 24 patients to stop smoking compared to the target of 10 set by the CCG. The practice provided a population management spreadsheet which showed that the practice had achieved well in excess of population health targets set by the locality in most respects. For example the practice had undertaken pre diabetic screening for 363 patients compared with the target of 151. Five hundred and nine patients with a long term condition had a care plan in place compared with the target of 363 set by the CCG. The practice had reviewed 222 patients' inhaler technique compared with 49 within the CCG.

Consent to care and treatment

. At this inspection we found that the practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring at the last inspection. At this inspection we found that the practice was rated as below average for its national patient survey scores related to the nursing care provided. Staff at the practice indicated that they were unaware of the patient survey scores and no action had been taken in response to this feedback. Consequently the practice is now rated as requires improvement for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion however the practice's patient survey scores related to nursing staff were below local and national averages.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw examples where reception and clinical staff demonstrated kindness and compassion towards patients on the day of the inspection.
- All of the 14 patient Care Quality Commission comment cards we received were positive about the care provided by the GPs experienced. This is in line with other feedback received by the practice. Two comments also referred to difficulties accessing appointments.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixty two surveys were sent out and 115 were returned. This represented about 1% of the practice population. The practice was in line for its satisfaction scores on consultations with GPs but below average for its scores for consultations with nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 88%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.
- 77% of patients who responded said the nurse was good at listening to them; (CCG) - 85%; national average - 91%.
- 77% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 86%; national average - 91%.

The practice were not aware of the below average scores related to the nursing staff and therefore there was no evidence that action had been taken in response to this.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language and adverts for sign language interpreters in the reception and lifts. Patients were also told about multi-lingual staff, both clinical and reception staff, who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available although some of the signage in waiting area was small and difficult to read.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 79 patients as carers (0.7% of the practice list).

- The practice had information in the waiting area which directed patients to avenues of local support. Aside from offering carers a flu immunisation annually there was little evidence of action taken by the practice to support carers.
- There was information available in the reception area regarding local bereavement services and staff would support bereaved patients who required additional support.

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. Results were in line with local and national averages for GP scores but below for scores related to nursing consultations:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 77%; national average - 82%.
- 73% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.
- 68% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our last inspection we rated the practice, and all of the population groups, as good for providing responsive services. The practice remains rated as good for providing responsive services across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services for example the practice would visit patients in their home if they were incapable of attending the practice. The practice was accessible for patients with mobility difficulties with a ramp enabling accessing to the building and a lift which allowed access to the upper floors in the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours every week day morning and Thursday evenings until 8 pm.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice supported patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- We saw examples of action taken by the practice to support patients with complex mental illnesses.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. There were limited same day appointments available in the morning, though patients with acute presentations could be seen at the local extended access centre.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use; patients were listed for call backs from clinicians who would triage and book face to face appointments in the afternoon if required. There were limited same day appointments available in the morning as most clinical staff spent the morning triaging calls. Patients could be booked into the local extended access service in the morning on the same day and there was, at times, one clinician working who would see patients face to face in the morning. Those with complex conditions would not be booked into the extended primary care service.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards; although two of the comment cards indicated that appointment access could be difficult at times. Three hundred and sixty two surveys were sent out and 115 were returned. This represented about 1% of the practice population.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 80%.

- 76% of patients who responded said they could get through easily to the practice by phone; CCG – 73%; national average - 76%.
- 78% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 75%; national average - 71%.
- 76% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. Information about how to make a complaint or raise concerns was not displayed in the waiting areas. We were told by reception staff that the expectation was that patients would come to them if they intended to complain.

- The complaint policy and procedures were in line with recognised guidance. Thirteen complaints were received in the last year. We reviewed a number of these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

At the last inspection we rated the practice as requires improvement for providing well led services as the deficiencies in governance limited the practice's ability to provide safe and effective care.

At this inspection we found, in a number of respects, there had not been sufficient improvement in the systems and processes which underpinned patient safety and that the practice had not taken action in response to patient feedback. Consequently the practice is now rated as inadequate for providing a well led service.

Leadership capacity and capability

Though evidence indicated that the quality of clinical care was good deficiencies in governance impacted on the practice's ability to operate safely and staff questioned the sustainability of their current operating model; though they were proactively looking to merge with another service with the aim of addressing these concerns.

- There had not been sufficient action taken in response to concerns raised at our last inspection which indicated that leaders within the organisation did not have the capacity or capability to address the concerns raised. Additionally leadership within the practice had not taken action in response to patient survey feedback which indicated lower than average satisfaction with nursing staff.
- The practice had plans to merge with a local service to meet rising demand but had several business plans for the merger rejected by the CCG. Staff told us that the current operating model was unsustainable.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice aimed to ensure the viability of the service by merging with another provider in the area.

- The practice was aware of the challenges that they faced. For example they were located in a comparably deprived area and had a 15 – 20% annual turnover of patients and required additional clinical staff. The

practice was looking to merge with a nearby surgery to ensure they were able to meet the health and social priorities within the area. However, they had yet to develop an acceptable business plan.

- There was a clear vision and set of values.
- Data from the CCG indicated that the practice was working to meet the needs of the local population.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The practice had an inclusive culture.

- Staff stated they felt respected and supported.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice manager had an open door policy and we were told that clinical staff and partners were approachable.
- There were positive relationships between staff.

Governance arrangements

Governance arrangements did not consistently ensure patient safety.

- Structures, processes and systems were not operating effectively in several respects. Although clinical governance was satisfactory; governance systems and processes relating to the management of staffing and recruitment, training and management of emergencies within the service did not always keep patients safe.

Are services well-led?

Inadequate 

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

- Staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control though some risks associated with infections including legionella were not being adequately monitored or mitigated.
- There was no formal mechanisms in place for ensuring that clinicians were aware of clinical updates.

Managing risks, issues and performance

Systems and processes designed to manage risks were not always sufficient or effective.

- The systems used to identify, monitor and address current and future risks, particularly risks to patient safety, were not always effective. For example the infection control risks associated with the carpets and sinks in the treatment rooms highlighted in the practice's most recent audit had not been addressed in accordance with current recommendations and guidance. However we were advised by the practice after the inspection that they had obtained quotes for work to be undertaken to address these concerns. Not all staff had adequate indemnity insurance in place and the necessity of DBS checks for non-clinical staff who did not chaperone had not been risk assessed.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints. Although we saw good systems in place for identifying and reporting from significant events and complaints and staff were able to outline action taken in response there was little evidence that these were discussed formally in practice meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. However the practice had no awareness of and had not responded to feedback from the national GP patient survey.
- We found that non-clinical staff had not received basic life support training in last 12 months and none of the staff whose files we reviewed had received fire safety training. There was no fire policy although one was drafted after the inspection. The business continuity plan did not contain staff contact information, though this was updated after the inspection. These issues limited the practice's capacity to respond effectively in an emergency.

Appropriate and accurate information

Information on practice performance showed good outcomes for patients comparative to other services in the locality yet there were some instances where performance was lower than national targets and averages and in some cases there was no plan in place to address areas of below average performance.

- The practice were attempting to ensure the quality of care was maintained by merging with a local service although their plans for doing this had yet to be approved by the CCG.
- We saw evidence that the practice used information provided both internally and externally to monitor and improve the quality of care; however the practice had not met national targets including childhood immunisations.
- The practice submitted data or notifications to external organisations as required.
- There were satisfactory arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had an active patient participation group. The practice had undertaken an internal patient survey but had not taken any action in response to this or areas of the national GP patient survey where scores were lower than local or national averages.

- National GP patient survey scores indicated dissatisfaction with the nursing staff comparative to local and national averages. Staff we spoke with at the practice were not aware of this fact and there was no evidence of action being taken in response to this feedback.
- There was an active patient participation group (PPG). The PPG assisted the practice in collating feedback from patients using a survey although it was not clear what action the practice intended to take in response to this to improve patient satisfaction. The practice had worked with the PPG to arrange an educational talk for patients with Chronic Obstructive Pulmonary disease which was attended by 35 patients.

Are services well-led?

Inadequate 

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

- The service was transparent, collaborative and open with stakeholders about performance. The PPG told us that complaints were discussed at each of their meetings.

Continuous improvement and innovation

Staff at the practice were involved in local schemes which worked to improve the provision of care within the locality.

- The practice was active within the locality. For example one of the partners had been a board member of the CCG and, though had now left this position, continued to work on a project which aimed to develop a local hospital into a primary care hub. One of the other partners was a director of the local GP federation and the practice manager was a member of the Local Medical Committee.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not assessed risks associated with fire, legionella, infection control, emergency procedure and recruitment.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Warning notice</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. There was a lack of effective policies procedures and governance to enable effective management of risks associated with fire, legionella, infection control, emergency procedures and recruitment. The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity as they had not taken action in response to low scores for nurses in the national GP patient survey.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>