Vicarage Road Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (Previous inspection March 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. As we found three key questions to be inadequate, they applied to all population groups and this means that each population group is also rated as inadequate:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

This inspection was an announced comprehensive inspection on 23 and 28 November 2017, carried out to confirm that the practice had carried out their plan to meet the legal requirements in relation to breaches in regulation that we identified in our previous inspection on 7 March 2017. There were breaches in medicines management, safe care and treatment, infection control, governance and complaints and significant events processes. The inspection was carried out across two days due to insufficient time made available for us to interview the GP on the first day of this inspection.

At this inspection in November 2017 we found:

- There was no clinical oversight from the GP in the Quality Outcome Framework exception reporting process.
- Childhood immunisation uptake was below national averages.
- On occasions arrangements for alternative clinical cover were not in place.
- Data from the national GP patient survey showed that patients rated services provided by the nurse and access to appointments below the Clinical Commissioning Group (CCG) and national averages.
- The practice did not have up to date personnel records for locum staff members such as assurance of up to date medical defence union cover.

Summary of findings

- There were limited policies and processes to govern activity and most policies that were available had not been reviewed in the last 12 months.
- There was minimal management oversight in staff training and completed training such as child safeguarding and infection control was out of date.
- The processes for sharing learning from significant events and complaints with all relevant staff members was not effective.
- The business continuity plan was not sufficient. The previous inspections CQC rating was not displayed.
- Quality improvement was not a priority among the leadership team.
- The practice had clear systems to manage patient safety alerts.
- Three percent of the patients had been identified as carers and there was a carers' champion who supported them.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was an active patient participation group.

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

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

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

- Work to improve the uptake of childhood immunisations.
- Work to improve patient satisfaction with services provided.

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

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

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

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

Summary of findings

Areas for improvement

Action the service MUST take to improve

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

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

Action the service SHOULD take to improve

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

- Work to improve the uptake of childhood immunisations.
- Work to improve patient satisfaction with services provided.

Vicarage Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team on 23 November was led by a CQC lead inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser. Our inspection on 28 November included a CQC lead inspector and a GP specialist advisor. The inspection of this service was carried out over two days as a GP at the practice was not made available at the first inspection to be interviewed.

Background to Vicarage Road Medical Centre

Vicarage Road Medical Centre is located in a converted end of terrace house in a residential street, with free parking on the surrounding roads and is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are approximately 2500 patients registered at the practice, 8% of patients are over the age of 65 which is lower than the CCG average of 10% and the national average of 17%. Twenty seven percent of patients have a long-standing health condition, which is lower than the CCG average of 47% and the CCG average of 53%. The practice has a higher rate of unemployment than the CCG and national average where the practice has an unemployment average of 13% compared to the CCG average of 7% and a national average of 4%.

The practice has one female salaried partner and a male sessional GP who carry out a total of nine sessions per week. There is a practice nurse who carries out two sessions per week, a practice manager partner and three reception staff members.

The practice operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice is open Monday to Friday from 9am to 6:30pm except for Tuesdays when the practice closes at 8pm. Phone lines are answered from 9am and the locally agreed out of hours service covers calls made to the practice when the practice is closed. Appointment times are as follows:

- Monday 9:30am to 11:30am and 3:30pm to 5:30pm
- Tuesday 9:30am to 11:30am and 3:30pm to 8:pm
- Wednesday 9:30am to 11:30am and 3:30pm to 5:30pm
- Thursday 9:30am to 11:30am and doors remain open in the afternoon but no appointments are provided)
- Friday 9:30am to 11:30am and 3:30pm to 5:30pm

Vicarage Road Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity and midwifery services, diagnostic and screening procedures and treatment of disease, disorder or injury.

Inadequate

Are services safe?

Our findings

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of significant events, patient safety alerts, medicines management, equipment maintenance, risk assessments and infection control were not adequate.

The service had deteriorated when we undertook a follow up inspection on 23 and 28 November 2017, however some areas such as monitoring patients who were on high risk medicines that had been identified as requiring improvement at our last inspection had improved.

The practice and all of the population groups are now rated as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- There were flaws in the system for recording and sharing the learning from significant events. The practice could not evidence that learning and outcomes from significant events were shared with relevant staff in a timely way.
- There were no practice specific adults and childrens' safeguarding policies and not all staff members had received up-to-date training.
- There was no evidence that the fire extinguishers were checked to ensure they were in good working order.
- There was no system to monitor and manage staff training to ensure that appropriate training was completed and remained in date.

Safety systems and processes

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- The practice had ineffective systems to safeguard children and vulnerable adults from abuse. We asked the practice manager for a safeguarding policy and we were given a Waltham Forest CCG 2015 policy, we asked a reception staff member for the same and we were given a Waltham Forest CCG policy for 2017. Neither of these policies were practice specific, there was no mention of the practice or its' staff member leads. There was a list of children on the safeguarding register in the staff reception area and an external contact list, this however was not dated. The reception staff member we spoke with told us they would report any safeguarding concerns to a GP. There was no clear system to highlight vulnerable adults on the clinical system.
- We were told by the practice manager that the practice worked with other agencies to support patients and protect them from neglect and abuse, we asked for evidence of this and the practice manager was unable to provide it.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However we saw that the practice did not have up-to-date medical indemnity cover details for the last locum GP they used. The practice discussed this with the locum and provided this to us post inspection.
- There was no system for monitoring and managing staff training. Staff did not receive up-to-date safeguarding and health and safety training appropriate to their role. For example two out of three reception staff members safeguarding children training was over 14 months old. Two out of three reception staff members had received chaperone training, we were told that the third did not act as a chaperone and so had not completed the training module. Staff who acted as chaperones had received a DBS check.
- There was a system to manage infection prevention and control; however we found that the clinical waste bin was stored in an unlocked bin in an outside area which was accessible to the public during the day. The practice purchased a lockable bin by the end of the inspection.
- With the exception of the fire extinguishers, the practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The practice conducted a fire safety risk assessment, but the practice could not evidence that the fire extinguishers had been checked to ensure they were in good working order. There were no

safety policies, we were told staff received safety information for the practice as part of their induction and refresher training, other than for fire safety, this could not be evidenced in the staff files.

Risks to patients

There were ineffective systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. However these arrangements were unclear for Thursday afternoons when the practice doors were open but there were no clinicians on the premises. We were told that often there was only one non-clinical staff member available in the building. There was no written documentation to advise reception staff of what to do if a patient attended the practice needing urgent medical care. The practice manager told us that if this occurred the GP who was consulting in the morning would be contacted by the receptionist for advice, even though the GP would be working at a different practice, and the reception staff member we spoke with told us they would refer the patient to the HUB.
- The practice could not demonstrate that the induction system was always adhered to as the most recently employed staff member had not completed their induction plan.
- Staff understood their responsibilities to manage emergencies on the premises except for on a Thursday afternoon when there was no clinician on the premises.
- The GP we spoke with 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.
- Correspondence was dealt with effectively.

Safe and appropriate use of medicines

The practice had inappropriate systems for appropriate and safe handling of medicines.

- There were systems for managing medicines, including vaccines and emergency medicines and equipment. The practice kept prescription stationery securely but did not monitor their use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We were told the practice had audited antimicrobial prescribing, we were not shown this audit when asked for it.
- There was an ineffective system to monitor patients' health to ensure medicines were being used safely and followed up on appropriately. This was because there was no clinical oversight in the removal of patients from the system that enabled their long-term conditions to be monitored.

Track record on safety

The practice could not evidence a good safety record.

- There were few risk assessments in relation to safety issues, only a fire risk assessment was available and the legionella risk assessment was missing all the information required pertaining to the actions that the practice needed to carry out.
- The practice told us they did not monitor and review activity to help it to understand risks and lead to safety improvements.

Lessons learned and improvements made

The system to learn and make improvements when things went wrong had flaws.

- 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. However we saw that not all events were discussed with relevant staff members and when they were this did not always happen in a timely way. For

Inadequate

Are services safe?

example we saw that an event which occurred in April 2017 was not discussed with staff members until October 2017. We also noted that there was no systematic way of saving significant event documents on the practice's computer system, which we saw made them difficult for staff to locate.

- The systems for reviewing and investigating when things went wrong were not adequate. The practice did not always share lessons and themes were not identified. For example we viewed a significant event about a patient who was upset because they turned up late for their appointment and the practice refused to see them. We saw that this was discussed at a practice meeting where the 15 minute late policy was reiterated. We also saw no evidence of the discussion regarding the responsibility of not seeing a patient to a clinician.
- 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.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of QOF exception reporting were not adequate.

There was no improvement when we undertook a follow up inspection on 23 and 28 November 2017. The practice and all of the population groups are now rated as inadequate for providing effective services.

The practice was rated as inadequate for providing effective services because:

- There was no clinical oversight in the exception reporting process.
- There was no system to keep clinicians up to date with current evidence based practice.
- There were no systems for supporting and managing staff when their performance was poor.
- There was no system to monitor that consent was appropriately gained.
- Uptake for childhood immunisations was below the target percentage of 90%.

Effective needs assessment, care and treatment

The practice could not demonstrate that it had systems to keep clinicians up to date with current evidence-based practice.

- We viewed a sample of six patient records and saw that patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The provider was rated as inadequate for being safe, effective and well-led and requires improvement for being caring and responsive. The issues identified as being inadequate overall affected all patients in all population groups.

Older people:

- There was no system to provide full assessments to older patients who are frail or may be vulnerable.
- We were told that patients aged over 75 were invited for a health check and if necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. We asked for data supporting this and were not provided with any.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions were invited for a structured annual review to check their health and medicines needs were being met, but there was no clinical oversight in the exception reporting process. This meant that there was potential for high risk patients with long term conditions medical needs to go unmet.
- 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.
- Sixty six percent of patients on the diabetes register had an IFCC HbA1c of 64mmol/mol or less in the preceding 12 months compared to the CCG average of 74% and the national average of 79%. There was an exception reporting rate of 17% compared to the national average of 13%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the CCG average of 93% and the national average of 90%. There was an exception reporting rate of 21% compared to the national average of 12%.

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% or above for three out of

four immunisations measured in the vaccination programme where the uptake was between 70% and 76%. The practice had not done anything to address their low immunisation uptake and told us that this was because of their patient demographic who did not believe that certain immunisations were safe or who had immunised their children abroad and did not provide the practice with the immunisation status.

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

- The practice's uptake for cervical screening was 87%, which was in line with the 80% coverage target for the national screening programme. There was an exception reporting rate of 33%, which was significantly higher than the national average of 7%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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. However there was no clear system to alert staff of vulnerable patients.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%. There was an exception reporting rate of 10% compared to the CCG rate of 4% and the national average of 7%.
- 100% 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 of 91%. There was an exception reporting rate of 10% compared to the CCG average of 7% and the national average of 13%.

Monitoring care and treatment

The practice had a programme of quality improvement activity and had completed one single cycle audit since their last inspection in March 2017 where they had completed seven clinical audits, two of which were completed audit cycles. This audit looked at the two week wait referral processes for cancer and appropriateness in accordance with NICE guidelines. The results showed that 7 - 8% out of every 30 two week wait referrals resulted in a cancer diagnosis. The audit concluded that the practice had to improve its safety netting system to ensure that all patients referred received an appointment within the two week time frame.

The practice was unable to evidence that they had taken action to address concerns they identified during the course of the audit. Whilst the practice could not demonstrate that clinicians specifically took part in local and national improvement initiatives, the practice management and administration team worked with the CCG to try and improve cervical cytology uptake.

The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The overall exception reporting rate was 13% compared with a national average of 10%. (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.)

- Exception reporting rates for diabetes related indicators was above the CCG and national averages. For example 21% of patients on the diabetes register whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was excluded compared to the CCG average of 11% and the national average of 13%. The practice also had an 80% exclusion rate for newly diagnosed patients with diabetes who had a record of being referred to a structured education programme within nine months of diagnosis.
- Exception reporting rates for chronic obstructive pulmonary disease (COPD) was above the CCG and national averages. For example 21% of patients on the COPD register who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12

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Are services effective?

(for example, treatment is effective)

months was excluded compared to the CCG average of 9% and the national average of 11%. The practice also had a 67% exclusion rate for patients with COPD in whom the diagnosis had been confirmed by post bronchodilator spirometry between three months and 12 months after diagnosis.

- Although high exception reporting rates were discussed and reported at the previous inspection in March 2017, the practice told us they were not aware of their high exception reporting rates and there continued to be no clinical oversight in the exception reporting process. All exception reporting was carried out by the non-clinical practice manager who did not seek advice or have any discussions with the GP about the process.

Effective staffing

The practice could not effectively demonstrate that staff members had updated skills and knowledge to carry out their roles. For example, we looked at a clinicians' file and found that their last immunisation update took place in September 2015 and the practice manager did not have assurance that a more recent update had been undertaken. A cervical screening programme update certificate for the nurse was seen for 2017.

- The practice manager did not demonstrate a sound understanding of the learning needs of staff. There was no effective management oversight of staff training and up to date records of skills, qualifications and training were not properly maintained. For example the practice manager was not aware of how often non-clinical staff members had to complete child safeguarding training and when we asked to see evidence that certain mandatory training such as chaperone training had taken place the practice manager was unable to always evidence this and had to call staff members to ask them whether they had completed it and to provide us with evidence.
- The practice had an induction process and annual appraisal system in place; however these were not always used effectively.
- There were no systems for supporting and managing staff when their performance was poor. We asked to view a policy pertaining to this and one could not be found; the practice manager told us that there was a policy saved on her home computer, however this was not sent to us post inspection.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those from other 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 worked with patients to develop personal care plans that were shared with relevant agencies.
- We reviewed two patient records which showed that 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; we saw examples of patient records which supported this.
- 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, stop smoking campaigns, there were also posters displayed around the practice which encouraged this.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- The GP we spoke with understood the requirements of legislation and guidance when considering consent and decision making.

Inadequate

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- We saw evidence that consent was used appropriately but this was not monitored.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing caring services as the arrangements in respect of patient satisfaction scores in the National GP Patient Survey were lower than average and there had been no work done to improve this.

There was no improvement when we undertook a follow up inspection on 23 and 28 November 2017. The practice is still rated as requires improvement for providing caring services.

The practice was rated as requires improvement for caring because:

- GP patient satisfaction scores were below national averages and the practice had not acted on this.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test.

However results from the July 2017 annual national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. Three hundred and seventy six surveys were sent out and 68 were returned. This represented about 3% of the practice population. Although there was some improvement in the most recent scores, the practice was still below average for its satisfaction scores on consultations with nurses and interactions with reception staff members. For example:

- 84% of patients who responded said the GP was good at listening to them which was the same as the clinical commissioning group (CCG) average of 84% and similar to the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG - 81%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 92%; national average - 95%.
- 79% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 80%; national average - 86%.
- 80% of patients who responded said the nurse was good at listening to them; (CCG) - 87%; national average - 91%.
- 75% of patients who responded said the nurse gave them enough time; CCG - 86%; national average - 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 66% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 84%; national average - 91%.
- 66% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

We spoke with the practice manager about the low patient satisfaction survey results, we were told that she was aware of the results but had not taken action to address them; this included not discussing the results with the nurse or reception staff members.

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. However, we

saw no notices in the reception area informing patients this service was available. We were told that patients were told about multi-lingual staff who might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. Asking whether someone was a carer or has a carer was a part of the patient registration process and there were numerous posters displayed in the practice encouraging carers to register and giving them advice on services available. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 65 patients as carers (3% of the practice list).

- A reception staff member acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results showed a decrease in patient satisfaction with services provided by the nurse. For example:

- 80% 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 81% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 75%; national average - 82%.
- 66% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 85%; national average - 90%.
- 65% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 79%; national average - 85%.

The practice was aware of its low patient satisfaction ratings but had not taken action to address them.

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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of patient satisfaction with access to appointments was not adequate.

There was no improvement when we undertook a follow up inspection on 23 and 28 November 2017 and new issues were found. The practice is still rated as requires improvement for providing responsive services.

The practice was rated as requires improvement for providing responsive services because:

- The practices complaint system was not effective, the practice could not demonstrate that they always acted on complaints in a timely way and shared the learning and outcomes.
- The practice had not responded to our previous inspection findings and had not worked to improve low GP patient satisfaction scores.

Responding to and meeting people's needs

The practice told us they delivered services to meet patients' needs and took account of patient needs and preferences however; this could not always be demonstrated.

- The practice could not demonstrate that they carried out any analysis of the needs of their patient population but told us that having the practice doors open on a Thursday afternoon and extended hours one day a week met a perceived need of patient access. This was done based on LMC guidance; however no clinical staff were on site at this time.
- The practice was unable to give any examples of improved services in response to unmet needs and a review or survey had not been completed.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

The provider was rated as inadequate for being effective and well-led and requires improvement for safety, being caring and responsiveness. The issues identified as being inadequate overall affected all patients in all population groups.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice 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 were offered an annual review to check their health and medicines needs were being appropriately met and consultation times were flexible to meet each patient's specific needs.
- The practice held regular multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The practice were unable to evidence they had systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of five were offered a same day appointment when necessary.

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

- The practice offered extended opening hours one evening a week and online services for appointment bookings and prescription requests were available.
- Telephone consultations were available upon request, which supported patients who were unable to attend the practice during normal working hours.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- There was no practice website where patients could access information without attending the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice offered these patients an annual review of their health. However, patients who failed to attend were not proactively followed up by a GP.

Timely access to the service

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Information from the national GP patient survey and patients we spoke with suggested that patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- We were told waiting times, delays and cancellations were minimal.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- There was no clear process or risk assessment carried out in how to respond to patients who may need urgent clinical attention who attend the practice on a Thursday afternoon when there are no clinicians available on the premises.

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 averages and below national averages. This was supported by observations on the day of inspection but not by completed comment cards where one out of 36 comments mentioned difficulty in receiving an appointment. Three hundred and seventy six surveys were sent out and 68 were returned. This represented about 3% of the practice population.

- 63% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 60% of patients who responded said they could get through easily to the practice by phone; CCG – 59%; national average - 71%.
- 63% 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 - 78%; national average - 84%.
- 66% of patients who responded said their last appointment was convenient; CCG - 73%; national average - 81%.
- 61% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 38% of patients who responded said they don't normally have to wait too long to be seen; CCG - 47%; national average - 58%.

We were told by the practice manager that she was aware of the low patient satisfaction scores but no action had been taken to address them.

Listening and learning from concerns and complaints

The practice told us they took complaints and concerns seriously and responded to them appropriately to improve the quality of care; however we saw evidence which did not support this.

- Information about how to make a complaint or raise concerns was available and it was easy to do. However the complaints policy mentioned a complaints form, when we asked for a copy of this none was available and they were not saved on the practices computer system. We were told that patients would be given a comments sheet to complete instead.

The complaint policy and procedures were in line with recognised guidance. Four complaints were received since August 2017. We reviewed the four complaints and found that limited documentation made it hard to decipher whether they were satisfactorily handled in a timely way.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

For example we viewed a brief note regarding a complaint on the practices annual complaints review meeting spreadsheet about a patient who was upset that not all their prescription requests were sent to their pharmacy. There were no learning outcomes on the spreadsheet and minutes of the meeting had no details about the complaint. The practice had no documentation of the discussion with the patient and there was also a delay of two months before the complaint was discussed even though a practice meeting took place a month after the complaint was made.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of the vision and strategy and governance arrangements was not adequate.

There was no improvement when we undertook a follow up inspection on 23 and 28 November 2017 and the service had deteriorated. The practice and all of the population groups are now rated as inadequate for providing well-led services.

The practice was rated as inadequate for well-led because:

- There was no complete compliment of practice policies to govern activity, for example there was no whistle blowing policy and not all available policies were reviewed or updated.
- There was no practice strategy in place.
- There was no management oversight in the staff training process.
- The GP and practice did not effectively work together to achieve common goals.
- There processes for sharing learning within the practice was not effective.
- The business continuity plan was incomplete and was missing external contacts such as electricity suppliers.

Leadership capacity and capability

Leaders did not demonstrate that they had the capacity and skills to deliver high-quality, sustainable care.

- The practice was unable to evidence that a practice strategy was in place.
- The practice manager demonstrated little knowledge about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable, however there was little evidence that the GP and practice manager worked together to achieve common goals.
- There were no processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice did not have a clear vision or credible strategy to deliver high quality care and promote good outcomes for patients.

- There was no clear vision and set of values. The practice had no supporting business plans to achieve priorities.
- The practice business continuity plan had gaps such as contact details for their external suppliers.

Culture

The practice could not demonstrate a culture of high-quality sustainable care.

- Most staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice told us they focused on the needs of patients, but this was not always corroborated by evidence.
- There were no systems that would enable leaders and managers to act on behaviour and performance inconsistent with the vision and values if they were identified.
- The practice was unable to provide us with documentation to evidence that openness, honesty and transparency were demonstrated when responding to incidents and complaints, as practice responses were not documented or saved on the computer system. The GP had a good knowledge about the duty of candour, but the practice manager did not.
- Not all staff we spoke with told us they were able to raise concerns or were encouraged to do so. They did not all have confidence that these would be addressed.
- There were ineffective processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. We were told staff were supported to meet the requirements of professional revalidation where necessary. However we were told that not all staff received protected time to carry out training and there was no clarity on what training needed to be completed and how often this needed to be done.

Are services well-led?

Inadequate

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

- The practice manager told us that clinical staff, including nurses were considered valued members of the practice team, however they were not given protected time for professional development and evaluation of their clinical work.
- The practice did not demonstrate a strong emphasis on the safety and well-being of all staff. For example on both days of inspection the reception staff member worked alone on reception and we were also told that on Thursday afternoons when the practice was open but there are no clinicians on the premises, there was a single receptionist working with no other staff members in the building.
- Staff had received equality and diversity training. The reception staff member we spoke with felt they were treated equally.
- There were positive relationships between management and reception staff members.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not always clear.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services did not always promote interactive and co-ordinated person-centred care.
- Not all staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. There was not a full complement of practice policies and many of the policies that were available had not been reviewed or updated. We were also told that there were policies that were kept offsite on the practice managers' home computer. We asked for copies of thee but they were not provided post inspection.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always clear or effective.

- There were no processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had no processes to manage current and future performance. Practice leaders had oversight of MHRA alerts but learning from incidents, and complaints were not effectively shared or documented.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had a business continuity plan to deal with major incidents but this was not comprehensive or fit for purpose, for example there were no contact details for external suppliers such as electricity and water.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- The practice was unable to demonstrate that quality and operational information was used to ensure and improve performance.
- Quality and sustainability was not discussed in relevant meetings where all staff had sufficient access to information.
- There were no systems to use performance information to monitor and manage staff and hold them to account.
- The practice received information about performance and the delivery of care from the CCG, we were told this was useful, but there were no plans to address any identified weaknesses.
- The practice was unaware of data or notifications that required submission to external organisations.
- There were effective 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

Are services well-led?

Inadequate

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

The practice could not evidence how it involved patients, the public, staff and external partners to support sustainable services.

- The practice could not demonstrate that patients', staff and external partners' views and concerns were acted on to shape services and culture.
- There was a patient participation group, but when we asked the practice whether they had acted on any suggestions made by the PPG, they were unable to demonstrate this.
- The practice had not acted on negative patient feedback from the GP patient satisfaction survey.
- We were told that service was transparent, collaborative and open with stakeholders about performance; we saw that data was shared by the practice with the CCG.