

Berwick Surgery

Quality Report

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

Ratings

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

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services caring? – good

Are services responsive? – good

Are services well-led? – good

As part of our inspection process, we also look at the quality of care for specific population groups. We have rated the six population groups as follows:

Older People – requires improvement

People with long-term conditions – good

Families, children and young people – good

Working age people (including those recently retired and students – good

People whose circumstances may make them vulnerable – requires improvement

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

The service had previously been operated by another provider, a partnership of two GPs, and had been

inspected in March 2016, when we rated the service as inadequate overall and placed it in special measures. We re-inspected the service in February 2017, focussing on the key questions of Safe, Effective and Well-led. We noted some improvement in respect of the key question Safe and revised its rating from inadequate to requires improvement. However, there had been insufficient improvement in respect of Effective and Well-led and the service remained in special measures.

The current provider, Dr Rajesh Kumar, had worked as a locum for the previous provider. The provider's two partners resigned on 31 March 2017 and Dr Kumar was awarded the contract by NHS England on 1 April 2017. He was registered with the CQC as a sole practitioner on 14 November 2017. We carried out this comprehensive inspection on 20 March 2018. We noted sufficient improvements to warrant taking the service out of special measures.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, these did not always operate effectively to minimise risks to patients. Staff had not been trained in relation to dealing with suspected cases of sepsis; there was no evidence that sepsis had been discussed at practice meetings and there was no formal guidance available to staff.

Summary of findings

- We found that practice staff had not acted in accordance with its policy on monitoring uncollected prescriptions.
- When incidents did happen, the practice learned from them and improved their processes.
- There was no formal system to assess and profile risks for older patients who are frail or for monitoring patients' unplanned admissions to hospital; NHS health checks for patients aged over 75-years were not being provided.
- Although we saw data that showed clinical performance in most areas had improved since the new provider took over the service, more work was needed, for example in relation to care provided to older people, people with diabetes and patients with learning disabilities.
- Feedback we received from patients was that there were difficulties getting through to the practice by phone and that appointments often ran late. Some patients were unclear over the role of the nurse practitioner and had not been aware when they had been given appointments with the nurse practitioner, rather than a GP.
- Care and treatment was delivered according to evidence-based guidelines.
- The practice monitored patient feedback and instigated actions to address any concerns.

- There was a strong focus on continuous improvement at all levels of the organisation.
- Changes introduced need to become embedded to ensure that patients' outcomes continue to improve and the provider should continue to engage and work with service commissioners and local networks to ensure the improved service is sustainable.

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.

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

- Continue with work to improve patient outcomes.
- Continue to review and where necessary implement action to improve patients' telephone access to the service and to reduce waiting times at appointments.
- Provide clarification to patients over appointments with the nurse practitioner.
- Continue to review and where necessary implement action to improve patient satisfaction with consultations.






Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

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

Berwick Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to Berwick Surgery

Berwick Surgery operates from 17 Berwick Road, Rainham, Essex RM13 9QU, a residential area, served by two local bus services. The premises are converted from residential use.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 4,800 patients. It is part of the NHS Havering Clinical Commissioning Group (CCG) which is made up of 49 general practices. The provider is registered with the Care Quality Commission to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, and maternity and midwifery services. The practice's catchment area covers Rainham, Upminster, Hornchurch and Romford. The patient profile for the practice has a slightly lower than average child, teenage and younger adult population, together with patients aged over 75-years. There are slightly higher than average working age population and older patients aged between 65- and 75-years. Census information records that 87% of patients describe themselves as White, with 12.5% being of Black and Minority Ethnic background. The locality has a lower than average deprivation level.

The clinical team is made up of the provider, who works eight clinical sessions per week, and three regular locum GPs, one female and two male, who cover seven weekly

clinical sessions, together with two employed nurses (working two and three days per week) and three regular locum nurses (working up to one day a week). One of the employed nurses recently qualified as a practitioner. The administrative team is comprised of two senior administrators, two receptionist / administrators and four receptionists. The practice manager post is currently vacant.

The practice's opening times are 8.00 am to 6.30 pm, Monday to Friday; it does not close for lunch. Appointments with GPs and nurses are available from 9.00 am to 12.00 noon and from 1.00 pm to 6.30 pm, with later nurse appointments being available up to 7.00 pm on two evenings a week. Routine appointments are 10 minutes long, although longer ones may be requested. Appointments may be booked up to four weeks in advance. Patients can register to use an online service when the practice is closed to book appointments. GPs and nurses also conduct telephone consultations and home visits can be requested by patients who are housebound or who may be too ill to visit the practice. Requests for home visits are triaged by the duty GP.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. Contact details are given on the practice website. The CCG provides an extended hours service at two locations within the borough, which operate from 6.30 pm to 10.00 pm, Monday to Friday and from 8.00 am to 8.00 pm at weekends, with appointments available to everyone registered with a GP in Havering. There are also four walk in centres operating within the borough which patients may attend without an appointment.

We carried out this comprehensive inspection, the first of the service since it was taken over by the current provider,

Detailed findings

Dr Rajesh Kumar, on 20 March 2018. Dr Kumar was awarded the contract by NHS England on 1 April 2017, replacing the previous provider. He was registered by the CQC on 14 November 2017.

The service had previously been inspected in March 2016. We identified concerns under the key questions of Safe, Effective and Well-led. We rated the service as inadequate, served requirement notices under regulations 12, 17 and 19 of the Health and Social Care Act (Regulated Activities)

Regulations 2014, and placed the service in special measures. We re-inspected the service in February 2017, focussing on those three key questions. Whilst we noted some improvement in respect of the key question Safe, there had not been sufficient improvement relating to Effective and Well-led. We served further requirement notices under regulations 12 and 17 and the service remained in special measures.

Are services safe?

Our findings

Following our inspections in March 2016 and February 2017, we had rated the service, under the previous provider as requires improvement in relation to the key question Safe.

At this inspection, we rated the practice and all of the population groups as requires improvement in relation to safe services because:

- Although there were systems in place, these did not always operate effectively to minimise risks to patients. Staff had not been trained in relation to dealing with suspected cases of sepsis; there was no evidence that sepsis had been discussed at practice meetings and there was no formal guidance available to staff.
- We found that practice staff had not acted in accordance with its policy on monitoring uncollected prescriptions.
- The practice's cold chain policy, relating to ordering and receiving vaccines, was in need of review.

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had a range of safety policies which were regularly reviewed and communicated to staff. The adult safeguarding policy had been reviewed in September 2017, and policy relating to children had been reviewed in March 2018. They outlined clearly who to go to for further guidance. There were named leads for adult and child safeguarding. Staff received safety information for the practice as part of their induction and refresher training.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. We saw evidence of the practice providing information to local safeguarding teams when concerns were raised. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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.

- All staff received up-to-date safeguarding and safety training appropriate to their role – GPs and nurses to level 3. Staff knew how to identify and report concerns. Staff members who acted as chaperones were trained for the role and had received a DBS check. The chaperone policy had been reviewed in January 2018. Notices informing patients that chaperones were available were posted in the reception area and in the consultation rooms.
- One of the practice nurses was the designated lead for infection prevention and control. We saw evidence that regular infection prevention and control audits were conducted, most recently in September 2017, when the practice's infection prevention and control policy had been reviewed. We saw that other relevant policies relating to sample handling, the provision of personal protective equipment and waste management had also been reviewed. There were written protocols in consultation rooms providing guidance on handwashing technique and needle stick injuries. The practice maintained logs to confirm that medical equipment was cleaned weekly and maintained according to manufacturers' instructions. The premises were clean and tidy; we saw cleaning was carried out in accordance with written schedules and logs were maintained. Staff received annual refresher training. There were systems in place for safely managing healthcare waste.
- The practice conducted a health and safety risk assessment most recently in March 2018. A fire risk assessment had been carried out in August 2017; the fire safety policy had been reviewed in February 2018 and firefighting equipment and the fire alarm had been inspected in March 2018. The alarm was tested and logged. All staff had been trained in fire safety and there were identified fire marshals. Electrical appliances had been inspected and PAT tested in March 2018. The hard wiring had been inspected in September 2017 and the gas installation in May 2017. Medical equipment, including the vaccines fridge, had been inspected and calibrated in November 2017. A risk assessment in respect of Legionella, a bacterium which can contaminate water systems in buildings, was carried out in August 2016, with a contractor visiting on a

Are services safe?

six-monthly basis since then to take samples for analysis. Regular temperature testing was done in accordance with the legionella management plan and logged.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, but these were not consistently effective.

- There were arrangements for planning and monitoring the number and mix of staff needed, with staff rotas being prepared up to six weeks in advance. A salaried GP was to start at the practice in June 2018. We were told that staffing levels had been an issue in the past, but that they had improved since the new provider took over the service. The provider told us of plans to recruit more reception staff.
- The practice had an induction process for new staff, who were subject to a probationary period of three months.
- Staff understood their responsibilities to manage emergencies on the premises. They were up to date with training in basic life support. Emergency medical equipment and medicines were monitored and logged. The practice had a defibrillator – a device used for re-starting someone's heart - and an emergency oxygen supply, which was monitored and logged.
- The practice had a business continuity plan in place, which made provision for the service to operate from buddy practices, should the premises be unusable.

The provider told us staff were aware of the guidance issued by the National Institute for Health and Care Excellence (NICE) on sepsis - a condition that arises when the body's response to infection causes injury to its own tissues and organs. However, we saw no evidence to confirm that the matter had been discussed at practice or clinical meetings and there was no printed guidance available to reception staff or in the consultation / treatment rooms. The provider told us that there had been no formal training had been given. We found that receptionists were not aware of "red flag" symptoms patients might report, indicating immediate action is required.

Information to deliver safe care and treatment

Staff generally 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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, but we found issues that needed to be addressed.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- During the inspection we found 31 prescriptions that had not been collected by patients for over a month since being issued. The practice policy stated that prescriptions uncollected after one month should be removed from the collection box, recorded and passed to a GP for review. We reviewed the prescriptions with the provider and established that none of the patients were at risk. The provider immediately raised the issue as a significant event; the matter was investigated and we were sent the report two days later. A five-point action plan was drawn up, the event was discussed at a practice meeting and further training was provided. A revised policy was introduced, setting up a monthly log which would be completed by a staff member and signed off by a supervisor. We were sent both the revised policy and the log sheet.
- 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 reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. We saw that an audit of patients prescribed Sodium Valproate (a drug used to treat for epilepsy and bipolar disorder) had

Are services safe?

been carried out following a recent alert issued by the Medicines and Healthcare products Regulatory Agency (MHRA). The practice identified five patients currently being prescribed the drug and wrote to them with information on the possible risks associated with the drug.

- 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.
- The cold chain policy - process for ordering and receiving vaccines - required review. It currently named one of the practice nurses and the practice manager as being duly authorised. However, the practice manager had recently left and there was the need train a second staff member to be authorised to cover for the named nurse's absence.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy 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. Significant events were a standing agenda item at clinical and practice meetings. We saw that there had been three incidents treated as significant events since April 2017. In one case, it was found that a number of patients' electronic discharge summaries had not been processed. The practice allocated extra staff to clear the backlog and introduced a process to ensure that discharge emails were reviewed on a daily basis by a designated administrator and passed on to the provider for any necessary action.
- There was a system for receiving and acting on safety alerts. Alerts were received, reviewed and maintained on a central folder, overseen by the provider. We saw that an alert issued by the Medicines and Healthcare products Regulatory Agency (MHRA) in January 2018, regarding Drug-name confusion: reminder to be vigilant for potential errors, had been reviewed by practice staff, as well as guidance issued by the Havering CCG in February 2018, regarding a blood glucose monitoring system, used by some patients with diabetes.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection in March 2016 and February 2017, we had rated the service, under the previous provider as inadequate under the key question Effective.

At this inspection, we rated the practice and the population groups Older people and People whose circumstances make them vulnerable as requires improvement for providing effective services. We rated the population groups People with long-term conditions, Families, children and young people, and People experiencing poor mental health (including people with dementia) as good, in relation to an effective service.

- There was no formal system to assess and profile risks for older patients who are frail or for monitoring patients' unplanned admissions to hospital; NHS health checks for patients aged over 75-years were not being provided.
- Although we saw data that showed clinical performance in most areas had improved, more work was needed, for example in relation to care provided to people with diabetes and patients with learning disabilities.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results related to 2016 /17, before the current provider took over the service in April 2017. The results showed the practice had achieved 63% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The clinical exception reporting rate was 10%, comparable to the CCG and national averages. 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.

The practice showed us up to date figures for the year 2017 /18. These remained to be validated, but showed that the practice had achieved 92%, being 513 out of 559 points available, with a clinical exception rate of 8%.

- The practice was actively involved in quality improvement activity. We saw that four clinical audits had been carried out since April 2017. Two were completed two-cycle prescribing audits relating to Methotrexate (is a chemotherapy agent and immune system suppressant, used to treat cancer, autoimmune diseases, etc.), and Strontium (prescribed for some patients with osteoporosis). The Methotrexate audit showed an improvement between the two data collections confirming that all patients were prescribed the appropriate dosage by the end of the audit process and that there had been an increase in the number of patients who had had the appropriate blood tests in the previous three months. The second strontium audit data collection showed that all three patients who had been prescribed the drug had either had the medication changed or stopped, in accordance with guidelines.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Staff showed us they had online access to guidance, such as that issued by the National Institute for Health and Care Excellence (NICE). 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' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing. The provider told us staff used the World Health Organization pain ladder to assess patients' level of pain. But there was not a formal policy stating this. The provider told us one would be put in place.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated requires improvement for effective because:

Are services effective?

(for example, treatment is effective)

- The practice did not have a formal system to assess and profile risks for older patients who are frail. The provider demonstrated a process for coding such patients' records and told us these were monitored every two weeks.
- The provider told us that 86 patients had been identified as being at high risk of hospital admission, but there was no formal procedure for monitoring patients' unplanned admissions.
- The practice did not currently code patients' records for polypharmacy, but told us this would be introduced and audited.
- Staff told us that NHS health checks for patients aged over 75-years had been suspended. However, the provider said that they were to be reinstated and allocated to the nursing team.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated good for effective because:

- 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.
- We compared the published 2016/17 QOF data, relating to the previous provider, with data from 2017/18, since the current provider took over and which was yet to be validated. This indicated that an improvement in performance had been made. For example -

Asthma overall: (2016/17) - 91%; (2017/18) - 98%

Atrial fibrillation overall: 18%; 96%

COPD overall: 49%; 94%

Diabetes overall: 53%; 68%

Hypertension overall: 86%; 92%

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 70.46% (63.78% in 2016/17)
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79.56% (60.94% in 2016/17)
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 70.19% (59.22% in 2016/17)
- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy was 79.37% (40.91% in 2016/17)
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 79.57% (73.88% in 2016/17)
- The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions was 71.67% (64.90% in 2016/17)
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 88.12% (29.59% in 2016/17)
- The practice had recognised the need to further improve performance in relation to patients with diabetes and had introduced regular Saturday clinics to help address this.

Families, children and young people:

This population group was rated good for effective because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

(for example, treatment is effective)

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 77%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged over-45. Staff told us that approximately 200 patients had been contacted recently to offer these checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- We compared the published 2016/17 QOF data, relating to the previous provider, with data from 2017/18, since the current provider took over and which was yet to be validated. This indicated that an improvement in performance had been made. For example -

Cancer overall: (2016/17) - 45%; (2017/18) - 63%

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

- End of life care was delivered in a co-ordinated 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 homeless people, travellers and those with a learning disability.
- The practice had carried an annual care plan review of 21 out of 31 patients (67%) on the learning disabilities register.

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

This population group was rated good for effective because:

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- We saw several good examples of care plans, including some for patients experiencing poor mental health and those with dementia.
- We compared the published 2016/17 QOF data, relating to the previous provider, with data from 2017/18, since the current provider took over and which was yet to be validated. This indicated that an improvement in performance had been made. For example -

Dementia overall: (2016/17) - 22%; (2017/18) - 100%

Mental health overall: 44%; 92%

- Percentage of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months was 100% (30% in 2016/17)
- Percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months was 100% (32% in 2016/17)
- Percentage of patients experiencing poor mental health had received discussion and advice about alcohol consumption was 95% (51% in 2016/17)
- Percentage of people with severe mental health problems who receive annual physical health check was 95% (65% in 2016/17)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation, taking samples for the cervical screening programme, and responsibility for long term conditions had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time – half a day per month - and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. Staff told us that three appraisals were overdue - this had been a result of the practice manager recently leaving their post. However, we saw evidence that the outstanding appraisals had been scheduled.
- There was a clear approach for supporting and managing staff when their performance was poor or

Are services effective?

(for example, treatment is effective)

variable. The provider had commissioned the services of a human resources consultant to allow staff access to confidential advice on wellbeing, health and stress, as part of the new arrangements in place since taking over the service in April 2017.

Coordinating care and treatment

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

- The practice maintained registers including of patients with learning disabilities, and those experiencing poor mental health. We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- We saw examples of well-managed referrals for two-week wait appointments (for possible cancer) and of the practice handling pathology results.
- 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 saw evidence 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 patients who were 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, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

At our inspection in March 2016 and February 2017, we had rated the service, under the previous provider as good under the key question Caring.

At this inspection, we rated the practice and all of the population groups as good for caring.

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.
- We received eight Care Quality Commission patient comment cards all of which were positive about the caring aspects of the service. We spoke with 12 patients, most of whom shared this view, but two mentioned that the some receptionists were occasionally impolite.

We looked at the results of the 2017 annual national GP patient survey. The data was collected between January and March 2017, and therefore related to patients' experience of the service before the current provider took it over in April 2017. Surveys were sent to 263 patients and 104 were returned. This represented about 2% of the practice population. These had shown patients felt they were generally treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs were comparable with averages, but below average in relation to nurse consultations. For example:

- 85% 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 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.

- 83% of patients who responded said the nurse was good at listening to them; CCG - 90%; 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 - 89%; national average - 91%.

We discussed the nurses' results with staff. It was thought that a possible explanation for patients' perceptions was the use of frequent locums in the past. We noted that there were three locums still used regularly at the practice. The practice had reviewed the results of the survey at a meeting in January 2018 and put in place an action to make more nurses' appointments available "now to improve service and give 100% care".

The practice showed us the results of the Friends and Family Test over three previous months. These showed that of the 51 patients who had responded 46 would recommend the practice, while three would not.

Involvement in decisions about care and treatment

- Notices in the waiting area and on the practice website informed patients that interpreting services were available for patients who did not have English as a first language.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (over 1% of the practice list). The provider told us of future plans to offer carers health checks and flu vaccinations.

- The practice website had information and contact details for Carers Direct and local support organisations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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. There was information on the practice website regarding steps to take in the event of bereavement.

Are services caring?

- The practice had set up a “Chatter Natter” event, to be held at the surgery in April 2018, aimed at maintaining and improving patients’ physical and mental wellbeing. The practice intended to repeat the event up to 10 times a year.

Results from the 2017 national GP patient survey showed patients had shown that the practice had needed to improve patients’ involvement in planning and making decisions about their care and treatment. For example:

- 76% 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%.
- 76% 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%.
- 81% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

It was anticipated that actions introduced following the practice’s review of the national GP patient survey would improve future results.

Privacy and dignity

The practice respected patients’ privacy and dignity.

- Staff recognised the importance of patients’ dignity and respect.
- The waiting area was small and there was the chance that conversations with receptionists could be overheard by patients. However, staff were aware of the need for confidentiality and a private room was available if patients wished to discuss personal issues. The patient participation group had suggested that low background music could be played in the waiting area to help mask conversations and this was being investigated by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in March 2016 and February 2017, we had rated the service, under the previous provider as good under the key question Responsive.

At this inspection, we again rated the practice and all of the population groups as good in relation to responsive services.

Responding to and meeting people's needs

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

- The provider had reviewed the appointments system since taking over the service in April 2017 and this process was ongoing, with feedback being sought from patients on changes made.
- The practice understood the needs of its population and tailored services in response to those needs. For example, by operating extended opening hours and online services such as repeat prescription requests, advanced booking of appointments.
- Text message reminders were sent to patients who had provided their mobile numbers and consented to being contacted.
- The practice made reasonable adjustments when patients found it hard to access services. For example, by providing the opportunity for daily telephone consultations with GPs and nurses.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The facilities and premises were generally appropriate for the services delivered. However, access might be difficult for patients with mobility problems. The premises were a converted and extended bungalow, with four consultation rooms. Since taking over the service, the provider had had refurbishment work carried out in the consultation rooms and administrative office. Possibilities for further extension were limited, although there were plans to refurbish the reception area and add a disabled toilet.

Older people:

This population group was rated good for responsive.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to their healthcare issues.
- The practice website had information regarding local groups for the elderly.

People with long-term conditions:

This population group was rated good for responsive.

- 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 regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Saturday clinics had been introduced for patients with diabetes

Families, children and young people:

This population group was rated good for responsive.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice website had information regarding local groups for the mothers with babies and toddlers.

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

This population group was rated good for responsive.

- 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.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available, which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated good for responsive.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

This population group was rated good for responsive.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system was easy to use. Routine appointments were available within a week, with emergency appointments available on the day.
- Patients with the most urgent needs had their care and treatment prioritised.
- Feedback from patients suggested that appointments were often delayed, although the practice had put in place actions to address this.

Results from the 2017 annual national GP patient survey had shown that patients' satisfaction with how they could access care and treatment was previously generally comparable to local and national averages, although they showed delays in being seen were above average.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 70% of patients who responded said they could get through easily to the practice by phone; CCG – 65%; national average – 71%.

- 83% 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 – 81%; national average – 84%.
- 80% of patients who responded said their last appointment was convenient; CCG – 77%; national average – 81%.
- 68% of patients who responded described their experience of making an appointment as good; CCG – 69%; national average – 73%.
- 46% of patients who responded said they don't normally have to wait too long to be seen; CCG – 55%; national average – 58%.
- 54% usually wait 15 minutes or less after their appointment time to be seen; CCG – 61%; national average – 64%.

Most of the patients who gave us feedback mentioned delays in getting through on the phone, stating they were required to hold for long periods or hang up and try again. They also said that appointments often ran late. The provider was aware of these concerns, having reviewed the results of the GP patient survey with staff in January 2018. Actions had been put in place to provide training for receptionist to answer calls promptly; the telephone provider had been asked to install two more lines; and a check-in screen had been obtained for patients, avoiding the need for them to queue at reception. A further action was to ensure that all clinicians started their clinics promptly to avoid delays. Staff told us that further plans were in place to appoint an employed GP in June 2018 and more receptionists were to be recruited. In addition patients were to be better informed of the availability of extended hours service and walk in centres within the borough as possible alternatives to attending the practice.

Some patients told us that they thought they had made an appointment with GP, but then in fact saw one of the nurses. We established that this was the nurse practitioner and the confusion suggests the need for more clarity over appointments and for the nurse practitioner's role and duties to be explained to patients.

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.

Are services responsive to people's needs? (for example, to feedback?)

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaints policy and procedure were in line with recognised guidance. We saw that 14 complaints had been received since April 2017. We reviewed three and found that they were satisfactorily handled in a timely way, with patients being given an explanation of events and, where appropriate an apology.
- 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. We saw one example of a complaint where a patient had been unhappy with their consultation, feeling that the clinician had seemed rushed and distant. The learning points, shared with staff as a consequence, included the need for reflection, to be conscious of patients' anxiety when attending the practice.

Are services well-led?

Good 

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

Our findings

At our inspection in March 2016 and February 2017, we had rated the service, under the previous provider as inadequate under the key question Well-led.

At this inspection, we rated the practice as good in relation to the service being well-led.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. The practice manager had recently left and their duties were being shared by two supervisors, pending recruitment.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice had developed its vision, values and strategy jointly with patients, staff and external partners. Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice was working to meet the needs of the practice population. The provider had taken over the service in April 2017 and had carried out various reviews relating to service delivery, to identify where improvements could be made. Work was still ongoing at the date of our inspection, but data showed an improvement in clinical performance had been achieved.

Culture

We saw that the provider aspires to a culture of high quality, sustainable care, but there remain some fundamental issues, relating to patient safety and the

effectiveness of the service that need to be addressed. Changes introduced need to become embedded to ensure that patients' outcomes continue to improve and the provider should continue to engage and work with service commissioners and local networks to ensure the improved service is sustainable.

- Existing staff had transferred when the provider took over the service in April 2017. We were told that some had since left, but that others had been recruited and more recruitment was planned. Staff told us that the transition had been problematical, but they now felt settled and were confident that improvements made to the service could be maintained. They stated they felt respected, supported and valued.
- 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. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Most staff received annual appraisals, but three were outstanding due to the practice manager leaving recently. We saw these had been scheduled. 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.
- There was a strong emphasis on the safety and well-being of all staff. A consultancy had been appointed to provide health and well-being advice.
- The practice actively promoted equality and diversity.
- There were positive relationships between staff members.

Governance arrangements

Are services well-led?

Good 

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

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were generally understood and effective. However, we found that a number of uncollected prescriptions had not been identified by staff in accordance with the relevant policy. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There was effective clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of national and local safety alerts, incidents and complaints.
- 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.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. Patients were encouraged to submit comments and suggestions, using forms available in the waiting area and via the practice website.
- There was an active patient participation group (PPG). We met with the chair of the PPG, who was positive regarding improvements made since the provider took over the service. The group was made up of four members and met two or three times a year.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The provider had worked with existing staff to review procedure and service performance. We saw evidence of improvement from current performance data.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Good 

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

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

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Although there were safety systems in place, these did not always operate effectively to minimise risks to patients. Staff had not been trained in relation to dealing with suspected cases of sepsis; there was no evidence that sepsis had been discussed at practice meetings and there was no formal guidance available to staff.• We found that practice staff had not acted in accordance with its policy on monitoring uncollected prescriptions.• There was no formal system to assess and profile risks for older patients who are frail or for monitoring patients' unplanned admissions to hospital.• NHS health checks for patients aged over 75-years were not being provided. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>