Ravensbury Park 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?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ravensbury Park Medical Centre on 11 January 2017. The overall rating for the practice was inadequate (inadequate ratings for all key questions apart from caring, which was rated as requires improvement) and the practice was placed in special measures for a period of six months. The previous reports can be found by selecting the 'all reports' link for Ravensbury Park Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 26 September 2017. Overall the practice remains rated as inadequate.

Our key findings were as follows:

- The system for managing significant events did not ensure that lessons were learned.
- There were not effective arrangements to safeguard children and vulnerable adults from abuse.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe.
- Arrangements for emergencies and major incidents still did not ensure that the practice would be able to respond effectively.
- Data showed rates of childhood immunisation and patient outcomes for some long-term conditions were below the national average.
- The practice had failed to act on evidence of deteriorating satisfaction with telephone access.
- There was little evidence of quality improvement activity that resulted in improved patient care.
- There were no governance meetings. Clinical meetings had no evidence of follow up on actions that been agreed.
- There was no evidence of continuous learning and improvement driven from within the practice.

Importantly, the provider must:

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

In addition the provider should:

Summary of findings

- Review the systems for information governance, to maintain patient confidentiality.
- Develop arrangements to ensure female patients can be treated by a clinician of the same sex.
- Review the impact on patient care of the 'one issue per appointment policy'.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Improve the complaints system to ensure that all complaints are recorded, including verbal complaints, and that this information is formally reviewed to assess for trends.

This service was placed in special measures in March 2017. As a result, the practice received a package of support from the Royal College of General Practitioners, NHS England and the Clinical Commissioning Group.

Insufficient improvements have been made such that there remain ratings of inadequate for safety, effectiveness, responsiveness and being well led. Therefore the service will remain in special measures.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was still not an effective system in place for reporting, recording and learning from significant events. The process remained unclear, both for reporting, recording and formal discussion. Incidents that had been recognised as significant events had not been documented or formally discussed. When things went wrong, patients had not received a full account with a written apology.
- Some systems, processes and practices to minimise risks to patient safety were not sufficiently well-developed or embedded to ensure patient safety, particularly risks related to managing medicines including high risk medicines.
- Arrangements for safeguarding children and vulnerable adults were ineffective, as key information was not accessible to clinicians and correspondence was not reviewed promptly.
- Arrangements for emergencies and major incidents still did not ensure that the practice would be able to respond appropriately, due to issues with access and because the systems in place did not ensure that equipment would be available and functional if required.
- Records were not all complete in the staff members' files but when requested, the practice showed us evidence that appropriate recruitment checks had been undertaken prior to employment.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes remained below average in diabetes care and high blood pressure.
- Rates of child immunisation were below average.
- There remained little evidence of improved care as a result of quality improvement activity, with only one completed audit.
- Although training required for all staff (such as in infection control) had now been completed, there were still issues with ensuring that staff had role-specific training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, but the information gained was not always made accessible to clinical staff.

Summary of findings

- End of life care was coordinated with other services involved.
- Not all staff had received an annual appraisal to identify their learning needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice below average for nursing care. Although the practice had carried its own survey, which showed high rates of satisfaction, this had not been independently verified.
- Survey information showed satisfaction with GPs was in line with average.
- We saw staff treated patients with kindness and respect, but that patient confidentiality was not always maintained.
- The practice had identified 50 patients as carers (less than 1% of the practice list). Carers were offered flu vaccinations and advice upon request.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice had failed to act on evidence from the national GP patient survey that patient satisfaction with telephone access had deteriorated, judging it to be a short-term issue that was resolved, despite verbal complaints from patients. Patients told us that getting through by phone was an ongoing issue.
- The practice had recognised that it had relatively high levels of patients with diabetes and had developed its services in this area, however this had not yet resulted in good patient outcomes as measured by the Quality and Outcomes Framework.
- Patients told us on the day of the inspection that they were generally able to get appointments when they needed them, although same day appointments were difficult due to problems with telephone access, and there was dissatisfaction with the 'one issue per appointment' policy.
- The practice premises were purpose built, with good access for people with impaired mobility.
- The complaints we reviewed were satisfactorily handled and in a timely way. There was no central record of all complaints received, or record of discussion of complaints to check for trends.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The governance framework did not support the delivery of good quality care. Policies were not always available to staff and some staff were unaware of key policies in place, such as the significant event policy.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective, in part because of poor communication.
- There were not adequate systems in place to monitor the practice performance and adherence to guidance, and to ensure improvement.
- There were no governance meetings. Clinical meetings had no evidence of follow up on actions that been agreed.
- There was no evidence of continuous learning and improvement driven from within the practice.
- The patient participation group was active and staff had opportunities to give feedback.
- Staff had received inductions and attended staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safety, effectiveness and for being well-led and requires improvement for being responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered home visits and urgent appointments for those with enhanced needs, including older patients. However, for appointments within the practice, the practice had a policy of only allowing patients to discuss one issue per appointment, which could present difficulties for some older patients, who are more likely to be diagnosed with multiple medical conditions, which can interact.
- Older patients had a named GP to support their care.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, effectiveness and for being well-led and requires improvement for being responsive. The issues identified as inadequate overall affected all patients including this population group.

- Data from the Quality and Outcomes Framework showed patient outcomes remained below average in diabetes care and high blood pressure.
- The practice had developed its services for patients with long-term conditions, but this had not yet resulted in improved patient outcomes as measured by the Quality and Outcomes Framework.
- The practice was not prescribing high risk medicines required to manage some long-term conditions safely.

Families, children and young people

Inadequate

The provider was rated as inadequate for safety, effectiveness and for being well-led and requires improvement for being responsive. The issues identified as inadequate overall affected all patients including this population group.

- Immunisation rates were below average for standard childhood immunisations.
- The practice worked with midwives, health visitors and school nurses to support this population group, but information gained about safeguarding concerns was not stored so that it could be accessed when required.

Summary of findings

- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 82%, but arrangements for following up samples were not effective.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety, effectiveness and for being well-led and requires improvement for being responsive. The issues identified as inadequate overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- There were issues with accessing the practice by telephone, which the practice had failed to act on, and which were likely to affect working age people whose time is restricted.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety, effectiveness and for being well-led and requires improvement for being responsive. The issues identified as inadequate overall affected all patients including this population group.

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable, but the practice's overall systems for ensuring patients were safeguarded from abuse were not effective as recent information was not available for clinical staff.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety, effectiveness and for being well-led and requires improvement for being responsive. The issues identified as inadequate overall affected all patients including this population group.

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. Two hundred and eighty-four survey forms were distributed and 113 were returned. This represented 2% of the practice's patient list.

- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, of which 20 were wholly positive, particularly about reception staff. Four cards had mixed feedback.

We spoke with 18 patients during the inspection. In general patients said they were satisfied with the care they received, but raised issues with telephone and appointment access, and the practice 'one issue per appointment' policy.

The practice participated in the Friends and Family test, where patients are asked if they would recommend a practice to family and friends. The practice's analysis of the results showed that 65 patients had responded, with 91% saying they would be 'extremely likely' or 'likely' to recommend, the time period for these responses had not been recorded.

Ravensbury Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Ravensbury Park Medical Centre

Ravensbury Park Medical Centre is in Merton, south west London. The practice has 5400 patients.

The surgery is purpose built premises, over two floors. There is some patient parking and the area is well served by public transport. The building has level access. The practice rents the premises from a private landlord. Also in the same building are a pharmacy, a café and a private flat (all rented from the same landlord).

Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 20 – 49, and many fewer patients aged 50+ than at an average GP practice in England. The surgery is based in an area with a deprivation score of six out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed.

Although registered with CQC as a sole provider, the practice is run by four partners, three GPs (two male and one female) and one non-clinical partner, who is the managing partner. At the time of the inspection, there were two full time male doctors working at the practice, as the female partner was on leave, supplemented by some sessions from a regular locum GP. The practice offers 22 GP sessions per week. There are two practice nurses, who both work part-time, with working hours roughly equivalent to one full-time nurse (40 hours). One of the nurses is qualified as an independent prescriber.

The practice is open between 8am and 7pm Monday to Friday, with late opening on Tuesday (until 8pm) and Wednesday (until 8.30pm). Appointments with GPs are available between from 8am and 6.30pm Monday to Friday, and until 7.30pm on Tuesday and 8.00pm on Wednesday.

When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Merton Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the second time that the CQC has inspected the practice under this rating methodology. The practice was inspected on 6 February 2014 under the previous methodology, when it was found to be compliant with the regulations in force at that time.

When we inspected on 11 January 2017 we found breaches of regulations related to safety and good governance. We issued warning notices in relation to these issues.

The practice is registered with CQC as a sole provider, although it has been operating as a partnership for more than a year. The practice is also registered as operating

from a previous location. When we inspected in January 2017 we reminded the practice that correct registration is a legal obligation and that we would take action if they did not correct their registration. In May 2017 the practice had an application accepted to change the registration, which is being reviewed.

Why we carried out this inspection

We undertook a comprehensive inspection of Ravensbury Park Medical Centre on 11 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months. We also issued warning notices to the provider in respect of safety and good governance.

The previous reports can be found by selecting the 'all reports' link for Ravensbury Park Medical Centre on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection of Ravensbury Park Medical Centre on 26 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether sufficient improvement had been made for the practice to out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 26 September 2017. During our visit we:

- Spoke with two GPs, the managing partner, a practice nurse and two non-clinical staff members and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with family members.
- Reviewed a sample of treatment records of patients, because of concerns about the handling of high risk medicine prescribing and safeguarding concerns.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

At our previous inspection on 11 January 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of risk management, including fire safety and infection control were not adequate. There were not effective systems in place for reporting, recording and learning from significant events or for safeguarding patients from abuse. Arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not sufficient to keep patients safe and recruitment checks were incomplete. We issued a warning notice with regards to these deficiencies.

Although there was improvement in some areas, we found that safety systems were still unsatisfactory. The practice is still rated as inadequate for providing safe services.

Safe track record and learning

When we last inspected we found that there was no clear process for reporting and recording significant events and reports lacked detail. We heard of significant events that had not been documented or discussed in team meetings. At this inspection we found that the system for managing significant events still did not ensure that lessons were learned.

- We noted that although the practice now had a policy in place not all clinical staff were aware of it. There were still two methods of reporting, a formal reporting template and an incident book, and some staff were unclear as to whether they completed one or both. The managing partner told us that she checked the incident book "almost every day" and writes up the significant incident forms for incidents reported in the book.
- Two significant events had been formally documented. We heard of several other incidents described by staff or in practice documents as significant events but that had not been managed using the significant event process. Some, but not all of these had been discussed at meetings under various headings (significant events, incidents or interesting cases). One significant event (which was actually two linked events that took place in July and August 2017) had not been documented or formally discussed. There was no central log to track actions agreed or any mechanism to allow identification of trends. We noted several events which appeared to have a common theme.
- There was an instance where errors were made relating to the same patient on more than one occasion, this was not managed as a significant event and learning did not occur. The patient or their relative did not receive a written explanation and apology.
- When we asked staff about significant events most gave us the same example (of a patient who had been incorrectly coded on the electronic patient record), but not all could tell us of any learning or changes that had resulted.

- At the last inspection we found there was no effective system for acting upon patient safety alerts. At this inspection, there was no central system to track which patient safety alerts had been reviewed, and the actions taken. We saw evidence that some patient safety alerts had been acted upon, but that only one had been discussed in a clinical meeting. We were told at this inspection that there was a system to review and disseminate patient safety alerts to all clinical staff, but not all clinical staff were aware of it.

Overview of safety systems and processes

At the last inspection we found that staff had not had the required training in keeping patients safeguarded from abuse, staff were not aware of the practice policy and chaperones had not had a records check. At this inspection we found that although there was improvement, the practice systems remained inadequate to keep patients safe:

- There was a policy which reflected relevant legislation and local requirements and had a named lead staff member for safeguarding. However, the practice had chosen to store details related to safeguarding cases on a spreadsheet (for example, latest updates or agreed actions from other health professionals) rather than on the patient's record. The lead GP for safeguarding was unable (when asked) to identify which note related to which patient coded with a safeguarding alert (as would be necessary if that patient attended the practice), without help from a non-clinical member of staff.

Another GP was unable to locate the spreadsheet. There was no reference in the practice's locum pack to the safeguarding spreadsheet, so locum GPs would not have been aware it existed.

- There were four items in the practice workflow that had been sent more than two months ago, and which had not been opened. One of these related to a safeguarding issue and was dated from November 2016. After the inspection, the practice told us that they had dealt with the correspondence, and ensured that any actions required had been taken or were in hand.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had a system of monitoring to ensure that patients referred for urgent consultations had received an appointment. We noted this record was incomplete, with missing records for referrals made in August and September.

The practice was made aware (by the clinical commissioning group) in April 2017 of the need for a systematic process to monitor cervical samples. This was not implemented until June 2017, after audit revealed follow up had not occurred. Nurses were asked to recall the patients and set up spreadsheets to track the outcome of samples taken. We saw that one of the spreadsheets was incomplete.

At the last inspection we observed the premises to be clean and tidy, but the arrangements to prevent and control the spread of infections not to be effective. At this inspection:

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place, but these were not always effective, for example we noted that when we arrived at the practice there was no handwashing soap in a staff toilet.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. We reviewed an IPC audit where action had been taken to address any improvements identified as a result. There had been an external infection control audit in April 2016 and we saw evidence that action was taken to address any improvements identified as a result.

At the last inspection we found arrangements for managing medicines, including emergency medicines and vaccines, were not adequate to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). Vaccine fridges were left unlocked, there was no system for secure storage or monitoring of prescription forms or pads and the prescribing policy lacked key details. At this inspection we observed that although action had been taken on the specific areas we identified, arrangements were still not sufficient to keep patients safe:

- There were processes for handling repeat prescriptions, but we found issues with the processes for reviewing high risk medicines (which require regular checks to ensure the dose is safe.) The practice policy had been updated to include details of high risk prescribing processes, but the rule that no methotrexate (a medicine used to treat cancers and autoimmune disorders) would ever be prescribed without blood test results may place some patients at risk of harm. Patient record checks showed that practice were not consistently checking and recording blood test results before prescribing (in line with the documented processes). We found inconsistencies in the prescribing of three high risk medicines, including several patients with incomplete blood tests results, one with no blood tests recorded for twelve months and others with no test results recorded. We asked the practice for an assurance that patient checks had been carried out. We were not able to use the materials sent in response as they contained confidential information with patient identifiers and related only to two high risk medicines.
- Blank prescription forms were securely stored and there were now systems to monitor their use. Clinical and non-clinical staff told us of two different systems for monitoring prescription pads (taken on home visits) introduced shortly before the inspection (one involving

monitoring the use of forms and the other the use of prescription pads). Neither group was aware of the other system, increasing rather than decreasing the risk of prescription stationary misuse.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received support from a nurse consultant within the Clinical Commissioning Group, but no specific support from the medical staff within the practice for this extended role. We asked the practice for evidence of the independent prescribers competence to prescribe, and were sent only summary of evidence that had been prepared by the prescriber's previous practice, which listed training undertaken between 2013 and 2016. The summary listed audit activities that would be carried out, none of which had taken place at Ravensbury Park Medical Centre.
- There was one vaccine in the practice vaccine supplies which had expired in March 2017. This was for a named patient and had been dispensed in February 2016.
- Patient Group Directions were required to allow the other practice nurse to administer medicines in line with legislation, signed by the nurse and a GP. All of the Patient Group Directions had been signed by a GP the week before the inspection, months and in several cases more than a year after signature by the nurse.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice.

At the last inspection, we found that appropriate recruitment checks had not been undertaken prior to employment.

This time we reviewed four personnel files for evidence that appropriate recruitment checks had been carried out. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Records were not all complete in the staff members' files but when requested, the practice showed us evidence that appropriate recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

At the last inspection, we found risks such as fire and electrical safety had not been appropriately assessed or managed, and there were sometimes insufficient staff to provide a safe service. At this inspection:

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had a minimum staff policy that stated that there needed to be at least two GP sessions, one nurse on duty all day and two reception/admin staff on duty. On the day we inspected, there was no nurse on duty (they attended the practice only to meet with us) staff told us that there was often only one member of administration or reception staff on duty.

Arrangements to deal with emergencies and major incidents

The arrangements for emergencies and major incidents had improved since the last inspection, but remained insufficient to ensure that the practice could respond adequately if required.

At the time of the last inspection, there were several medicines missing from the practice supply to allow them to respond to common medical emergencies and the emergency equipment and medicines were stored in an unlocked room. At this inspection we saw :

- Emergency medicines and emergency equipment were stored in a keypad secured area. We asked two reception staff who did not know the code. Although staff knew where to look for the code, this could delay treatment in an emergency.
- The practice had full range of medicines to respond to common emergencies. There was a system in place to check if any of the emergency medicines had passed

their expiry dates, but no documented check that the medicines had not been used. A medicine had been added to the practice supply without being added to the practice expiry checklist.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, but the system of documented checks did not include a check that the defibrillator was functioning or that the oxygen was sufficiently full.
- At the time of the last inspection the practice did not have a business continuity plan for major incidents such as power failure or building damage. We saw a comprehensive business continuity plan at this inspection, including relevant contact numbers. However, we were told by the managing partner that it was not stored offsite, making it unusable in the event that the building was inaccessible.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- A first aid kit and accident book were available. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 January 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of patient outcomes, quality improvement activity and staff training were unsatisfactory.

There had been some action on the areas we identified when we undertook a follow up inspection on 26 September 2017, but there was evidence that effective care was still not being provided. The practice remains rated as inadequate for providing effective services.

Effective needs assessment

- Staff told us that they had access to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, but there were no documented systems in place to ensure clinical staff kept up to date. Staff told us that guidelines were discussed in meetings, but this was not evidenced by minutes.
- Treatment of conditions that required high risk medicines was not being managed in line with guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). (QOF is a system intended to improve the quality of general practice and reward good practice).

At the time of the last inspection, we noted that data published by from Public Health England showed that performance in several of these indicators had been below average since 2012/13, with further deterioration in 2015/16.

The most recent published results (2015/16) were 85% of the total number of points available, compared to the local average of 95% and the national average of 95%.

The practice showed us (unvalidated and unpublished) evidence that their performance had improved a little in 2016/17, but the results were still below average. We noted that practice had now developed long term condition clinics and employed a diabetes specialist nurse. Results for the first half of this QOF year were in line with the full year performance in 2016/17, but it was too early to tell whether this would result in performance in line with average at the end of the 2017/18 year.

For example, in performance for diabetes related indicators:

- In 2015/16: 61% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 72% and the national average of 78%. In 2016/17 (based on unvalidated data from the practice) this was 67%. In the 2017/18 year so far, the practice's own data showed performance of 66%.
- In 2015/16: 41% of patients with diabetes had well controlled blood pressure, compared to the local average of 74% and the national average of 78%. %. In 2016/17 (based on unvalidated data from the practice) this was 55%. In the 2017/18 year so far, the practice's own data showed performance of 55%.

Performance for mental health related indicators was comparable to the national average in 2015/16. For example:

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 89% and the national average of 89%.
- 88% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%.

Data from the practice (unvalidated) showed similar or improved performance in 2016/17 and for the 2017/18 year so far.

Rates of exception reporting were similar or below to local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

At the time of the last inspection there was little quality improvement activity, and little evidence that this activity

Inadequate

Are services effective?

(for example, treatment is effective)

had led to improvement in patient care. At this inspection we saw slightly more evidence of quality improvement activity, but still little evidence of improvement in patient care as a result.

- There had been three clinical audits commenced in the last two years: on prescribing for urinary tract infections, cancer care and cervical sampling. Only the cervical sampling audit was a completed two cycle audit.
- We raised concerns about high rates of inadequate cervical samples at the last inspection. The senior partner explained the practice had therefore decided to focus this as an area for improvement, but it is a contractual requirement that cervical sampling is audited and the results acted upon. The audit finds rates for one of the sample takers to still be above average for inadequate sample (6% compared to the expected 1 – 2%) but has no recommendations designed to improve the rate of adequacy apart from "Yearly cervical smear updates for all samplers". Despite the weak audit response, we looked at evidence that showed that clinical commissioning group had provided focused training for the nurse and that current inadequacy rates were in line with expectation.

Effective staffing

When we inspected in January 2017, we found that not all staff had had the training required for their roles, as there was no system to ensure that mandatory training was undertaken and maintained. At this inspection we found that although training required for all staff (such as in infection control) had improved, there were still issues with ensuring that staff had role-specific training.

- Not all staff had received an annual appraisal to identify their learning needs. A review by the Clinical Commissioning Group (CCG) noted that a nurse had no appraisal in 2015 and we found that there was no appraisal on file for the same nurse in 2016. The managing partner told us that appraisals had been completed for five non-clinical staff since the last inspection.
- There was no evidence that the competency of the independent nurse prescriber (to prescribe safely and effectively for certain conditions) had been checked or maintained.
- The CCG report noted that a nurse "had some issues getting time out of practice to attend training sessions due to staff shortages." Although a second nurse had since been recruited, we noted that they did not feel they had sufficient time for administrative tasks.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not available to relevant staff in a timely and accessible way.

- Information about safeguarding concerns was stored in a separate spreadsheet, resulting in the information not being easily accessible.
- There were unread items in the practice correspondence workflow which dated from November 2016, March 2017 and July 2017. After the inspection, the practice told us that they had dealt with the correspondence, and ensured that any actions required had been taken or were in hand.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

At the time of the last inspection there were no regular meetings with other health care professionals (for example, health visitors or district nurses) to assess and plan ongoing care and treatment for patients with complex needs. These were now in place.

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.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Inadequate

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or alcohol cessation.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 81% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. Until June 2017 there was no failsafe system to ensure results were received for all samples sent for the cervical screening programme and the practice had failed to follow up women who were received abnormal results in a timely way. The new failsafe system introduced was not completed in all cases.

The latest published data on bowel and breast cancer screening practice dates from 2015/16. Take up of screening by patients from the practice was below the national average. For example, 56% of females age 50 – 70 were screened for breast cancer in the preceding 36 months (compared to the CCG average of 65% and the national average of 73%) and 47% of patients age 60 – 69 were screened for bowel cancer in the preceding 30 months (compared to the CCG average of 50% and the national average of 58%.)

At the last inspection we noted that rates of some childhood immunisations were below average. The evidence at the time of this inspection showed that the practice's performance remained below average. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one of four areas (children aged one with a full course of recommended vaccines). The practice scored between 83% and 85% for the other three indicators. The four measures can be aggregated and scored out of 10, with the practice scoring 8.7 (compared to the national average of 9.1). In April 2017 the Clinical Commissioning Group identified that the practice was not contacting patients who did not present for immunisations three times, in line with guidance. We were told that the practice now had a new system which involved using automated lists from in practice computer system (rather than manual lists) and dedicated administration time to contact parents of children due for immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Good

Are services caring?

Our findings

At our previous inspection on 11 January 2017, we rated the practice as requires improvement for being caring as data from the national GP patient survey showed patients rated the practice below average for aspects of care from nurses. The practice had identified 22 patients as carers (less than 0.5% of the practice list).

When we carried out a follow-up inspection on 26 September 2017 we found that the practice had carried out its own survey that found high satisfaction with the nursing service, but this had not been independently verified. There were some issues with patient confidentiality in the reception area.

The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations that identified patients and their medical conditions could be overheard in reception. This was raised as a concern by one patient (on a comment card). There was a sign in reception that advised that the there was a private room if patients preferred, but this was placed high on the wall where it was not easy to see.

We received 24 comment cards, of which 20 were wholly positive, particularly about reception staff. Four cards had mixed feedback.

The practice participated in the Friends and Family test, where patients are asked if they would recommend a practice to family and friends. The practice's analysis of the results showed that 65 patients had responded, with 91% saying they would be 'extremely likely' or 'likely' to recommend.

The practice was in line with average for its satisfaction scores on consultations with GPs in the national GP patient survey, but below average for nurses. For example:

- 91% of patients 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%.
- 87% of patients said the GP was good at giving them enough time compared to the CCG average of 82% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 84% and the national average of 96%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 82% and the national average of 86%.
- 78% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.
- 88% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 86% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs but below average for nursing care. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.

Good

Are services caring?

- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 82% and the national average of 85%.

In response to the below average nursing feedback, the practice had involved the practice participation group in running a survey of patients shortly before the inspection. The practice used the same questions as in the national survey and results showed that the seventy-six patients surveyed were satisfied with the nursing care they received (more than 90% answered that the nurse they saw was "good" or "very good" to every question).

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (just under 1% of the practice list). Carers were offered flu vaccinations and advice upon request.

Staff told us that if families had experienced bereavement, the practice sent a condolence letter with contact details to call if they would like an appointment.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 January 2017, we rated the practice as inadequate for providing responsive services as there was evidence that practice was not always providing appropriate access to GPs and nurses when patients needed them, including on home visits, and there was not an effective system in place to manage complaints.

There was some improvement when we undertook a follow up inspection on 26 September 2017, with better access to appointments and home visits. However, the practice had failed to take action on evidence that patient satisfaction with telephone access had deteriorated.

The practice is now rated as requires improvement for being responsive to people's needs.

Responding to and meeting people's needs

- The practice had taken steps to address the needs of its population by taking action to improve the care of patients with long-term health conditions (e.g. diabetes) which we found was below average when we last inspected.
- Nine of the 18 patients we spoke to expressed concerns about not having sufficient time in appointments, with five mentioning the practice's 'one issue per appointment' policy specifically as a barrier to good care.
- There was no female GP as the female partner was on maternity leave, and no specific actions had been taken to ensure that patients could access a female GP if they wished to.
- The practice offered extended hours on a Tuesday (until 7.30pm) and Wednesday (until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- There was lift access to the second floor.

Access to the service

The practice was open between 8am and 7pm Monday to Friday, with late opening on Tuesday (until 8pm) and Wednesday (until 8.30pm). Appointments with GPs were available between from 8am and 6.30pm Monday to Friday, and until 7.30pm on Tuesday and 8.00pm on Wednesday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable to local and national averages, but below average for telephone access.

- 49% of patients said they could get through easily to the practice by phone compared to the local average of 62% and the national average of 71%.
- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 77% and the national average of 81%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

The practice had not taken any action on the evidence that patient satisfaction with telephone access had deteriorated. Their evaluation says that the problems were caused by issues with their phone service in and was resolved in July 2017. However, minutes of a meeting in August show there had been recent verbal complaints. Patients told us getting through by phone was an ongoing issue, both with getting through and with being cut off multiple times during peak demand.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection they were generally able to get appointments when they needed them, although getting an on the day appointment relied on getting through on the phone before all the slots were filled.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention, by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at five complaints recorded as received in the last 12 months (one received in writing, the others received verbally). Based on the records kept, they were satisfactorily handled and in a timely way. There was no central record of all complaints received, or record of discussion of complaints to check for trends.

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 11 January 2017, we rated the practice as inadequate for providing well-led services as the governance framework did not support the delivery of good quality care, with deficiencies in practice-specific policies, arrangements for managing risk, performance monitoring and action, training systems, and the documentation and follow up of actions.

We issued a warning notice in respect of these issues.

When we undertook a follow up inspection of the service on 26 September 2017 we found that there had been some action, with new policies and some new systems to manage risk and improve care. However, not all policies were known or available to all staff, and some new systems to manage risk and improve quality had not been implemented effectively.

The practice remains rated as inadequate for being well-led.

Vision and strategy

Compared to the last inspection, the practice had a clearer vision for how it delivered care. Staff felt that the practice was better able to meet patient demand for appointments and that policies were useful. However, deficiencies in governance impeded the practice's ability to implement the vision and provide safe person centred care.

Governance arrangements

When we last inspected, we found that practice specific policies were not well embedded or implemented. At this inspection, we noted that:

- There was now a single suite of practice policies and staff were aware that policies were stored on the practice computer system. However, there was a lack of awareness of key policies among staff, for example, not all clinical staff were aware of the significant events policy. The minimum staffing policy was not being applied.
- Not all policies had a review date (for example the adult safeguarding policy), to allow for timely review and update.
- We were told that all of the policies had been accidentally deleted two days before the inspection, and that there were no previous versions or back-ups accessible to the practice. According to the practice, external IT support had restored the files two days later, but they had not all been returned to the same directory on the computer system, making it harder for staff to find information during the inspection.
- Overall information governance was weak. On several occasions the practice sent us documents in error, instead of documents we requested and twice sent us documents with sensitive information and patient identifiers.
- There were unread items in the practice correspondence workflow which dated from March 2017 and July 2017, as they had been assigned to a staff member on maternity leave, showing a failure to prepare for this planned absence. After the inspection, the practice told us that they had dealt with the correspondence, and ensured that any actions required had been taken or were in hand.
- At the last inspection we found that there was no system for ensuring staff training needs were met. A new training matrix had been developed, but this was not complete at the time we inspected, and we were told this was because we were not expected to return before October.

The practice had attempted to address issues with identifying, recording and managing risks, issues and implementing mitigating actions. However, actions taken to address some risks were still not effective, in part because of poor assessment and communication. For example, in respect of significant events, safeguarding, medicines management and the practice's business continuity arrangements.

Efforts to improve patient care through structured quality improvement activity had not resulted in demonstrable improvement against national benchmarks, such as the Quality and Outcome Framework. There were insufficient systems to monitor performance and identify potential trends.

There was a clear staffing structure and staff were aware of their own roles, although the systems were not always sufficient to allow them to carry out their responsibilities, for example if they had safeguarding concerns.

Are services well-led?

Inadequate

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

Leadership and culture

At the last inspection we noted that staff felt well-supported within their teams, but would not necessarily approach the partners for support. There were few formal meetings. There was no evidence of actions discussed in meeting being effectively documented or followed up. At this inspection we found:

- From the examples reviewed, the practice systems did not ensure that when things went wrong with care and treatment affected people received reasonable support, including both a verbal and written apology. Records of significant events were not complete.
- There were still no formal partner meetings. Minutes of clinical and practice meetings were of variable quality, and did not show clear actions or effective follow up.
- Staff told us that communication had improved and that they were now more aware of practice policies (which had been discussed at recent meetings).

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

At the last inspection we found that although the practice had mechanisms to get feedback from patients and staff, it did not always act upon it. At this inspection, we noted that the practice had acted upon the issues that we brought to their attention, but not on feedback that had been published since the last inspection.

- Since the last inspection, the practice had acted upon the below average survey results for nursing care. However, there had been no action on evidence of low and deteriorating patient satisfaction with telephone access. The practice told us that there was a short term issue that had been resolved. Notes of a practice meeting in August showed that the practice was receiving verbal complaints from patients, and patients told us that it was an ongoing issue.
- The PPG met regularly and was involved with surveys, for example, of the nursing service.
- The practice participated in the Friends and Family test, and the practice's analysis showed the majority would recommend the practice.
- The practice gathered feedback from staff through staff meetings and discussion. Staff told us they would give feedback if they had any concerns.

Continuous improvement

At the last inspection we saw no evidence of continuous improvement. At this inspection we found that action had been taken to address the issues we raised, but there was still no evidence of continuous learning and improvement driven from within the practice.

The practice showed us a SWOT (strengths, weaknesses, opportunities and threats) analysis that identified three weaknesses (lots of part-time staff, making it hard to have meetings; no female GP, as the female partner was on leave; and the partnership being "in its early development stage."). No opportunities or threats are noted.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • No clear process for reporting significant events, inadequate records, and significant events not documented or discussed in meetings. • Gaps in system to monitor urgent referrals. • Prescribing protocol for methotrexate could cause some patients harm. • Checks of blood tests were not being checked and recorded consistently before prescribing of high risk medicines. • The system for storage and monitoring of emergency medicines and equipment did not ensure that facilities would be available and effective when required. • No evidence of competence had been checked for the independent prescriber employed. • Patient Group Directions (PGDs) had only been signed the week before the inspection.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment • The latest information about patients subject to safeguarding concerns were stored on a spreadsheet, and were not added to a patient's notes, meaning that GPs would need to check the spreadsheet if they saw a patient with a safeguarding alert. GPs were not able to use the spreadsheet to identify individual patients. The locum pack did not refer to the existence of the safeguarding spreadsheet.

This section is primarily information for the provider

Enforcement actions

• Unread correspondence in the practice workflow system related to a safeguarding concern dated 28 November 2016.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • None of the breaches of regulation 12 had been identified by the practice systems to assess and monitor risks. • Systems the practice had implemented to monitor and mitigate risk were not monitored to ensure they were operating effectively. Two systems implemented to manage prescription stationery for home visits, potentially increasing rather than decreasing the risk, and demonstrating issues in developing and implementing systems to manage risk. • The practice had not assessed, monitored and mitigated the risk of items being assigned to staff on long term leave. • Little formal quality improvement activity, such as audit, and little evidence that the three audits undertaken had led to improvement in patient care. • Training matrix (introduced to ensure that training was maintained) had not been kept up to date. • Documents were missing from staff files. • Failure to maintain securely such other records as are necessary to be kept in relation to the management of the regulated activity, including failures to keep patient information safe, which had not been assessed as significant events. • Minutes of clinical and practice meetings were of variable quality, and actions were not noted clearly or followed up. • Action had not been taken in response to evidence of deteriorating patient satisfaction with telephone access.