

Birdhurst Medical Practice

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. The practice was previously inspected on 25 October 2016 and rated requires improvement overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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

Older People – Good

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 – Good

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

We carried out an announced comprehensive inspection at Birdhurst Medical Practice on 11 January 2018. The inspection was undertaken to follow up breaches of regulation identified at our previous comprehensive inspection undertaken on 25 October 2016. The practice was rated as requires improvement for key questions: Are Services Safe and Are services Well Led? Requirement notices were issued for regulation 12 and regulation 17 of the Health and Social Care act 2014 regulations as the practice did not have adequate systems and processes in place to ensure that risks associated with fire and infection control were mitigated, that action was being taken in response to patient safety alerts, that adequate recruitment checks had been completed for all staff and that all staff had completed recommended training.

At this inspection we found:

- In most respects the practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. There was a minor risk associated with legionella where the practice had not taken action to ensure that this had been mitigated consistently.
- Care and treatment was delivered according to evidence-based guidelines. The practice routinely reviewed the effectiveness and appropriateness of the care it provided. However there was limited

Summary of findings

evidence of work which aimed to improve the quality of care provided to patients and evidence suggested that coding of patient on the practice's clinical system could be improved.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Governance systems were not effective in some areas for instance formalised clinical meetings where clinical updates alerts and guidance were discussed were infrequent and significant event and complaints were not routinely discussed in practice meetings. There were some gaps in essential training for staff. Evidence of comprehensive checks for locum staff were not present for a locum GP whose file we reviewed. The lack of quality improvement work, inconsistencies around coding and failure to consistently take action to mitigate risks associated with legionella also indicated deficiencies in governance.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Increase frequency of formalised clinical meetings
- Consider formalising the system for communicating learning outcomes from significant events and complaints.
- Consider ways to improve the uptake of childhood immunisations.
- Consider ways to improve the identification of patients with caring responsibilities and offer appropriate support to these patients.
- Improve advertising of bereavement services.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Birdhurst Medical Practice

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 second CQC inspector and an expert by experience.

Background to Birdhurst Medical Practice

Birdhurst Medical Practice is part of Croydon Clinical Commissioning Group (CCG) and serves approximately 6500 patients. The practice is registered with the CQC for the following regulated activities Maternity And Midwifery Services, Treatment Of Disease, Disorder Or Injury, Surgical Procedures, Diagnostic And Screening Procedures and Family Planning.

The practice is based in a geographic area ranked within the fifth least deprived decile on the index of multiple deprivation. The practice population contains a slightly larger proportion of working age patients compared to the national average.

The practice provides GP services to five nursing homes with approximately 130 patients. The practice informed us that over a period of 12 months they would provide care to approximately 200 patients in these homes. The practice also supports patients from local learning disability facilities and patients within residential and sheltered accommodation. Staff at the practice informed us that there was uncertainty around funding paid to the practice to support the five nursing homes and that the contract was up at the end of the March 2018. We were also told that

budgetary issues affecting the CCG who were encouraging the practice to make savings coupled with the push of services from secondary care to primary care had added to pressures faced by the practice.

The practice is run by three female partners. The practice employs one long term locum who is male. There are two practice nurses and one healthcare assistant who are female. There is one practice manager. The practice offers 22 GP sessions per week. The practice is open between 8 am and 6.30 pm Monday to Friday and provides extended hours access between 8 am and 11 am for patients with pre booked appointments on

Saturdays.

Birdhurst Medical Practice operates from 1 Birdhurst Avenue, South Croydon, Croydon CR2 7DX which. The premises are owned by two of the partners. The premises are accessible for those with mobility needs.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal immunisations, learning disabilities, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions.

The practice is part of the East Croydon network GP federation.

Are services safe?

Our findings

At our last inspection we rated the practice as requires improvement for providing safe services as the systems around infection control, fire, recruitment, patient safety alerts and the management of medicines did not keep patients safe.

At this inspection we found that most of these concerns had been addressed however we did find that an item of medical equipment stored with the practice's emergency equipment had expired, the practice had not confirmed that a member of locum staff had a valid DBS or medical indemnity insurance in place, a risk associated with legionella was not been consistently mitigated and a number of staff had safeguarding training which had expired and infection control training which had either expired or not been completed. The practice addressed issues associated with the expired medical equipment, recruitment checks for locum staff and training immediately after the inspection. Applying the principle of proportionality the practice is currently rated as good for providing safe services.

Safety systems and processes

At the last inspection the practice did not have effective systems in place to keep patients safe and safeguarded from abuse as not all staff were aware of the practice's safeguarding leads. Not all staff had received infection control training and the systems in place to manage risks associated with fire were not effective. Additionally we found that professional registrations were not being consistently monitored and not all staff had received a DBS check.

At this inspection all staff demonstrated awareness of safeguarding leads within the practice and we saw evidence of systems and processes around safeguarding and action had been taken to address fire risks. However not all non-clinical staff had received safeguarding training within the last three years and infection control training was still not in place for some staff members. Recruitment checks had not been completed by the practice for one of the locum staff.

- The practice carried out (DBS

- The practice conducted safety risk assessments. It had a number of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Not all staff had received up-to-date safeguarding and safety training appropriate to their role at the time of our inspection as no member of non-clinical staff had undertaken this within the last three years. We were provided with evidence that this was completed after our inspection. However all staff spoken to knew how to identify and report concerns and we saw examples of instances where safeguarding concerns had been escalated to the appropriate organisations. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control. There was a single water outlet that was difficult to access which had been highlighted as a low risk which could be mitigated by running the outlet at regular intervals. The practice had not done this for several months and after the inspection we were told that action would be taken to disconnect the tap from the water mains.
- The practice ensured that most facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We found an expired IV cannula stored with the practice's emergency medical equipment and there was no system in place for periodically checking the equipment stored with the emergency supplies though this was put in place after the inspection.
- There were systems for safely managing healthcare waste.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

At the last inspection the practice did not have adequate systems in place to ensure the safe and appropriate use of medicines as there was no failsafe thermometer in the practice's vaccine fridge and prescriptions were not stored securely. At this inspection we found that these issues had been addressed.

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

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Reviews of antimicrobial prescribing were undertaken with the support of the CCG and the practice had rates of prescribing similar to local and national averages.
- 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.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. The practice documented learning from significant events and staff were aware of action taken. However outcomes from significant events were not consistently discussed in meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups at our last inspection and the provider remains rated as good across all population groups for this key question.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice provided support to five local nursing homes which accommodated up to 130 patients. The practice said that over the past 12 months they had supported 200 patients in these homes. Weekly ward rounds were undertaken at the homes and all patients in the homes were reviewed fortnightly. Feedback from staff at the homes indicated they felt the practice provided a high standard of care to residents.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions 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.
- The practice ran dedicated clinical for patients with Diabetes, Asthma and Chronic Obstructive Pulmonary Disease (COPD).
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for three of the four vaccines given were below the target percentage of 90% The percentage of children aged 2 with pneumococcal conjugate booster vaccine 83.3% , the percentage of children aged 2 with Haemophilus influenza type b and Meningitis C booster vaccine 82.4% and the percentage of children aged 2 with Measles, Mumps and Rubella vaccine 83.3%. The practice told us that uptake rates for childhood immunisations was low across the CCG and that letters were sent to children who did not attend their immunisation appointments.
- The practice acted as the main GP to the local mother and baby unit.
- One of the GPs specialised in child and teenage health.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We were told by the practice that patients who required palliative care were encouraged to register at Birdhurst as staff at the practice were specialised and expert in delivering end of life care. The practice informed us that in the last 12 months they had supported six patients to die in their own home in line with their wishes.
- In 2016/17 the practice had undertaken 27 learning disability patient reviews and had 30 patients on their register.
- A member of staff reviewed unnecessary hospital admissions and hospital discharges. Care plans were implemented or updated where necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. However from discussions with GPs it was unclear if all patients requiring palliative care and vulnerable adults had been correctly coded on the patient record system.

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

- GPs at the practice had specialised in psychiatric care.
- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the national average of 84%. The practice had only exception reported 2% of patients compared with 7% nationally.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 90%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 96%; national 95%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 99.9% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.9% and national average of 96.5%. The overall exception reporting rate was 12.4% compared with a national average of 9.6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

There were a number of clinical domains where exception reporting was higher when compared to local and national averages. For example:

- 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. Overall performance 85% compared with 74% in the CCG and 80% nationally. exception reporting is 20% compared with 10% in the CCG and 12% nationally.
- 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 Overall performance 79% compared with 76% in the CCG and 80% nationally. Exception reporting is 17% compared with 10% in the CCG and 13% nationally.
- 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 anticoagulation drug therapy Overall performance 97% compared with 84% in the CCG and 88% nationally but exception reporting 21% compared with 9% in the CCG and 8% nationally.

Are services effective?

(for example, treatment is effective)

- 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. Overall performance 92% compared with 76% in the CCG and 76% nationally. Exception reporting is 14% compared with 3% in the CCG and 8% nationally.
- 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 Overall performance 95% compared with 92% in the CCG and 90% nationally. Exception reporting 19% compared with 9% in the CCG and 11% nationally.
- The percentage of women aged 25- 64 whose notes record that a cervical screening test has been performed in the preceding 5 years Overall performance 87% compared with 80% in CCG and 81% nationally but exception reporting is 17% compared with 7% CCG and 7% nationally.
- The practice told us that the higher rates of exception reporting were the result of the practice having a high number of patients receiving palliative care and patients living in nursing home though there had been no evaluation of exception reporting to support this explanation. However the practice had not exception reported any patients in the current QOF year and informed us that a review of all patients who had not had assessments under QOF would be undertaken by a nurse and/or a GP in February 2018 prior to being exception reported to ensure that this was appropriate.
- There was only limited evidence of quality improvement activity. For example we saw that the practice were undertaking reviews of patient deaths to see which patients had died in their preferred place. However there was no analysis to determine if improvements could be made to the management of patients receiving palliative care on the basis of this data. The practice had identified a number of medicines which had associated risks where it was unclear who was responsible for monitoring of these medicines which were often initiated in secondary care. The practice reviewed all patients on these medicines and took action to ensure that they were being appropriately monitored. This was in addition to high risk medicines like warfarin and methotrexate where appropriate monitoring was

already occurring. Additionally the practice sent information related to a review of accident and emergency attendances after the inspection. Although the number of attendances did not reduce between the first and second audit the practice had noted that those patients spoken to after the last inspection had not since attended accident and emergency. The practice had identified a number of possible reasons patients still attended A & E rather than primary care and intended to raise concerns and possible solution at the next locality meeting.

- Where appropriate, clinicians took part in local and national improvement initiatives including creating pre diabetic and obesity registers to better identify and target support and lifestyle advice.

Effective staffing

Staff had the clinical skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However some essential training had not been completed in line with current legislation and guidance including safeguarding, infection control and information governance.

- The practice did not have effective oversight of training within the practice. Some staff had either not completed essential training. For example no member of non-clinical staff had completed child safeguarding within the last three years and infection control and information governance training had expired for a number of staff.
- We saw evidence that clinical staff were regularly completing update training relevant to their role.
- The practice provided staff with

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- 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, tackling obesity. Smoking cessation support was available from local pharmacies.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

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.

Are services caring?

Our findings

At our last inspection the practice was rated as good for caring and at this inspection the practice remained good for providing a service that was 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.
- All of the 20 patient Care Quality Commission comment cards we received were positive about the quality of care provided by the practice. This is in line with the results of the other feedback received by the practice. We spoke with eight patients on the day of the inspection all of whom told us that the practice provided a good standard of care.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and twenty five surveys were sent out and 108 were returned. This represented about 1.7% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time; CCG - 85%; national average - 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 83%; national average - 86%.

- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 91% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 87% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 91%.
- 79% of patients who responded said they found the receptionists at the practice helpful; CCG - 86%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (0.8% of the practice list).

- There was an information leaflet advertising carer support services in the reception area.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a

Are services caring?

flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. However bereavement services were not advertised in the reception area.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 82% 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 85% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 80%; national average - 82%.

- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice had systems in place to support compliance with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups at our last inspection. The rating has not changed as a result of this inspection and the practice remains good for this key question across all population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments .
- The practice improved services where possible in response to unmet needs. For example we were told that the practice had begun supporting a local nursing home as no other service in the area had been willing to do so.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example the service had a low threshold for visiting patients who were housebound.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, 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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to

limited local public transport availability. The practice told us that their proactive approach to managing patients residing in nursing homes resulted in a reduced rate of hospital admissions.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Child clinics were timed around school and nursey to facilitate attendance and ease of access.
- Children under the age of 5 were always provided with same day appointments if requested and young people were given priority if they could not wait for the next routine appointment.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered five minute appointment slots which could be used by working age patients with acute illnesses.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

(for example, to feedback?)

- The practice issued letters to palliative care patients and carers with information on the practice's approach to managing end of life care.
- The practice registers patients with vulnerabilities including homeless patients and refugees.
- Community multidisciplinary meetings were held fortnightly with community nurses and social workers where vulnerable patients were reviewed.
- The practice had reviewed all patients on their register who were housebound and had implemented a policy whereby clinicians would visit these patients on a three monthly basis going forward. This was in response to a low uptake of flu immunisation among the practice's housebound population.
- The practice held a register of patients living in vulnerable circumstances including homeless people, refugees and those with a learning disability.
- Some of the GPs in the practice had undertaken training on female genital mutilation.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice could offer patients with complex mental health problems extended appointments if required.

Timely access to the service

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.
- Waiting times and delays were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 80%.
- 89% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%.
- 82% 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 - 74%; national average - 76%.
- 82% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 77% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.
- 71% of patients who responded said they don't normally have to wait too long to be seen; CCG - 53%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed four complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and would take action if trends became apparent. It acted as a result to improve the quality of care. For example a patient complained after being told by

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

reception staff that they were not able to see the practice manager. The practice manager spoke to staff after this complaint about the process for putting patients through to the practice manager.

Are services well-led?

Requires improvement 

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

Our findings

At our last inspection we rated the practice as requires improvement for providing a well-led service. Due to deficiencies in governance which impacted on the practice's ability to monitor operations, the practice remains rated as requires improvement for providing well-led services.

Leadership capacity and capability

Leaders had the skills to deliver high-quality care. However due to the high demands on the service and the increasing workload there had been an oversight in areas of governance.

- Leaders had the experience and skills to deliver high quality care. Although there was limited evidence of strategic planning staff were aware of the challenges they faced for example there were increasing pressures from patients registering from a practice that had recently closed, a high turnover of patients and the workload associated with supporting five nursing homes and other supported living facilities. However the practice's increasing workload limited their ability to ensure that there was effective governance across all areas of the practice and it was unclear how the practice planned to address challenges and sustain the high quality of clinical care currently provided.
- Leaders at all levels were visible and approachable and staff felt included.

Vision and strategy

The practice's ability to plan for the future was curtailed but uncertainties around future funding.

- The practice told us that they needed to increase their patient population in order to put a business case together for recruiting additional clinical staff. The service was also signed up to an improvement initiative within the locality which aimed to find areas where efficiencies could be made in administrative processes. The lack of clarity about whether or not the practice would continue to receive funding for the provision of support to local nursing homes added to the uncertainty and limited the practice's ability to plan for the future.
- The practice was aware of health and social priorities across the region and had taken action to try and

address those priorities. For example the practice had compiled registers of obese and pre diabetic patients with a view to using this to target additional support to these patients.

Culture

The practice had a culture that was open and inclusive and staff strived to provide good quality care.

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

Governance arrangements

At our last inspection we found that governance was lacking as staff were unaware of leadership roles, arrangement for the management of medicines were not effective. At this inspection we found that a number of these areas had improved but in some respects further improvement was required.

Are services well-led?

Requires improvement 

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

- Structures, processes and systems to support good governance and management were not always effective. For instance vulnerable adults were not consistently coded on the patient record system; exception reporting had not been reviewed to see if it was appropriate.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control however some staff had not received up to date training in these areas.
- Practice leaders had established policies, procedures and activities to ensure safety though in some areas of risk management needed to be reassessed or strengthened. For instance we found an expired piece of equipment with the practice's emergency equipment.

Managing risks, issues and performance

Not all risks had been adequately assessed or addressed at our last inspection for instance those associated with infection control and recruitment. Although at this inspection there were clear and effective processes for managing risks, issues and performance there were some areas where oversight was lacking.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety in most respects. However we saw that a risk identified with legionella had not been consistently monitored and the practice had not taken steps to ensure that locum staff had satisfactory recruitment checks. Evidence of recruitment checks were provided after the inspection.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints. Though there was limited evidence that this was being discussed in clinical meetings.
- There was limited evidence of quality improvement work or action to change practice and improve quality.
- The practice had plans in place for major incidents and all staff had received fire safety training.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings. Although there was limited formal clinical meetings though the practice told us that clinicians met informally on a near daily basis and we saw evidence of community multidisciplinary meetings and were told of regular meetings with or practices in the locality. Whole

practice meetings did not include discussion of significant events or complaints though from discussion with staff it was evidence that staff were aware both of the process and learning outcomes.

- 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 robust 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

At the last inspection we found the practice was responding and acting on the basis of patient feedback although they did not have a PPG. At this inspection we found that although the practice was receptive to feedback from patients, the public, staff and external partners it had yet to act on feedback from patients and still did not have a PPG.

- Patients, staff and external partners were encouraged to feedback but there was little evidence of the views of patients being used to shape service delivery. The practice had attempted to start a PPG group within the practice but was unable to garner sufficient interest from their patient group. As an alternative the practice enabled patients to feedback by text message. This feedback had been collated and action points for discussion had been reviewed but no action had been taken on the basis of this feedback.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was engaged with charitable organisations for example they had held a coffee morning to raise money for a cancer charity and had undertaken a collection for the local food bank at Christmas time.

Continuous improvement and innovation

Are services well-led?

Requires improvement 

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

There was limited examples of processes for learning, continuous improvement and innovation. Again this was as a result of the increasing volume of work around the future of the partnership which inhibited their ability to undertake additional work aimed at improvement and innovation.

The practice informed us that they would soon be participating in a project within the locality aimed as sharing best practice and areas where efficiencies could be made.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. There was a lack of effective policies procedures and governance to enable effective management of risks associated legionella, recruitment. Essential training had not been completed by all staff. Systems to monitor the expiry date of emergency equipment were not effective and there was limited evidence of work aimed at improving the quality of patient care.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>