

St Georges & Riverside Medical Group

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Georges & Riverside Medical Group on 6 September 2016. Overall, the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- The provider, Intrahealth Limited, took over the two separate practices of St Georges Medical Centre and Trinity Riverside Practice in early 2015 and since the merger the practices became known as St Georges & Riverside Medical Group. Since that time, the provider had experienced a number of difficulties, including retaining and recruiting GPs to work at the practice.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the systems in place at the practice were not effective and this resulted in incidents and near misses not always been effectively managed, recorded or used to support learning.
- Risks to patients were not always assessed and well managed. For example, the practice used a high number of locum GPs and the number of established clinical staff was below the number they had agreed with NHS England to provide.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested. However, some patients told us that they had to wait two weeks or more for routine appointments and appointments with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour regulation.

The areas where the provider must make improvements are:

- Review the systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Specifically, to ensure lessons are learned from significant events to prevent events reoccurring.

The areas where the provider should make improvements are:

- Review staffing levels within the clinical teams so that sufficient staff are employed to provide safe, effective and consistent care.
- Complete the process for appointing a registered manager for the merged practice in line with CQC guidance.
- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.
- Update the patient group directives (PGD's) in place at the practice to include the signature of each practitioner and authorisation by a practice signatory.

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?

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

- The practice had introduced a system in place for reporting and recording significant events. However, the systems in place at the practice were not yet effective and this resulted in incidents and near misses not always been effectively managed or used to support learning.
- The practice told us that, for those significant events that had been recorded since April 2015, when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were not always assessed and well managed. The number of salaried GPs at the practice was below the level agreed with NHS England, the use of locum GPs resulted in lack of continuity of care.

Requires improvement



Are services effective?

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

- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice provided data that showed that overall patient outcomes had fallen since April 2015. Quality and Outcomes Framework (QOF) performance, (2015/2016, which had not yet been verified or published) showed that the practice had achieved only 83.6% of the total number of QOF points available.

Requires improvement



Summary of findings

- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice slightly below or in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services offered by the practice was available. They provided this information on the practice's patient leaflet and in the waiting areas. The practice had close links to local and national support organisations and referred patients when appropriate.
- The practice took steps to identify carers and provided help, advice and support for carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Urgent appointments were available on the day they were requested. However, some patients told us that they had to wait two weeks or more for routine appointments and appointments with a named GP.
- Data from the National GP Patient Survey, published in July 2016, showed that patients generally rated the practice better than others for some aspects of access to care and treatment. For example, of those that responded 87% found it easy to get through to the practice by phone (CCG average 79%, national average 60%). However, only 49% said they usually got to see or speak to their preferred GP (CCG average 76%, national average 59%).

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example in the waiting areas.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The provider had an overarching governance framework, which supported the delivery of their strategy and good quality care. However, this framework had not effectively supported the management of significant events and complaints at the practice. Many of the reported significant events were related to the low number of permanent clinical staff in place at the practice.
- The provider had a clear vision and values that they shared with the practice. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a number of policies and procedures to govern activity and the provider held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. However, the systems and processes in place had not been sufficiently effective in managing significant events and complaints.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group.

Requires improvement



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

The practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for providing safe, effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in their population. Patients aged 75 and over were allocated a named GP to help ensure their needs were met.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- The practice provided data that showed that outcomes for patients with conditions commonly found in older people had not always been effectively maintained since April 2015.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as requires improvement for providing safe, effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- Nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority for care and support by the practice. The practice was part of a local integrated care project but they had not yet implemented the comprehensive care plans developed as part of this project. The practice told us that they planned to introduce these care plans very shortly.
- The practice provided data that showed that outcomes for patients with long-term conditions had not always been effectively maintained since April 2015.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held regular clinics for long terms conditions, for example for patients with diabetes.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for providing safe, effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.4% to 100% (CCG average 97.4% to 98.8%) and for five year olds ranged from 97.6% to 100% (CCG average 94.8% to 99%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- The practice provided data that showed that outcomes for patients with asthma had been maintained since April 2015.
- The practice provided emergency contraceptive and sexual health advice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

Requires improvement



Summary of findings

The provider was rated as requires improvement for providing safe, effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Telephone appointments were available.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 76%, which is below the CCG average of 81.9% and the national average of 81.8%.
- Additional services such as new patient, NHS health checks and travel vaccinations were available.
- Extended hours appointments were available from 6:30pm to 8:30pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The provider was rated as requires improvement for providing safe, effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances.
- The practice held a register of patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. There were 40 verified patients on this register, 20% had an annual review (2015/2016 data, which is yet to be verified or published).
- The practice provided data that showed that outcomes for patients with learning disabilities had been maintained since April 2015.
- The practice offered longer appointments for patients with a learning disability if required.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for providing safe, effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice:

- The practice had identified 1% of their population with enduring mental health conditions and created a patient register of these patients to enable them to plan and deliver relevant services. 61% of these patients had an annual review (2015/2016 data, which is yet to be verified or published).
- The practice provided data that showed that outcomes for patients with dementia had not been effectively maintained since April 2015.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with or above the local and national averages. However, for some areas performance was clearly below local and national averages. There were 305 forms sent out and 102 were returned. This is a response rate of 33% and represented 1.4% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone (CCG average 79%, national average of 73%).
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 75% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 61% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).
- 88% found the receptionists at this surgery helpful (CCG average 89%, national average of 87%).
- 94% said the last appointment they got was very convenient (CCG average 94%, national average 92%).
- 80% described their experience of making an appointment as good (CCG average 77%, national average of 73%).

- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 74%, national average 65%).
- 70% felt they don't normally have to wait too long to be seen (CCG average 67%, national average 58%).

We reviewed 21 CQC comment cards that patients had completed. Nearly all of these were positive about the standard of care received; many of the cards very positive about the staff at the practice, they were described as very friendly and helpful. Words used include good, happy and said they had no complaints.

We spoke with eight patients during or shortly after the inspection, including two members of the patient participation group. Patients said they were satisfied with the care they received. They said they thought the staff involved them in their care and explained tests and treatment to them. Half of the patients we spoke to said that routine appointments were easily available; however, half said that they had to wait too long for routine appointments; the wait was often more than two weeks.

Areas for improvement

Action the service **MUST** take to improve

- Review the systems and processes in place to assess, monitor and improve the quality and safety of the service provided. Specifically, to ensure lessons are learned from significant events to prevent events reoccurring.

Action the service **SHOULD** take to improve

- Review staffing levels within the clinical teams so that sufficient staff are employed to provide safe, effective and consistent care.

- Complete the process for appointing a registered manager for the merged practice in line with CQC guidance.
- Review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two cycles to monitor improvements to patient outcomes.
- Update the patient group directives (PGD's) in place at the practice to include the signature of each practitioner and authorisation by a practice signatory.

St Georges & Riverside Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to St Georges & Riverside Medical Group

St Georges & Riverside Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 7,200 patients from two locations and we visited both of these addresses as part of the inspection.

- St Georges Medical Practice, New George Street, South Shields, Tyne and Wear, NE33 5DU.
- Riverside Medical Practice, Flagg Court Medical Centre, Dale Street, South Shields, Tyne and Wear, NE33 2PG.

The practices were taken over in March and April 2015 by Intrahealth Limited, which is a corporate provider of NHS primary care services. The practices merged when they were taken over and patients can now access care at either address.

St Georges Medical Practice and Riverside Medical Practice are both situated in purpose-built premises in South Shields which are shared with other services. All reception and consultation rooms are fully accessible for patients with mobility issues. An onsite car park is available which includes dedicated disabled parking bays.

The merged practice has two salaried GP's (1 male, 1 female). The practice employs a practice manager, an enhanced services lead, an advanced nurse practitioner, a practice nurse, two healthcare assistants and three part-time pharmacists as well as nine staff who undertake reception and administrative duties. The practice provides services based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

St Georges Medical Practice is open at the following times:

- Monday, Wednesday, Thursday and Friday 8am to 6:30pm.
- Tuesday 8:30am to 7:30pm.

Riverside Medical Practice is open at the following times:

- Monday to Friday 8am to 6:30pm.
- Saturday 9am to 12noon.

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at St Georges Medical Practice at the following times:

- Monday 9.00am to 11.30am and 1.10pm to 3.40pm
- Tuesday 9.00am to 11.30am and 1.15pm to 4.15pm and 6.30pm to 7:15pm
- Wednesday 9.00am to 11.40pm and 2.40pm to 5.20pm
- Thursday 9.40am to 11.45pm and 2.00pm to 4.40pm
- Friday 9.30am to 12.00pm and 2.10pm to 4.50pm

Appointments are available at Riverside Medical Practice at the following times:

Detailed findings

- Monday 8.50am to 11.50am and 12.30 to 5.50pm
- Tuesday 9.00am to 11.40am and 2.00pm to 4.40pm
- Wednesday 8.45am to 11.45am and 1.15pm to 5.15pm
- Thursday 8.40am to 11.50am and 12.30pm to 4.40pm
- Friday 8.30am to 12.45pm and 4.20pm to 4.50pm

Extended hours appointments are available from 6:30pm to 7:30pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice. These appointments were pre-bookable; however, walk in patients would be seen if an appointment was available.

The practice is part of NHS South Tyneside clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. The income deprivation score for the practice was 38 compared to the CCG average of 31 and the national average of 22. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 76 years compared to the national average of 79 years. Average female life expectancy at the practice is 81 years compared to the national average of 83 years.

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Vocare, which is locally known as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 September 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.
- Spoke to staff and patients. This included a salaried GP, a locum GP, a practice pharmacist, the practice manager, the provider's operations manager and three members of the administration and reception team. We spoke with eight patients who used the service, including two members of the patient participation group (PPG). Shortly after the inspection, we spoke to the practice nurse. We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

Detailed findings

- 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.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, from April 2015 to April 2016 no significant events had been recorded by the practice. When the provider became aware that no incidents were being recorded additional managerial support was provided to the practice. From April 2016 to the date of the inspection, 64 significant events were recorded by the practice. The practice told us that they discussed significant events at regular clinical meetings. We reviewed the minutes of these meetings and the forms and log used to record significant events but did not see evidence of thorough investigations or changes to practice and procedures that would prevent these events occurring again. We saw that some events had been repeated several times, changes were not always made to prevent reoccurrence but we did see some areas where the practice had taken steps to learn from significant events.
- The practice told us that, for those significant events that had been recorded since April 2015, when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safely alerts received.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.
- Notices advised patients that staff would act as chaperones, 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 maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The advanced nurse practitioner was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training appropriate to their role. Infection control and hand washing audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. However, when we checked the PGDs used within the practice they were not always signed by the practitioner or authorised for use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were not always assessed and well managed. We found that:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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). However, although a recent health and safety assessment had been completed of the practice, practice staff were unable to provide us with a copy of this or tell us what actions had been taken as a result during the inspection. Shortly after the inspection, the practice provided a copy of this assessment.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' need, however, these were not always effective. The provider had taken over St Georges Practice in March 2015 and Riverside Practice in April 2015 and since that time a number of clinical staff had left the Riverside Practice, this included all of the GP's although one still worked as a locum GP at the new practice. The provider had developed a mobilisation

plan to ensure a safe transition to a new merged practice. When the provider was awarded the contract to manage the practice, they agreed to provide an established level of clinical and administrative staff.

- The practice had two locations, open to patients Monday to Friday, with additional nurse consultations available each Saturday morning at one location. The agreement set out that the minimum GP staffing level would be 4.0 whole time equivalents (WTEs). The practice had recently agreed a change with NHS England that set out a minimum GP staffing level of 2.16 WTE but this was not yet in place at the time of the inspection. When we inspected the practice there were two GP's who worked a total of 1.2 WTE. Managers told us they recruited locums to cover the remaining clinical sessions. This meant a current gap of 2.8 WTEs. Managers told us they were continuing to advertise for additional GPs. The high use of locums impacted on the continuity of care for patients. Some patients commented that they were never able to see the same GP. Managers told us they could access support from other practices within the group and from clinical leads to help cover some staff shortages. For example, the medical director was able to remotely access patient records and could action changes or recalls where necessary.
- When we looked at the 64 significant events recorded since April 2016, we saw that 37 of the events that had occurred were related to clinical administration and 6 were related to prescription/medication issues. We saw that the practice was aware that some events had been repeated many times but that action had not always been taken to prevent these issues from reoccurring. Some of these events were related to lack of staffing continuity, for example, prescriptions had not been acted on in a timely manner by locum staff.

Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.

Are services safe?

- Most staff received annual basic life support training and there were emergency medicines available. Training had been scheduled for those staff who had not completed basic life support training.
- The practice had a defibrillator available on the premises' and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity and recovery plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Local and national templates were used to ensure care was delivered in line with guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recently published results (2014/15) showed that St Georges Medical Practice had achieved 96.7% of the points available to them and Riverside Medical Practice had achieved 99.3%. This compared to the local clinical commission group (CCG) average of 94.4% and the national average of 94.8%.

Data on the clinical exception rate at the practice was not available at the time of the inspection for 2015/2016. (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).

The practice merger in 2015 created a new patient list; it is therefore not possible to directly compare achievement rates to any previous QOF performance. However, data provided by the practice showed that they had obtained 83.6% of the QOF points available to them for 2015/2016.

Data for 2015/2016 (which had not yet been verified or published) showed;

- Performance for the diabetes related indicators was worse than 2014/2015 for Riverside Medical Practice (83.5% compared to 85.3% previously for St Georges Practice and 100% previously for Riverside Medical Practice).
- Performance for the mental health related indicators was worse than 2014/2015 (77.2% compared to 94.1% previously for St Georges Practice and 100% previously for Riverside Medical Practice).
- Performance for the heart failure related indicators was the same as 2014/2015 (100% compared to 100% previously for St Georges Practice and 100% previously for Riverside Medical Practice).
- Performance for the dementia related indicators was worse than 2014/2015 (65.9% compared to 100% previously for St Georges Practice and 100% previously for Riverside Medical Practice).
- Performance for the arterial fibrillation related indicators was the same as 2014/2015 (100% compared to 100% previously for St Georges Practice and 100% previously for Riverside Medical Practice)
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for ten of the 19 clinical domains, including the learning disability, depression and cancer domains.

The practice told us they were aware that improvements needed to be made; they had already introduced a new system to improve the recall of patients with long-term conditions who required regular reviews. A recently appointed nurse had needed to complete some additional training before they were able to complete all the clinical reviews undertaken at the practice. This training had now been completed.

There was evidence of quality improvement work. However, clinical audit was limited. We found that:

- We saw that the practice had undertaken five single-cycle audits. One single-cycle clinical audit undertaken in July 2016 on the use of calcium and vitamin D3 therapy for patients at risk of bone fractures had highlighted possible interventions and suggested a re-audit in July 2017. However, we did not see any effective analysis for the other four audits. The practice were aware the lack of staff continuity impacted on their ability to complete clinical audit.

Are services effective?

(for example, treatment is effective)

- The practice participated in clinical commissioning group (CCG) medicines optimisation work and quality in prescribing scheme.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training. We saw that a small number of staff either had incomplete training records or they had not completed some of the mandatory training. After the inspection the practice were able to send us records of some completed training that had not yet been recorded on the training matrix used by the practice to record training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Nursing staff told us they were able to attend a local nurse forum. The practice was aware that some of the nursing team found that the lack of consistent GP staffing resulted in less clinical support than they felt was appropriate.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. However, several of the significant events we looked at showed that the practice did not always quickly action information they received.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital.
- We saw evidence that multi-disciplinary team (MDT) meetings took place each every two months. These meetings discussed vulnerable patients and focused on providing effective support and the reduction of hospital admission for these patients.
- Bi-monthly integrated care meetings had been introduced as part of a local CCG project; this meeting included attached staff such as district nurses and the community matron. These meetings ensured patients received coordinated care to help them avoid admission to hospital. The practice had not yet implemented the comprehensive care plans developed as part of this project. The practice told us that they planned to introduce these care plans very shortly.

Consent to care and treatment

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

- 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

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support.

- This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice provided in house smoking cessation advice.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 76%, which was below the local average of 81.9% and national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical

screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. They had participated in a CCG project to encourage update of bowel cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 94.4% to 100% (CCG average 97.4% to 98.8%). For five year olds rates ranged from 97.6% to 100% (CCG average 94.8% to 99%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We reviewed 21 Care Quality Commission comment cards completed by patients. These were very positive about the care and service experienced. Words used include good, happy and said they had no complaints.

Results from the National GP Patient Survey, published in July 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. However, results for contact with GPs were consistently lower than the CCG and national averages.

- 91% said they had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 87% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 91%, national average 89%).
- 85% said the GP they saw or spoke to gave them enough time (CCG average 89%, national average 87%).
- 84% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 99% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).
- 94% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 89%, national average 85%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT is a tool that supports the fundamental principle that

people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from May 2016 to July 2016, showed that only 55% of the 31 respondents said they would be extremely likely or likely to recommend the service to family and friends. It also showed that 42% of patients would be extremely unlikely or unlikely to recommend the service to family and friends. The practice had reviewed the results of their most recent patient survey and created an action plan following this, work was on-going

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey, published in July 2016, showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 90% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 96% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available on reception for patients who were hard of hearing.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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 links to support organisations and referred patients when appropriate. The practice had identified 139 of their patients as being a carer (1.9% of the practice patient population). 8.6% of carers on this register

had a carers health check completed in the last year (2015/2016 data, which had not yet been verified or published). The practice asked all new patients if they had caring responsibilities when they registered.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card, the practice would offer support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. One of the GPs was the GP lead for children's safeguarding in the local CCG.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics for patients with long term conditions and a minor surgery service.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter if required.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent appointments were available on the day they were requested. However, some patients told us that they had to wait two weeks or more for routine appointments and appointments with a named GP.
- Extended hours appointments were available from 6:30pm to 7:30pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Smoking cessation support and dietary advice was provided by the practice.
- There were disabled facilities, a hearing loop and translation services available.
- Patients could order repeat prescriptions and book GP appointments on-line.
- A text message service was available to remind patients when they had an appointment.
- The practice provided contraceptive services.
- There was a practice based anti-coagulation clinic where patients prescribed warfarin can have their blood checked to see if their medication needs to be changed.

- The provider produced an anti-coagulant newsletter for patients prescribed warfarin, this included useful information on self-care and action to take if you had to have an operation.
- Externally funded 'Health Champions' provided a regular weigh in session for patients at the practice.

Access to the service

St Georges Medical Practice was open at the following times:

- Monday, Wednesday and Thursday and Friday 8am to 6:30pm.
- Tuesday, 8:30am to 7:30pm.

Riverside Medical Practice was open at the following times:

- Monday to Friday 8am to 6:30pm.
- Saturday 9am to 12noon.

Appointments were available at St Georges Medical Practice at the following times:

- Monday 9.00am to 11.30am and 1.10pm to 3.40pm
- Tuesday 9.00am to 11.30am and 1.15pm to 4.15pm and 6.30 to 7pm
- Wednesday 9.00am to 11.40pm and 2.40pm to 5.20pm
- Thursday 9.40am to 11.45pm and 2.00pm to 4.40pm
- Friday 9.30am to 12.00pm and 2.10pm to 4.50pm

Appointments were available at Riverside Medical Practice at the following times:

- Monday 8.50am to 11.50am and 12.30 to 5.50pm
- Tuesday 9.00am to 11.40am and 2.00pm to 4.40pm
- Wednesday 8.45am to 11.45am and 1.15pm to 5.15pm
- Thursday 8.40am to 11.50am and 12.30pm to 4.40pm
- Friday 8.30am to 12.45pm and 4.20pm to 4.50pm

Extended hours appointments are available from 6:30pm to 8:30pm on a Tuesday at St Georges Medical Practice and from 9am to 12 noon on a Saturday at Riverside Medical Practice.

Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was generally above local and national averages.

- 70% of patients were satisfied with the practice's opening hours (CCG average 81%, national average of 76%).

Are services responsive to people's needs?

(for example, to feedback?)

- 87% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 83% patients said they able to get an appointment or speak to someone last time they tried (CCG average 85%, national average 85%).
- 70% feel they normally don't have to wait too long to be seen (CCG average 67%, national average 58%).
- 80% describe their experience of making an appointment as good (CCG average 77%, national average 73%).

We also spoke with eight patients during the inspection. Patients told us they were able to get urgent appointments when they needed them. However, some patients told us that they had to wait two weeks or more for routine appointments and appointments with a named GP. On the day of the inspection, there was a routine appointment with a doctor within 2 days at either practice, the next available nurse appointment was in 8 days' time.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- A notice was displayed in the reception and waiting areas to help patients understand the complaints system. However, there was no information on the practice's website. The practice's complaints policy included details of a patient information leaflet but on the day of the inspection, this was not available at either practice.

We saw that the practice had not recorded any complaints between April 2015 and April 2016. When the provider became aware that no complaints were being recorded, additional managerial support was provided to the practice. From April 2016 to the date of the inspection, eight complaints were recorded at the practice. We looked at four of the complaints received in the last five months and found that some early responses to complaints were not effective, however, more recent responses were appropriate and in line with local and national guidance. Complaints were discussed at clinical meetings but it was not clear what actions had been taken to prevent similar events reoccurring, however, the newly appointed practice manager was aware of the need to make improvements in this area.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The provider had a clear vision to deliver high quality care and promote good outcomes for patients that was shared with all of their practices. This was 'a community where every patient matters and their personal health needs are fulfilled by caring, dedicated teams and a leading innovative provider of health services.' The provider also had a clear set of values that they also shared with all of their practices. They included 'taking responsibility, hardworking, integrity, fairness and honesty.' Staff we spoke to showed that they shared these values; they told us that provider had made them aware of these values when they had taken over the practices in 2015.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. However, improvement could be made. We found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, the practice often relied on locum GPs staff and they were experiencing difficulties in recruiting salaried GP's. Patients we spoke with said continuity of care was poor as they were not able to see their preferred GP. The practice was aware that some of the nursing team found that the lack of consistent GP staffing resulted in less clinical support than they felt was appropriate.
- The management team in the practice had an understanding of the performance of the practice and had taken some steps to improve the practices performance. However, QOF performance, (2015/2016 QOF data, which had not yet been verified or published) showed that the practice had achieved only 83.6% of the total number of QOF points available which was less than the two separate practices had achieved in the previous year.
- Quality improvement work was taking place. However, there was limited evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there had been a period of a year

when the practice had not been aware of the risks they faced from significant events and complaints. When the provider became aware of this issue additional support had been put in place at the practice. The practice had recorded 64 significant events since April 2016; many events had been repeated but did not see sufficient evidence of thorough investigations or changes to practice and procedures that would prevent these events occurring again but we did see some areas where the practice had taken steps to learn from significant events.

- At the time of the inspection, the provider did not have a registered manager in post, and had not had one in post, for approximately six months. The CQC had been notified of this change in early August 2016. The provider told us that the new practice manager would ensure this was completed shortly after the inspection.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

The practice had a documented leadership structure from the provider as a corporate organisation that set out the clinical and organisational responsibilities of staff. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There was a clear leadership structure in place and staff felt supported by management.

- The practice held regular meetings.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported and that support was also available from the provider.

Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through:

- Their patient participation group (PPG), surveys and complaints received. The practice had recently merged the PPGs that had been in place at the two practices into one PPG. The PPG told us that the practice was open and honest with them and responded to any concerns raised.
- The practice had reviewed the results of their most recent patient survey and created an action plan following this, work was on-going.

The practice had gathered feedback from staff through:

- Staff meetings and discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice was aware of the need to focus on continuous learning and improvement at all levels within the practice. They had identified some of the areas of the concern that the inspection highlighted and taken some actions to improve the safety and effectiveness of the practice. For example, they had appointed a new practice manager and taken steps to ensure that complaints and significant events were recorded at the practice from April 2016.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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>There was a lack of systems and processes in place to assess monitor and improve the quality and safety of the service provided.</p> <p>Specifically, there was no clear process to ensure lessons were learned from significant events to prevent events reoccurring.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>