The Upstairs Surgery

Inspection report

Chadwell Heath Health Centre, Ashton Gardens
Chadwell Heath
Romford
Essex
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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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement overall. (Previous rating March 2018 – Requires Improvement)

The key questions are rated as:

Are services safe? – Require Improvement

Are services effective? – Require Improvement

Are services caring? – Require Improvement

Are services responsive? – Require Improvement

Are services well-led? - Require Improvement

We undertook this comprehensive inspection on 6 November 2018 to follow up, but not limited to, whether the improvements had been sustained. This followed a series of inspections dating back to June 2016 where the practice has been rated requires improvement and inadequate and had previously been placed in special measures.

In March 2018 the practice was rated requires improvement overall with a rating of inadequate for providing safe services. We undertook a focused follow up inspection on 26 July 2018 to check that the practice had addressed the issues in the warning notices we issued in March 2018 and found that they had met the legal requirements. The full comprehensive report for the 12 March 2018 inspection can be found on our website at: http://www.cqc.org.uk/location/1-609934909

At this inspection although some improvements have been noted, we were not assured that the leadership had the skills to improve sufficiently to deliver high-quality, sustainable care.

At this inspection we found:

•The practice did not have suitable procedures in place for managing staff absences

•Patients with long-term conditions did not always receive a structured annual review to check their health

•The GPs did not work with other health and care professionals to deliver a coordinated package of care.

•The practice had 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.

•The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.

•Staff involved and treated patients with compassion, kindness, dignity and respect.

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

•There were no systems in place for reviewing performance and ensuring there is a strategy with priorities to enable them to deliver high quality, sustainable care.

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

•Ensure care and treatment is provided in a safe way to patients.

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

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

• Review and asses the need to have written material in other languages given the demographics of the practice patient population.

•Continue to review patient's feedback in relation to accessing appointments and waiting times and see what further improvements can be made.

•Consider changing the days meetings are held to accommodate the practice nursing team.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	**Requires improvement**
People with long-term conditions	**Inadequate**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector who was accompanied by a GP specialist adviser and a practice nurse specialist adviser.

Background to The Upstairs Surgery

Dr Hamilton-Smith and Partners Practice, Chadwell Heath Health Centre, is located in the London Borough of Barking and Dagenham and provides primary medical services to approximately 7000 patients. The practice is located on the first floor in a purpose built building that is owned and maintained by an external organisation. Access is available via the communal lift and stairs. The building accommodates two other GP practices as well as other local services including phlebotomy.

Services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Havering Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). Patients living in Havering, Redbridge and Barking and Dagenham can register with the practice. Dr Hamilton-Smith and partners is registered as a partnership to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning, diagnostic and screening procedures from Chadwell Heath Health Centre, Ashton Gardens, Chadwell Heath, Romford, Essex, RM6 6RT.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The clinical team is made up of three male GP partners and a female salaried GP collectively working 29 weekly sessions. There is also a full-time female practice nurse and a part-time female practice nurse. They are supported by a practice manager, trainee practice manager, administrative manager, secretary and six reception/administrative staff.

The practice is open between 8.30am and 8pm Monday to Friday with the exception of Thursday and Friday when the practice closes at 6.30pm and 7.30pm respectively. Extended hours appointments are available on Monday, Tuesday and Wednesday between 5.30pm and 8.00pm. Pre-bookable appointments can be booked up to two weeks in advance, urgent appointments as well as telephone consultations are also available. The practice telephone lines closes between 12.30pm and 2.30pm daily, during this time calls are diverted to the Out of Hours service.

Patients who are unable to make an appointment at the practice can make appointments at local GP hubs where same day GP appointments are available. Out of hours

services are delivered by another provider which is detailed in the practice leaflet, posters at reception, website and can be directly accessed by calling the practice's local rate telephone number.

Requires improvement

Are services safe?

At our previous inspection on 12 March 2018 we found the arrangements for safe services were inadequate due to the concerns relating to the management, monitoring and prescribing of high risk medicines. We carried out a follow up focused inspection in July 2018 and found that these issues had improved.

At this inspection on 6 November 2018 we rated the practice as requires improvement for providing safe services because the practice did not have suitable procedures in place for managing staff absences, there was no safety net system in place for checking that patients attended blood tests and the medicine fridge was used for storing food.

Safety systems and processes

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

•The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a 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.)

•Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

•The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.

•There was a system to manage infection prevention and control.

•The practice had arrangements to ensure facilities and equipment were safe and in good working order.

•Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety, but there were gaps in staffing arrangements which increased the risks to some patients'.

•The practice did not have effective procedures in place for managing staff absences or busy periods. They told us clinical staff would provide cover for each other, however we noted that when one nurse was absent the second nurse could not provide cover as they were employed elsewhere. Therefore some patients with long term conditions (LTC) were not seen when the nurse was on leave.

•The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

•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 including sepsis.

Information to deliver safe care and treatment

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

•The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

•There was no procedure for following up patients who did not attend when sent for blood tests. This meant that clinicians may not have up to date information needed to ensure treatments provided were safe.

•The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

•Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

At the inspection carried out in March 2018 the practice did not have reliable systems for appropriate and safe handling of high risk medicines. However when we inspected in July 2018 we found that arrangements had improved.

At this inspection we found the practice had reliable systems for appropriate and safe handling of medicines.

•The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, we found food was also stored in the medicines fridge which increased the possibility of the cold chain being broken.

Requires improvement

Are services safe?

•Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

•Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in reviews of their medicines.

Track record on safety

At this inspection we saw evidence of comprehensive risk assessments in relation to safety issues. The practice was monitoring and reviewing activity to reduce risk.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

•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 acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

At our previous inspection on 12 March 2018 we found the arrangements for delivering effective services required improvement. We were not assured the practice carried out assessments and delivered care and treatment in line with guidance, particularly for those on high risk medicines.

At this inspection on 6 November 2018 we found adequate improvements had been made to ensure care is delivered in line with NICE guidance. However, we also found that patients with long-term conditions did not always receive a structured annual review to check their health and we did not see any evidence to demonstrate that the GP worked with other health and care professionals to deliver a coordinated package of care. The practice and all of the population groups are still rated as requires improvement for providing effective services.

Effective needs assessment, care and treatment

At the inspection carried out in March 2018 we found the GPs did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

At this inspection on 6 November 2018 we found clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance and systems had been implemented to effectively manage and monitor those on high risk medicines.

•Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

•We saw no evidence of discrimination when making care and treatment decisions.

•Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated require improvement for effective due to concerns mentioned above, however there were areas of good practice.

•Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

•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.

•Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated inadequate because patients with long-term conditions did not always receive a structured annual review to check their health and medicines needs were being met and we did not see any evidence to demonstrate the GPs worked with other health and care professionals to deliver a coordinated package of care for patients with the most complex needs. In addition, performance on quality indicators for long term conditions were below local and national averages:

•Staff who were responsible for reviews of patients with long term conditions had received specific training.

•GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

•Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

•The practice's performance on quality indicators for long term conditions was below local and national averages:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 8% below the CCG and 15% below the national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 26% below local and national averages.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 25% below local average and 23% below national average.

Requires improvement

Are services effective?

Families, children and young people:

This population group was rated require improvement for effective due to concerns mentioned above, however there were areas of good practice.

•Childhood immunisation uptake rates were in line with the target percentage of 90% or above.

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

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

This population group was rated require improvement for effective due to concerns mentioned above, however there were areas of good practice.

•The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and had implemented follow up processes such as sending one written reminder and a text reminder.

•The practice's uptake for breast and bowel cancer screening was comparable to the local and national averages.

•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:

This population group was rated require improvement for effective due to concerns mentioned above, however there were areas of good practice.

•End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

•The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

•The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated require improvement for effective due to concerns mentioned above, however there were areas of good practice.

•The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

•When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

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

•The practice offered annual health checks to patients with a learning disability

Monitoring care and treatment

The practice had a limited programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.

•The practice carried out some quality improvement activity. For example, they had completed the first cycle of an audit in relation to managing vitamin D deficiency in symptomatic adult patients in line with local guidelines. They found 88% people with Vitamin D deficiency were treated as opposed to 95%. The practice has since implemented actions which included discussions with all GPs. They told us they will re-audit in six months' time.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

•Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Requires improvement

Are services effective?

•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.

•The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

•The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

•There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff did not always work together and with other health and social care professionals to deliver effective care and treatment.

•We did not see any records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

•The practice shared information with, and liaised, with community services, social services and carers for housebound patients. However, there was no evidence that they shared information with health visitors and community services for children who have relocated into the local area.

•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 ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

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

•Staff discussed changes to care or treatment with patients and their carers as necessary.

•The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

•Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

•Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

•The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Requires improvement

Are services caring?

At this inspection on 6 November 2018 we rated the practice as requires improvement for providing caring services because although the practice had acknowledged the local population had changed they had not adapted their communication aids to address it.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

•Feedback from patients was positive about the way staff treat people.

•Staff understood patients' personal, cultural, social and religious needs.

•The practice gave patients timely support and information.

•The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

•Staff communicated with people in a way that they could understand, for example, communication aids. The practice's local population had changed considerably in the last 10 years and as a result there were more patients whose first language was not English. We noted they used an interpretation service but did not have any written material in any other languages.

•Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

•The practice proactively identified carers and supported them.

•The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

•When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

•Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for responsive because services were not structured in a way which enabled children living in disadvantaged circumstances and other patients who were at risk because of their circumstances, to access care and treatment from the practice within an acceptable timescale for their needs'. Further, the practices result in the national GP survey for telephone access was much lower than local and national averages.

Responding to and meeting people's needs

The practice organised and delivered some services to meet patients' needs.

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

•The facilities and premises were appropriate for the services delivered.

•The practice made reasonable adjustments when patients found it hard to access services.

Older People

This population group was rated as good.

•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.

•There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated as requires improvement.

•Patients with a long-term condition did not always receive 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 did not hold 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:

This population group was rated as requires improvement.

•We found there were no systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

•All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was rated as good.

•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.

People whose circumstances make them vulnerable:

This population group was rated as good.

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

•People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

This population group was rated as requires improvement.

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

Are services responsive to people's needs?

•The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were followed up by a phone call from a GP.

•However, the QOF exception rate for patients with Dementia was higher than local and national averages.

Timely access to care and treatment

Patients were not always 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, delays and cancellations were minimal and managed appropriately.

•Patients with the most urgent needs had their care and treatment prioritised.

•The practices GP patient survey results were below local and national averages for questions relating to access to care and treatment. Patients reported that although there had been improvements to the telephone system it was often difficult to get a routine appointment in a timely way.

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. Staff treated patients who made complaints compassionately.

•The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

At our previous inspection on 18 March 2018, the practice was rated as requires improvement for being well-led as there were gaps around governance arrangements and managing risks relating to medicines prescribing and monitoring. At this inspection we saw some evidence the practice had taken steps to address medicines prescribing and monitoring, however there were still gaps around governance arrangements such as reviewing performance and ensuring there is a strategy with priorities to enable them to deliver high quality, sustainable care.

Although we have noted that there have been some improvements in previous inspections, these have been limited and concerns remain around the capability of the leaders to consistently assess, monitor and improve the quality and safety of the services provided.

We rated the practice as requires improvement for providing a well-led service because

Leaders did not have the capacity and skills to deliver high-quality, sustainable care and did not have a realistic strategy and supporting business plans to achieve priorities. Further, the practice did not hold formal clinical meetings where practice performance including QOF performance and patient safety alerts were discussed.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care. The practice has been rated requires improvement or inadequate since the first inspection in May 2016 and has failed to demonstrate the necessary skills to achieve compliance with the regulations and achieve a good rating.

•Although some of the leaders understood the challenges for the practice. They did not have any plans in place to demonstrate how they would address them. For example, the practice did not have an action plan in place to respond to the changing demographics of the local population.

•Most leaders were visible; however, we were told by some staff that not all were approachable.

•The practice had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The trainee practice manager was completing a practice manager's course.

Vision and strategy

The practice had a vision to deliver high quality, sustainable care however there were no plans to implement this vision effectively.

•There was a clear vision and set of values. However, the practice did not have a strategy or supporting business plans to achieve priorities.

•Staff were aware of the vision and values.

Culture

The practice was trying to develop a culture of high-quality sustainable care. We noted there was a plan in place but there was no evidence to demonstrate how the plan would be implemented.

•Staff stated they felt respected, supported and valued. They were proud to work in the practice.

•The practice did not always focus on the needs of patients. For example, we were provided with no evidence to suggest patients had been consulted when designing the structure in which appointments and clinics were offered.

•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 with some managers and they had confidence that these would be addressed.

•There was a strong emphasis on the safety and well-being of all staff.

•The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

At the inspection in March 2018 we found in minutes of meetings we looked at that some staff were not always fulfilling their responsibilities. At this inspection we found the service demonstrated improvement in some areas, but insufficient overall to improve on the rating beyond requires improvement.

•There were some structures, processes and systems to support good governance and management such as regular practice meetings.

Requires improvement

Are services well-led?

•Most staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

•Practice leaders had established policies, procedures which had been reviewed since our last inspection. However, the practice could not demonstrate how they had been applied which has given rise to some our concerns otherwise identified in this report.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance.

•There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

•The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints. However, they did not have any processes in place to ensure that safety alerts were appropriately acted on by all staff.

•There was limited clinical audit and improvement activity to improve quality.

•The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice failed to monitor available performance data and act accordingly to improve the quality of services delivered.

•Quality and operational information was not used to ensure and improve performance.

•The practice collated some performance information. However the practice did not hold formal clinical meetings, for example, where QOF performance and patient safety alerts were discussed.

•Some of the information used to monitor performance and the delivery of quality care was inaccurate. The practice was not aware of its current QOF performance, therefore there were no plans to address any identified weaknesses.

•The practice submitted data or notifications to external organisations as required.

•There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

•The practice did not effectively monitor and address low GP Patient Survey scores in relation to patient access.

•The practice undertook its own internal patient survey to identify the views and opinions of the patients who use the service.

•There was some quality improvement programme including clinical audits to support the practice in improving the quality of care delivered.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff to support them in achieving high-quality sustainable services.

•A full and diverse range of patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. Although, there was an active patient participation group there were not consulted on all matters that affected patients such as specialist clinic times.

•The service did not always work collaborative and open with stakeholders about performance. For example, providing information to stakeholders in a timely way.

Continuous improvement and innovation

There was some evidence that the practise had continued to implement systems and processes to improve the quality of care and treatment offered to patients since our last inspection. For example, the management, monitoring and prescribing of high risk medicines. Further, the trainee practice manager is completing the practice manager's course and has started attending the local practice manager's forum

•At the last inspection we were told that one of the receptionists would start the HCA training in March 2018 which would allow the practice to increase NHS Health checks for patients, however this has not been actioned.

•We were told that the practice recognised they needed more nursing sessions to address reviews for patients with LTC and would be looking to appoint one in the near future. However, they said they had not started recruiting and were not clear when and how they would recruit.

Requires improvement

Are services well-led?

•The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

•Leaders and managers encouraged staff to take time out to review individual objectives.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not always do all that was reasonable practicable to mitigate risks. In particular:The practice did not have suitable procedures in place for managing staff absences.There was no safety net system in place for checking that patients attended blood tests The medicine fridge was used for storing food.This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have systems or processes in place that operated effectively to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:•The practice did not have consistent processes in place to ensure patients with long-term conditions received a structured annual review to check their health.•There was no evidence to demonstrate that the GPs worked with other health and care professionals to deliver a coordinated package of care•The practice did not have processes in place to ensure they had up to date, accurate and properly analysed information that was reviewed by people with the appropriate skills and competence to understand its significance. They were not aware of their current QOF performance.•The practice did not have suitable procedures in place for managing staff absences or busy periods. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.