

Nuffield House Doctors Surgery

Inspection report

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Date of inspection visit: 21 May 2018
Date of publication: 31/07/2018

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?

Good



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. (The previous overall ratings of the practice are, requires improvement on 27 October 2016 and inadequate on 21 November 2017).

There have been three previous inspections of this practice, two of which were comprehensive inspections where ratings were awarded and one, a focused inspection. The focused inspection was carried out to ensure compliance with a warning notice that was served following the 2017 inspection. The focused inspection was not rated.

We initially carried out a comprehensive inspection on 27 October 2016. At this time, the practice was rated as required improvement overall, with safe, effective and well-led rated as requires improvement.

A follow-up comprehensive inspection was undertaken on 8 August 2017 and 5 September 2017. At this inspection the practice was rated as inadequate overall and placed into special measures for a period of six months. The practice was issued with a warning notice.

On 20 March 2018, we then carried out a focused inspection to check that the practice had made the necessary improvements required, as highlighted in the warning notice. We found that they had complied with the warning notice.

We then carried out an announced comprehensive inspection at Nuffield House Doctors Surgery on 21 May 2018. This was to check that the practice had made improvements as identified in our previous inspection and to re-rate all key questions and population groups.

The key questions are rated as:

Are services safe? – *Good*

Are services effective? – *Requires improvement*

Are services caring? – *Requires improvement*

Are services responsive? – *Requires improvement*

Are services well-led? *Requires improvement*

At this inspection we found:

- Governance process had improved: partners, clinicians and management staff had lead roles and policies had been updated. There were effective information cascades and staff knew who to go to if they had a concern.

- Patients taking high risk medicines were being reviewed before a repeat prescription was issued.
- Prescribing data was higher than the local and national averages. The practice was aware and had taken steps to improve.
- There was now an up to date infection control policy. Staff had been trained in infection control and regular audits were taking place. There was a COSHH risk assessment.
- There was oversight of training requirements and recruitment checks.
- There were effective systems to manage MHRA and other alerts that may affect patient safety.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There was a weekly ward round at a local care home by the practice's GP medicine lead.
- There continued to be a low number of carers identified. Carers were directed to the Care Navigator who could provide advice and assistance of a non-clinical nature.
- Systems to share information with other healthcare professionals were regular and effective.
- The practice had implemented a revised policy to recall patients to their health checks; however, data indicated limited improvement in relation to exception reporting.
- Unverified data for 2017/18 indicated that there had been some deterioration in performance in two mental health indicators and one diabetes indicator.
- Clinical audits were being completed and were used to improve performance where identified.
- All staff received an appraisal in the last year. Staff praised the changes that had been made.
- Prescription stationery was stored securely and tracked as it was distributed.
- Learning disabilities checks were being completed.
- Complaints were effectively handled but the record keeping required improvement.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Feedback from the GP patient survey indicated that patients continued to experience difficulty getting through on the phone and accessing appointments. Action had been taken with a view to making improvements.

Overall summary

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

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

The areas where the provider should make improvements are:

- Continue to take steps to review antibiotic prescribing with a view to making improvements.

- Identify more patients who are carers.
- Improve the documenting of complaints received and action taken, to ensure there is a clear audit trail including replies to complainants and the action taken.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
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. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Nuffield House Doctors Surgery

Nuffield House Doctors Surgery is situated in Harlow, Essex in premises shared with health visitors and speech and language therapists. There are parking bays for patients who are disabled or with limited mobility; otherwise there is a public car park available close by.

The list size of the practice is approximately 13,250. There are five GP partners and one salaried GP. They are supported by four practice nurses. There are a number of other staff carrying out administrative and clerical duties, led by a full-time practice manager.

This practice is a teaching and training practice and has medical students and GP registrars in their final stage of

training. GP registrars are fully qualified doctors and will have had at least two years of post-graduate experience. Medical students may observe patient consultations and examinations with the patient's consent.

Nuffield House Doctors surgery was placed into special measures on 21 November 2017 following a comprehensive inspection. A warning notice was issued in respect of the governance at the practice. At a focused inspection on 20th March 2018, we found that the practice had met the requirements of the warning notice.

Are services safe?

What we found at our inspection on 27 October 2016

The management of significant events required improvement as patients did not always receive an explanation or an apology where appropriate. The practice had not completed a health and safety risk assessment or an infection control audit in the last 12 months. Although the practice received medicine and patient safety alerts, there was no system to show what action, if any, had been taken. Some staff acting as chaperones had not received a disclosure and barring service (DBS) check and there was no risk assessment as to why one was not required. There was no system of checks to ensure that clinical staff were appropriately registered with their professional body and had adequate insurance in place. The system for ensuring that staff had received appropriate training, such as health and safety or basic life support required strengthening.

What we found at our inspection on 8 August 2017 & 5 September 2017

Significant events and MHRA and patient safety alerts were being managed appropriately; however, the infection control audit was still incomplete and the infection control policy was out of date. Not all staff had received infection control training. A Control of Substances Hazardous to Health risk assessment had not been completed. Recruitment and other staff checks continued to be ineffective. Staff training was not monitored, although chaperones were being DBS checked.

Prescription stationery was held securely although this was not tracked as to its location around the practice.

There were not effective systems to protect children and vulnerable adults from abuse as staff had not received appropriate training and were not aware of who the lead was for safeguarding.

Not all patients prescribed lithium were being monitored before a repeat prescription was authorised.

At this inspection, we rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse and

improvements had been made. All staff had now received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. 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.
- Improvements had been made to recruitment processes. The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. They maintained an up to date spreadsheet which detailed the checks that had been made and when professional indemnities needed to be renewed.
- There was an effective system to manage infection prevention and control. The practice now ensured that all staff had relevant training. The infection control policy was up to date.
- The practice had arrangements to ensure that 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 adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. An assistant practice manager had been recruited since our previous inspection.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Are services safe?

- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a weekly meeting with other healthcare professionals, followed by a more in-depth six weekly multi-disciplinary meeting. GPs conducted a weekly 'ward-round' at local care-homes with a view to ensuring patients were regularly reviewed.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. Improvements had been made.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its higher than average antibiotic prescribing and taken some action to support good antimicrobial stewardship in line with local and national guidance. This included providing patients with an information leaflet and a 'back-up' prescription to be used if symptoms did not improve.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients

were involved in regular reviews of their medicines, including those that were high risk. At our previous inspection we identified that patients who were prescribed lithium were not receiving regular reviews to ensure their medicines were being prescribed safely. This was no longer the case and necessary improvements had been made.

- Prescription stationery was now being monitored as it was distributed in the practice, in line with guidance.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. A Control of Substances Hazardous to Health risk assessment had been completed. Regular infection control audits evidenced meaningful improvement. Staff all now received relevant training.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

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 acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice maintained a comprehensive and up to date spreadsheet of all safety alerts which detailed what action had been taken to mitigate risks.

Please refer to the Evidence Tables for further information.

Are services effective?

What we found at our inspection on 27 October 2016

We found that the percentage of patients with diabetes whose blood pressure was measured to be within a specific range was lower than local and national average. Further, exception reporting in relation to patients diagnosed with schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was high at 48% as compared with the CCG and national average of 21%.

What we found at our inspection on 8 August 2017 & 5 September 2017

Whilst unverified data indicated there had been some improvement in relation to performance for the aforementioned diabetes indicator, exception reporting for the above mental health indicator remained higher than average.

There had been no formal learning disabilities checks in the last year and there was a lack of systems to ensure appropriate appraisal of non-clinical staff. Systems to record and monitor staff training were not effective. Clinical staff had not received training relevant to their roles.

At this inspection we rated the practice as requires improvement for providing effective services.

We rated people with long-term conditions, people experiencing poor mental health (including people with dementia) and people whose circumstances make them vulnerable as requires improvement for providing effective services. This was due to repeat issues having not been rectified from previous inspections. We rated all other population groups as good.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice guidelines. This was shared either by email or at the weekly clinical meeting, which was also used as an educational meeting. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were 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.
- The practice publicised and directed patients to Health Help Now, an app which provided advice about common ailments and symptoms. The practice provided text reminders to patients providing their mobile phone number. Telephone advice slots with a GP were available every weekday to enable patients to raise queries and concerns without the need to access the practice.
- 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 good for effective because:

- 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.
- There was an identified GP at the practice who managed the care of all older patients who were on the list of frail patients.
- Staff had now received up to date safeguarding vulnerable adults training.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. A designated team comprising of a GP, advanced nurse practitioner and social worker responded to home visits.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. There were good relationships with other healthcare professionals, who met weekly.
- A care coordinator worked with the practice to signpost patients to avenues of support.

Are services effective?

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Unverified data for 2017/18 indicated that performance had deteriorated in relation to the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less. We had found performance for this indicator to be below average at our 2016 inspection, although there had been improvement in our 2017 inspection.

Families, children and young people:

This population group was rated good for effective because:

- 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.
- Systems to safeguard children from abuse had improved. Where abuse was suspected, information was shared with other agencies.
- The midwife held a weekly clinic at the practice.
- There were systems to share information with the midwife, health visitor and social workers.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 73%, which was comparable to the CCG and England average.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was higher than average. 86% of relevant patients had received this check, compared to the CCG average of 74% and England average of 76%.
- The percentage of patients with cancer diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis was lower than average; however unverified data indicated improvement.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was now providing health checks for patients with a learning disability. There were 44 patients on the learning disability register. Thirty-five patients had received a health check in the last year and two had these booked in. Six patients declined the invitation. The practice was continuing to send reminders to the remaining patients.
- There continued to be a low number of patients who were carers identified, as there were only 16 patients on the carers' register. However, there were systems in place to support carers, which included referral to the care co-ordinator.

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

This population group was rated requires improvement for effective because:

- At our previous inspection, we identified that the practice's exception reporting was higher than average for one mental health indicator. Unverified data for 2017/18 indicated that although there had been some improvement, this remained high for two mental health indicators.
- Unverified data for 2017/18 indicated that there had been deterioration in performance in two mental health indicators.
- 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,

Are services effective?

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.

- 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.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. Whilst QOF data for 2016/17 was in line with CCG and national averages, there were areas of performance that required ongoing review to improve or sustain performance:

- At our previous inspection, we identified that the practice's exception reporting was higher than average for one mental health indicator. At this inspection, we found that the practice had taken steps to improve exception reporting. They had implemented a policy whereby patients would be sent two letters to remind them to attend the practice and, should there be no response, a clinician would make contact thereafter; however, we found that steps taken to improve were not sufficient as unverified data for 2017/18 indicated that although there had been some improvement, this remained high for two mental health indicators.
- Exception reporting in relation to the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 34%, compared to 37% for the period 2016/17.
- Exception reporting in relation to the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan in place was 32% compared to 45% for the period 2016/17.
- Unverified data for 2017/18 indicated that there had been some deterioration in performance in two mental health indicators: 63% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the

record, in the preceding 12 months and 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months.

- 2016/17 data indicated that the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 45% which was lower than the CCG average of 63% and England average of 71%. Unverified data for 2017/18 indicated that performance had improved for this indicator, as performance was 73%.
- 2016/17 data indicated that the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 66% which was comparable to the CCG average of 74% and England average of 78%. However, unverified data for 2017/18 indicated that performance had deteriorated, as performance was 58%. The practice advised us that they had employed a diabetic nurse and they were in the process of recruiting a healthcare assistant with a view to improving performance. However, the practice had made similar assurances previously which were later found not to be effective: we had found performance for this indicator to be below average on our 2016 inspection. We were advised during that inspection that the practice were recruiting a new lead nurse for this area with view to making improvements; however, most recent data available to us evidenced that these improvements had not been sustained.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

Effective staffing

Necessary improvements had been made to staffing arrangements. Staff now 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.

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 had devised an effective spreadsheet so that they now understood the learning needs of staff. They provided protected time for staff to complete necessary training. Up to date records of skills, qualifications and training were now being maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. All staff had received an appraisal of their performance in the last 12 months.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which considered 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 have been in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and patients with learning disabilities.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.

Are services caring?

We rated the practice as requires improvement for caring. The practice was rated as good at our previous inspections.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, religious and social needs. We saw staff supporting patients by arranging taxis from the practice.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with CCG and England averages for questions relating to kindness, respect and compassion.
- The practice completed its own inhouse survey in March 2018 and May 2018. Responses were positive and patients indicated that they felt at ease with the GPs and they were good at involving them in decisions about their care,

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 and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Whilst the practice proactively supported carers and routinely discussed their needs, there were only 16 carers identified on the carers register. This was less than the 103 carers identified at our previous inspection in 2017.
- The practice's 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 the population groups, as requires improvement for providing responsive services. The practice was rated as good at our last inspection.

The practice was rated as requires improvement for responsive because of continued patient satisfaction data being lower than local and national averages in relation to contacting the practice by phone, with little improvement achieved over time.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP 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. There was a car parking space outside the practice for disabled patients.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated requires improvement for responsive because:

- Concerns regarding getting through on the phone affect all population groups, including this one.
- 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 practice held a list of frail patients who were regularly reviewed and discussed with other healthcare professionals.

People with long-term conditions:

This population group was rated requires improvement for responsive because:

- Concerns regarding getting through on the phone affect all population groups, including this one.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with other healthcare professionals to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for responsive because:

- Concerns regarding getting through on the phone affect all population groups, including this one.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice held regular meetings with other healthcare professionals to discuss children of concern.
- The midwife held a regular clinic at the practice.

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

This population group was rated requires improvement for responsive because:

- Concerns regarding getting through on the phone affect all population groups, including this one.
- 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.
- Appointments could be made with a GP or nurse out of traditional working hours on a Wednesday and Friday evening or on the weekend through the local 'hub'.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for responsive because:

Are services responsive to people's needs?

- Concerns regarding getting through on the phone affect all population groups, including this one.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice held a weekly 'ward-round' at a local care home to regularly review patients who lived there.

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

This population group was rated requires improvement for responsive because:

- Concerns regarding getting through on the phone affect all population groups, including this one.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had updated their recall system so that patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Whilst we were told that appointments often went quickly after telephone lines were opened, waiting times, delays and cancellations were managed appropriately.
- The next routine appointment with a GP was three and a half weeks after the date of our inspection. An appointment with a foundation year doctor, who worked alongside a qualified GP, was available the week after our inspection. A member of the reception team explained that they attributed this delay to the recent absence of another clinician.
- Patients with the most urgent needs had their care and treatment prioritised.

The practice's GP patient survey results were below local and national averages for questions relating to getting through on the phone. The practice had made changes to the appointment system with a view to making improvements, which included deploying administrative staff to answer the telephone lines during peak periods.

Further, the duty GP was now conducting daily five-minute telephone consultations with patients to give advice and answer queries. It was anticipated that this would be a more efficient use of GPs' time.

- At our 2016 inspection, we identified that patients experienced difficulties in getting through on the phone and accessing appointments. At that time, we were informed that the practice was in the process of recruiting a further GP and practice nurse with a view to improving access. These concerns continued to be highlighted in the 2017 GP patient survey. In our 2017 inspection, we were advised that the practice had implemented a triage system with a view to making improvements. As a further GP survey has not been published since our previous inspection so we are unable to comment on changes made.
- The practice conducted their own in-house survey. A total of 39 patients completed surveys in March 2018 and 25 patients in May 2018.

As part of this survey, the practice asked patients how it easy they found it to get to see in a clinician. In March 7.5% of patients indicated that they rated this as poor or less than satisfactory. There had been some improvement in May, as no patients indicated that they rated this as poor or less than satisfactory, with 84% patients rating this as good or very good. The practice did not ask patients their experience of getting through on the phone as part of this survey.

Listening and learning from concerns and complaints

Whilst it was evident that the practice discussed and actioned complaints and concerns, the folder where complaints were held was not in chronological order and it was difficult to decipher what action had been taken to respond to individual complaints. The complaints in the folder did not always accord with the schedule of complaints that was sent to us prior to the inspection. In two complaints, whilst we saw that these were acknowledged and the complainant was advised that they would receive a response once their complaint had been reviewed, there was no evidence of the response provided.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

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

Are services well-led?

What we found at our inspection on 27 October 2016

Systems to minimise risk required improvement, and policies were out of date.

What we found at our inspection on 8 August 2017 & 5 September 2017

The practice had not effectively implemented their action plan following an earlier inspection in 2016 and risks were allowed to continue. There was a lack of effective oversight and implementation, and areas that required improvement had not been identified. Policies and procedures were not embedded into practice.

At this inspection we rated the practice as requires improvement for providing a well-led service, as insufficient action had been taken to improve services as a result of our findings at previous inspections.

Leadership capacity and capability

Whilst Leaders had addressed most areas of risk previously found, there were areas of repeat non-compliance. These included QOF performance, low numbers of carers identified and patient concerns relating to getting through on the phone. Whilst partners and the management team had the capacity and skills to deliver high-quality, sustainable care, this was not consistently evidenced. However, we do acknowledge the progress the practice has made since the last inspection and that the risk to patients has been considerably reduced.

- Leaders were knowledgeable about most issues and priorities relating to the quality and future of services although performance continued to be variable.
- Lead roles had been taken by the partners, clinicians and management staff, and there were effective information cascades. Leaders understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. Significant changes had been made with a view to involving and empowering the workforce. Partners and the management worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and credible strategy to deliver high quality, sustainable care, although improvements were not consistent.

- At our previous inspection, we identified that the practice had not effectively implemented their own action plan and risks continued; however, at our most recent inspection we found that the practice had devised a comprehensive action plan and the practice team were clear as to what had been done and what needed to be done; however, some data did not evidence sufficient improvement.
- The practice had enlisted third party support who had assisted them in creating a vision and set of values. The practice had a realistic strategy and supporting action plans to achieve priorities.
- As the vision and values had only recently been implemented, staff were not yet confident in explaining how this manifested itself, although this had been cascaded to staff. Staff spoke positively about the changes at the practice.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy. At our inspection, we found that most risks previously identified were being managed or addressed.

Culture

The practice had taken decisive steps towards a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. They told us how they now attended regular practice meetings and that they were in charge of their training needs. They felt listened to.
- The practice focused on the needs of patients.
- The practice had been open and transparent with patients about the challenges they were facing throughout the CQC inspection process. Whilst it was evident that there was a culture of openness, honesty and transparency through regular, minutes meetings, this was not always demonstrated when responding to complaints due to inconsistent administration rather than a lack of process. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

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- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were now effective processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were now clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- Leaders were aware of challenges they were currently experiencing with QOF performance. They had begun to address the issues with exception reporting, although there was still further work to be done to improve this, along with performance for mental health indicators and diabetes.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. There was a comprehensive spreadsheet which detailed alerts. These were managed effectively and transparently.
- Communication was now a priority. Significant events, complaints, guidance and education were discussed regularly. There were effective relationships between stakeholders, practices in the locality and other healthcare professionals.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

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- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was now an active patient participation group who met monthly.
- The service was transparent, collaborative and open with stakeholders about performance.
- Feedback was valued. Patients and staff were being regularly asked for their thoughts and their views were used to shape service delivery.

Continuous improvement and innovation

- As a training practice, there was a focus on continuous learning and improvement. External hospital consultants and other professional were invited to attend the weekly educational meetings.

- The practice made use of internal and external 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 and team objectives, processes and performance.
- The practice worked with others in the locality to share ideas about service delivery. They utilised third party experience to inform improvements.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Systems were not effective to assess, monitor and improve the services provided in respect of checks for people with poor mental health or those with diabetes.
Maternity and midwifery services	Improvements had not been made to exception reporting for QOF data.
Surgical procedures	Patients were not satisfied with the arrangements in place to contact the practice by phone.
Treatment of disease, disorder or injury	