The Palms Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The practice was previously inspected on 13 June 2017. At that inspection the rating for the practice was requires improvement overall. Following the inspection the practice we issued a warning notice in relation to the support and oversight of the health care assistant. The full comprehensive report can be found by selecting The Palms Medical Cetre 'all reports' link on our website at www.cqc.org.uk.

This inspection was undertaken to check that the practice was now compliant with regulations and was an announced comprehensive inspection carried out on 31 January 2018. At this inspection we saw improvements and the practice had made progress in addressing our concerns. The practice remains rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

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

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those 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

At this inspection we found:

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

Summary of findings

- The practice encouraged healthier lifestyles and preventative care. However, practice coverage for cervical screening remained below average and the national target of 80%.
- Staff involved and treated patients with compassion, kindness, dignity and respect. The practice had increased the number of patients it had identified who were carers and could provide relevant advice and support.
- Patient rate of satisfaction was below the national average for the ease of obtaining an appointment with scores being particularly low for ease of getting through to the practice by telephone. This had not improved since our previous inspection although the practice had taken some actions designed to improve accessibility.
- The practice had a clear strategy for its longer term development and sustainability. For example it was in the process of expanding the permanent clinical staff team and had switched to a new electronic record system with improved functionality.

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

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

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

- Review its approach to cervical screening with the aim of improving uptake and coverage.
- Review the accessibility of the service with the aim of improving patient experience and meeting patients' need to access to the practice, including by telephone.

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

Summary of findings

The six population groups and what we found

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

Older people	**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**

The Palms Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a nurse specialist advisor.

Background to The Palms Medical Centre

The Palms Medical Centre provides primary medical services to approximately 8100 patients in the Newbury Park area of Redbridge through a general medical services contract. The service is provided from a single, purpose built health centre.

The current practice staff team comprises two GP partners (male and female), two salaried GPs (male and female) and a health care assistant. At the time of the inspection was in the process of recruiting a GP partner and a permanent practice nurse. The practice also employs a practice manager and receptionists and administrators.

The practice is open from 8am until 12.30pm every weekday and from 1.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments are available until 5.50pm on these days. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits when appropriate. When the practice is closed, patients are advised to use a contracted out of hours primary care service if they need urgent primary medical care. Local primary care 'hub' services are also available in the evening and at weekends nearby. The practice provides information about its opening times and how to access NHS 111, urgent and out of hours primary care services.

The practice has a similar practice population profile to the national average with around 6% of practice patients below the age of four and 7% aged over 75. The local population is ethnically diverse, for example at the last census around 27% of the local population were black or Asian by ethnicity. The local area is similar to the national average in terms of socio economic indicators.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

Good

Are services safe?

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing safe services because the practice did not have adequate arrangements in place to manage medicines.

These arrangements had improved when we undertook a follow up inspection on 31 January 2018. The practice is now rated as good for providing safe services overall and for all population groups.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, for example one of the GPs had recently attended a safeguarding case conference. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- 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 the role and had received a DBS check.
- There was an effective system to manage infection prevention and control covering policies, procedures, and staff training. The practice audited infection prevention and control practice and took action to address any issues identified. The practice had not provided cleaning staff with room-specific and individual equipment cleaning checklists. The practice sent us evidence it had produced detailed checklists for the cleaners and staff to refer to after the inspection. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- Staff were trained on information governance and understood the importance of maintaining confidentiality.
- The practice stored a considerable quantity of paper records which were located out of sight of patients and the public in a secure area of the practice. However, these records were not stored in closed cabinets. The practice had risk assessed this and had confidentiality agreements in place with contractors who had occasional access to this area, for example the cleaning staff.

Risks to patients

There were systems to assess, monitor and manage risks to patients.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice was in the process of recruiting a third GP partner with a start date agreed and a permanent practice nurse. The practice was using a locum practice nurse to meet patients' needs in the interim.
- There was an effective induction system for new and temporary staff members tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

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

Good

Are services safe?

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The practice had effective systems for managing medicines, including vaccines and medical gases. The practice kept a small stock of medicines for use in an emergency but it was not clear how often these were checked. For example the GTN spray was missing on the day of the inspection. When we raised this the practice purchased a replacement the same day. The practice also subsequently sent us a copy of a daily emergency medicines and equipment monitoring checklist it had implemented. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Since our previous inspection, the practice now monitored uncollected prescriptions on a monthly basis.
- The practice did not have a system to ensure that patient group directions or patient specific directions were in place to cover locum practice nurses who were not independent prescribers, instead relying on the nurses to check their paperwork was in order and keep the record. There were patient group directions in place to cover the regular locum nurse which were up to date and appropriately signed.

Track record on safety

The practice could demonstrate it prioritised safety issues.

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

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, one incident had involved a prescription being collected from the practice in error by a pharmacy worker. The practice had shared the learning with the pharmacy to strengthen the collection procedures and to reduce the risk of reoccurrence.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing effective services. This was because the practice had not provided effective oversight, training and clinical supervision for staff. The practice was also significantly below the national target for cervical screening coverage.

The arrangements for staff training and support had improved when we undertook a follow up inspection on 31 January 2018. We have rated the practice as good for providing effective services overall and as follows for the population groups:

- **Older people: Good**
- **People with long term conditions: Good**
- **Families, children and young people: Good**
- **Working age people: Requires improvement**
- **People whose circumstances make them vulnerable: Good**
- **People experiencing poor mental health: Good**

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- 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 as good.

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social needs. The practice was about to introduce a frailty scoring system in line with the local clinical commissioning group guidelines and establish a register of patients identified as needing additional support.
- Patients aged over 75 were invited for a health check which was carried out by a doctor. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long term conditions:

This population group was rated as good.

- 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.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. The practice provided the protocols it had developed for the health care assistant in relation to the reviews and procedures they were carrying out, for example blood pressure checks. The protocols included clear and appropriate direction on when the health care assistant should refer patients to the GP or practice nurse.
- In 2016/17, practice performance in relation to managing diabetes, hypertension, atrial fibrillation, asthma and COPD was in line with the clinical commissioning group and national averages.
- The practice routinely offered HIV screening to newly registering patients with an elevated risk.

Families, children and young people:

This population group was rated as good.

- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. The midwives provided a regular antenatal clinic at the practice.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice encouraged pregnant women to have the flu and pertussis vaccinations (whooping cough).

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

Good

Are services effective?

(for example, treatment is effective)

This population group was rated requires improvement because uptake for cervical screening remained significantly below average. In 2016/17, 59% of eligible women registered with the practice had been screened within the relevant interval, compared to the CCG average of 65% and the national average of 72%. The national target for cervical screening coverage is 80%.

The practice told us they had increased the number of screening appointments offered by eight per week and now sent reminders by text to women who had not responded to their screening invitation. Written information about the test was available in a range of languages. At the time of the inspection, appointments with the nurse for cervical screening were available within 10 days.

People whose circumstances make them vulnerable:

This population group was rated as good.

- The practice held a register of patients with a learning disability and offered these patients an annual health review.
- The practice had increased the number of patients it had identified as carers since our previous inspection and was able to direct them to other sources of support, for example, respite services and short breaks. The practice had identified 130 patients who were also carers (that, is around 2% of the patient list).
- The practice liaised with the local palliative care team to coordinate care in line with patients' wishes.

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

This population group was rated good.

- In 2016/17, 73% (of 26) patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 91% (of 56) patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 97% in 2016/17 which was comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Monitoring care and treatment

The practice had carried out quality improvement activity since our previous inspection and routinely reviewed comparative data supplied by the CCG on prescribing and admissions activity. The practice had completed a two cycle clinical audit looking at the management of diabetes since our previous inspection. It had carried out reviews against local incentive scheme indicators, for example monitoring the number of patients diagnosed with depression who had been referred to talking therapies.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2016/17 showed the practice achieved 94.7% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.2% and national average of 96.5%. This was a slight improvement from our previous inspection where the practice had achieved 94.2%.

The overall clinical exception rate was 5%, which was below the CCG average of 7% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Effective staffing

At our previous inspection, we found the practice was not able to demonstrate how it

ensured role-specific training and updating for all relevant staff. This had improved at this inspection. Staff had the skills, knowledge and experience to carry out their roles.

Good

Are services effective?

(for example, treatment is effective)

For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- 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 although historical records were not always complete. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings and appraisals. We were told that one of the GP partners provided ongoing clinical supervision to the healthcare assistant but there were no notes kept of these sessions. Following the inspection, the practice submitted a revised supervision policy which now included a commitment to keeping a record of supervision sessions including dates and key points covered for future reference.
- There were policies in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

The practice worked with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

The practice helped patients to live healthier lives.

- The practice offered advice on diet, smoking and alcohol cessation and was sensitive to local cultural and religious customs. A smoking cessation advisor from the local acute and community trust attended the practice regularly to support patients who wanted to quit smoking.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. In 2016/1, 71% of eligible female patients had attended breast screening compared with the CCG average of 67% and 47% of eligible patients had been screened for bowel cancer compared with the CCG average of 46%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

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. One of the GPs had taken refresher training on consent and mental capacity since our previous inspection.
- The practice monitored the process for seeking consent.

Good

Are services caring?

Our findings

At our previous inspection on 13 June 2017, we rated the practice as good for providing caring services.

We received positive feedback from patients when we undertook a follow up inspection on 31 January 2018 in line with the national GP patient survey and the practice's own survey results. We practice remains rated as good for providing caring services overall and across all the population groups.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All but two of the 21 patient Care Quality Commission comment cards we received and all the patients we interviewed were positive about the service experienced. The two critical comments related to variable experiences at reception.

Results from the July 2017 annual national GP patient survey showed that most patients reported being treated with compassion, dignity and respect. Three hundred and twenty-four survey questionnaires were sent out and 126 were returned. This represented about 2% of the practice population. The practice scored in line with the local average for patient experience of consultations with GPs. Patient satisfaction with nurse consultations was consistently below average. The practice was operating with a number of temporary practice nurses during the survey period. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 75% of patients who responded said the nurse was good at listening to them; (CCG) - 84%; national average - 91%.
- 76% of patients who responded said the nurse gave them enough time; CCG - 84%; national average - 92%.
- 90% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 72% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 73% of patients who responded said they found the receptionists at the practice helpful; CCG - 78%; national average - 87%.

Since publication of the national survey results, the practice had started its own feedback surveys to explore patient experience more frequently and to try and reach patients unlikely to complete the national postal survey. We saw the results from 40 questionnaires which were given to patients in December 2017. The results were broadly similar to the national survey. For example 83% (of 37) patient responses indicated that the GP was good at listening to them.

The practice had carried a separate survey out about the nursing service. Of 49 questionnaires returned, 27% said the nurse was good at treating them with care and concern; 65% said the nurse was average in this respect and 8% said the nurse was poor at treating them with care and concern. The practice was in the process of recruiting a permanent practice nurse and intended to repeat the inhouse surveys regularly to track the impact of planned changes.

Involvement in decisions about care and treatment

Staff and patients we interviewed said patients were involved in decisions about their care. The senior staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

Good

Are services caring?

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

The practice proactively identified patients who were carers. Since our previous inspection, the practice had contacted all older patients to check if they were a carer or relied on someone else. The practice's computer system alerted GPs if a patient was also a carer. The practice had increased the number of patients it had identified as carers to 130 (2% of the practice list). Staff from the local carers' centre had visited the practice and advised staff on current support services that were available to carers locally.

Staff told us that if families had recently experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time to meet the family's needs if this was wanted. The practice had information on local bereavement counselling services including services designed for children.

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

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 73% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 77% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 13 June 2017, we rated the practice as requires improvement for providing responsive services. This was because patients found it difficult to access the service by telephone.

At our inspection on 31 January 2018, we noted that the practice had reviewed and changed its appointment system, upgraded the telephone system and had also taken action to reduce the demands on the telephone system. There was mixed feedback from patients on whether this had improved the experience of getting through to the practice by telephone. We have rated the practice as requires improvement for providing responsive services overall and across all of the population groups.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services, for example translation services were available.
- 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 as requires improvement because the practice could not yet demonstrate that patients in this population group experienced reasonable access to the practice by telephone. However, the practice was able to demonstrate other measures it took to respond to the needs of older patients.

- 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 offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

This population group was rated as requires improvement because the practice could not yet demonstrate that patients in this population group experienced reasonable access to the practice by telephone. However, the practice was able to demonstrate other measures it took to respond to the needs of patients with long-term conditions.

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

Families, children and young people:

This population group was rated as requires improvement because the practice could not yet demonstrate that patients in this population group experienced reasonable access to the practice by telephone. However, the practice was able to demonstrate other measures it took to respond to the needs of families, children and young people.

- 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. One of the GPs had recently attended a safeguarding case conference.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when appropriate.
- The local community midwifery team held a weekly clinic at the practice premises. The GPs offered post-partum and new baby checks.

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

This population group was rated as requires improvement because the practice could not yet demonstrate that patients in this population group experienced reasonable access to the practice by telephone. However, the practice was able to demonstrate other measures it took to respond to the needs of working age people.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The practice actively encouraged patients to register for online access to appointment booking and had increased the number of appointments available to book online including same-day appointments.
- A range of appointments were offered including telephone appointments and early morning appointments from 8am.
- The practice offered a weekly evening cervical screening clinic.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement because the practice could not yet demonstrate that patients in this population group experienced reasonable access to the practice by telephone. However, the practice was able to demonstrate other measures it took to respond to the needs of people whose circumstances make them vulnerable.

- Practice policy was to encourage people to register at the practice regardless of their personal circumstances. The practice was aware of strategies to enable homeless people to register although it did not currently have any homeless patients.

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

This population group was rated as requires improvement because the practice could not yet demonstrate that patients in this population group experienced reasonable access to the practice by telephone. However, the practice was able to demonstrate other measures it took to respond to the needs of people experiencing poor mental health (including people with dementia).

- Staff interviewed demonstrated an understanding of how to support patients with mental health needs.
- The practice involved patients with dementia and their carers in regular reviews and care planning.

Timely access to the service

Patient feedback was mixed about the experiencing of accessing care and treatment from the practice.

- Patients identified telephone access as a problem at this practice. The practice had taken action to improve the telephone system and provide other forms of access to the service but patient feedback remained mixed.
- Patients were more positive about access in terms of receiving timely assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The online appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the national average. Three hundred and twenty-four survey questionnaires were sent out and 126 were returned. This represented about 2% of the practice population. The practice scored well below the local average for patient experience of telephone access. For example:

- 64% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 25% of patients who responded said they could get through easily to the practice by phone; CCG – 51%; national average - 71%.
- 61% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 63%; national average - 76%.
- 67% of patients who responded said their last appointment was convenient; CCG - 68%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 31% of patients who responded said they don't normally have to wait too long to be seen; CCG - 43%; national average - 58%.
- 32% of patients who responded said they usually get to see or speak to their preferred GPShow breakdown; CCG - 49%; national average - 56%.

The practice had expanded the reception team at busy times of the day and the telephone system had been upgraded so that patients were now informed of where they were in the call queue. The practice had also carried out its own more recent surveys of the appointment and telephone systems in 2017 with 25 and 41 patients responding respectively. The results showed mixed feedback with room for improvement. For example:

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Nine of 25 patients (36%) described their experience of booking an emergency appointment as trouble free.
- Ten of 25 patients (40%) described their expericne of booking a routine appointment as trouble free.
- However all 25 (100%) of these patients said their last appointment was convenient.
- 16 of 41 (39%) patients said accessing the practice by telephone was easy or very easy.
- 23 of 41 (56%) of patients had noticed some improvement in the telephone system over the last year.

The practice opened from 8am until 12.30pm every weekday and from 1.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments were available until 5.50pm on these days. We were told that patients could also access the local primary care 'hub' service which offered appointments with GPs and nurses in the evenings and at weekends. The out of hours service was available when the practice was closed for urgent primary care problems and patients were given information about how to access this.

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.
- The complaint policy and procedures were in line with recognised guidance. The practice had not received any written complaints since our previous inspection. The practice had received four complaints since our previous inspection two of which were written and two of which were verbal. These were all logged and handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, a patient had complained about inappropriate handling of their notes by a member of staff. The practice had apologised to the patient and had provided further staff training.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 13 June 2017, we rated the practice as inadequate for providing a well-led service. This was because the practice did not have adequate clinical oversight of the health care assistant; could not locate key information during the inspection and had not made progress in improving cervical screening uptake or patient experience of access to the service.

The practice had taken action to address these issues when we undertook a follow up inspection on 31 January 2018 although the impact was not yet evident in terms of patient experience and cervical screening coverage. We have rated the practice as requires improvement for providing a well-led service overall and across all the population groups.

Leadership capacity and capability

Leaders were expanding the capacity and skills of the clinical team to deliver high-quality, sustainable care. The practice had recruited a new GP partner with an agreed a start date. The practice was also in the process of recruiting a permanent practice nurse.

- Leaders had the experience and capability to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and could show how they were addressing them. For example, the practice had been running for a considerable period with staff vacancies leading to some instability in the staff team and had taken action to address this.
- We were told that the GPs and practice manager were visible and approachable.
- The practice had processes to develop leadership capacity and skills, for example recently recruiting a new GP partner.

Vision and strategy

At this inspection, the practice had a clearer vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities and had made progress since our previous inspection. The practice had set up a 'change project' to address the concerns raised at the previous inspection in a systematic way.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population, for example participating in local incentive schemes promoted by the clinical commissioning group.
- The practice monitored progress against delivery of its strategy.

Culture

The practice aimed to provide high quality care to all patients regardless of their circumstances or background. Staff told us they worked well as a team to achieve this and although the practice had faced challenges for example, staff vacancies and high patient demand, they were positive about the future.

- Staff stated they felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- We saw examples of openness, honesty and transparency when the practice responded 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. They said they had confidence that these would be addressed.
- Staff had received equality and diversity training.

Governance arrangements

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

- The practice had structures, processes and systems in place to support good governance. Since the previous inspection, the practice had invested in additional management support to help it become compliant with relevant standards and regulations.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

Requires improvement

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

Managing risks, issues and performance

We noted clearer processes for managing risks, issues and performance since our previous inspection.

- At our previous inspection, we raised serious concerns about the oversight and support provided to the health care assistant. Following that inspection, the practice put in place a set of written protocols covering the health care assistants' tasks with clear directions about when to refer patients to the doctors and nurses. The healthcare assistant also used electronic templates, for example, when conducting health checks which generated automatic prompts and alerts. We were told the GPs provided regular clinical supervision to the health care assistant but records had not been kept of these sessions. The practice submitted a revised supervision policy and recording form following the inspection.
- The practice did not have formal internal systems to monitor the performance of employed clinical staff, for example through audit of their consultations, prescribing and referral decisions. We were told that the doctors regularly met and would discuss clinical cases more informally. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care. 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 took action in response to a number of issues raised including at this inspection for example submitting written evidence after our visit. However, we found that the practice was not always sufficiently proactive in identifying risks, for example the practice did not have a system to ensure that temporary nursing staff were working appropriately under patient group directions.
- We also found that the cervical screening failsafe system had lapsed in the absence of a permanent practice nurse. The practice reviewed all cases on the day of the inspection to ensure the results were logged in the patient records or otherwise followed up.

Appropriate and accurate information

The practice could demonstrate it acted on appropriate and accurate information although progress was limited in some areas.

- The practice was aware that its cervical screening coverage had remained below target but had made little progress in increasing coverage in 2016/17. The practice did not have a strategy to encourage women to attend aside from sending text reminders and opportunistically remdining women when they attended the practice for other reasons.
- The practice had taken some actions to improve access which included an evaluation of patient experience. However, patient feedback on access to the service remained below average with little improvement since our previous inspections in March 2016 and June 2017. The practice's own feedback survey showed mixed results.
- Quality and operational information was being used to improve performance, for example we saw completed audits on the management of diabetes care.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted statutory notifications to external organisations as required.
- There were arrangements in line with data security standards for patient identifiable data, records and data management systems. The practice had taken a recent incident involving patient records seriously and used this to review staff understanding of the correct procedures.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support improvement.

- The practice had an active patient participation group and held regular meetings. Members we spoke with described the practice as responsive to their concerns and ideas for improvement.
- The practice had liaised with a nearby practice to ensure patients were able to see the right professionals (for example, a practice nurse) to meet their needs.

Continuous improvement and innovation

Are services well-led?

Requires improvement

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

There was evidence of systems and processes for learning and continuous improvement.

- The practice had switched to a new electronic records system with improved functionality, for example in displaying alerts, issuing call and recall invitations, running searches of patient records, supportin clinical audit and performance reporting.
- The practice was keen to expand the skills of the team for example, it was bidding for a clinical pharmacist as part of a local NHS initiative to develop primary care.
- 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 review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** The provider was not operating systems or processes to ensure compliance with this regulation. In particular: The practice was not assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users. The practice had not acted on feedback to improve patient experience of accessing the service. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.