

Drs Masterton, Thomson, Bolade & Otuguor

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection December 2016 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Requires improvement

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

We carried out an announced comprehensive inspection at Drs Masterton, Thomson, Bolade & Otuguor on 15 March 2018, because we had previously identified areas where the practice was failing to meet the legal requirements in delivering care.

This was the practice's third inspection. We first inspected on 26 July 2016 when we found significant concerns relating to safe recruitment of staff, management of medicines, arrangements for emergencies, infection control, managing test results, learning from significant events, staffing levels and support for staff (including induction, training and appraisal) and overall governance, including maintenance of appropriate policies. We rated the practice as inadequate.

Before the report of the July 2016 was published, we carried out a focused inspection on 1 December 2016, because of the delay in producing a finalised report and the safety concerns identified. Despite not having had a copy of the report from the previous inspection, we found that the practice had made substantial improvements, fully addressing most concerns and with actions underway to address those that remained. There remained some issues with how medicines were managed, with infection control, training and appraisal. We therefore rated the practice as requires improvement.

Summary of findings

More details of the findings of the previous inspections are given under the key questions, below. You can read the report from the previous inspections by selecting the 'all reports' link for Drs Masterton, Thomson, Bolade & Otuguor on our website at www.cqc.org.uk.

At this inspection we found:

- In general, the practice had maintained the improvements made previously. Although there were issues in some of the same areas, these were not the same as previously identified (so the issues did not reflect a failure to act by the practice).
- There were systems to assess, monitor and manage risks to patient safety, although there were aspects that needed to be strengthened, particularly related to documentation of recruitment checks.
- There was an effective system for staff training and appraisal, but the practice policy did not include all of the training recommended by national guidance.
- 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, although formal documentation sometimes followed later.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Measures of the effectiveness of care showed the practice was performing in line with local and national averages (although not always up to the national target). Exception rates (patients excluded from performance data) for chronic obstructive pulmonary disease were above average, but this appeared to be linked to the practice's older population.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us that they found the appointment system easy to use and reported that they were usually

able to access care when they needed it, although some patients reported that it could be difficult to get appointments with particular GPs and sometimes with a female GP. Patients reported that they sometimes had to wait too long after their appointment time.

- There was continuous learning and improvement at all levels of the organisation. This had after the first inspection focused on patient safety, but was extending to other aspects of the practice's care and services.

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

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

(Please go to the requirement notice section at the end of the report for more detail.)

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

- Review the causes of long waiting times and the below 80% cervical screening rate and consider actions.
- Consider if there are ways to improve accessibility to consulting rooms for patients with impaired mobility, and ways to support patients' understanding, for example by using easy read materials.
- Review staff training in consent, including the mental capacity act.
- Continue to monitor high exception rates for chronic obstructive pulmonary disease to ensure exceptions remain clinically appropriate.
- Review whether there is sufficient access to female GP appointments and nurse appointments.

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

Drs Masterton, Thomson, Bolade & Otuguor

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser, and an expert by experience.

Background to Drs Masterton, Thomson, Bolade & Otuguor

Drs Masterton, Thomson, Bolade & Otuguor is part of Lambeth Clinical Commissioning Group (CCG) and serves approximately 5200 patients. The practice is registered with the CQC for the following regulated activities: maternity and midwifery services, diagnostic and screening procedures, surgical procedures, family planning and treatment of disease, disorder or injury.

The practice population is located in an area ranked in the fourth most deprived decile on the index of multiple deprivation. The practice has more patients aged over 65 than other practices locally (17%) and more patients aged over 75 (10%) and over 85 (4%) than other practices locally and nationally. There are 59% of patients with a long-standing health condition, compared to a local average of 46% and a national average of 54%.

The practice cares for 378 patients in sixteen supported living facilities, including care homes, supported

accommodation for those with learning disabilities and services for patients with mental health concerns. This is reflected in the percentages of the practice's patients with a diagnosed mental health condition (4%), dementia (3%) and who have a learning difficulty (9%), all of which are higher than other practices locally or nationally.

There are three partners (one female and two male GPs) who work full time, with one part-time locum GP. The practice provides 21 GP sessions per week. There is one female practice nurse, who works one day per week, a full time health care assistant and practice pharmacist (who is in the practice every week day, but does not work on Tuesday or Thursday afternoon).

The practice is open from 8am Monday to Friday. The practice closes at 7.30pm on Monday, 7pm on Tuesday, Thursday and Friday and 6.30 pm on Wednesday.

Drs Masterton, Thomson, Bolade & Otuguor operates from Prentis Road, Streatham, London, SW16 1XU which is a purpose built property. The entrance is level, and there are consulting rooms on the ground and first floor.

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

The practice operates under a Personal Medical Services (PMS) contract, and is a member of the Southwest Lambeth GP Federation.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

When we inspected in July 2016, we found that the arrangements in place were not sufficient to keep patients safe.

- There were not effective systems for safeguarding patients from harm. The practice had failed to complete required recruitment checks, and were not effectively managing risks including infection control, legionella and fire safety. Staffing levels were not sufficient.
- Medicines were not always managed safely in that high risk medicines were not always monitored appropriately and two of the practice nurse's Patient Group Directions had expired. Prescriptions were not stored securely and vaccines were not being monitored appropriately. There was no defibrillator on the premises, the oxygen cylinder had passed its expiration date and there were no children's masks available.
- Arrangements for medical emergencies were ineffective as there was no defibrillator or children's oxygen mask, the oxygen cylinder had expired and not all staff had received basic life support training.
- There was not always evidence of learning from significant events, and the practice's significant event policy had not been updated since 2011.
- We therefore rated the practice as inadequate for providing safe services.

When we re-inspected safety in December 2016, we found that there was considerable improvement, although there were still some areas that required improvement to keep patients safe.

- Most staff still had not had training in keeping patients safe from abuse.
- There was still no clear leadership for infection control and recommendations from a fire risk assessment had still not been addressed.
- Most, but not all recruitment checks had been completed for a newly recruited healthcare assistant.
- Issues previously identified with medicines management had been addressed. However, the practice healthcare assistant was administering medicines without patient specific direction, required by legislation.

- We therefore rated the practice as requires improvement for providing safe services.

At this inspection, we found that, in general, the improvements made in 2016 had been sustained, but there were areas where further improvement was needed, particularly in documenting actions and ensuring up-to-date documentation related to safety is maintained.

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 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. 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, however these were not always fully documented. We looked at the recruitment files of three members of staff recruited since the last inspection. One non-clinical staff member was returning to the practice after a period of time not working. The practice had verbal references from the partners, but these were not documented. The file of a clinical member of staff was missing a full employment history. The practice told us that the nurse had been known to the practice for a number of years, and had previously been employed as locum. Staff told us that it was likely that her full employment history would have been checked at that point, but it was before the practice introduced an effective system of recruitment checks. All of the other checks had been completed for these staff members, including Disclosure and Barring Service (DBS) checks. One administrative staff member was absent from the practice on long-term sick leave, and the practice had asked a staff member from another practice to provide some ad hoc administrative support (to ensure that other staff were not over-burdened). The

Are services safe?

practice manager also worked at the other practice and had seen the recruitment checks for the staff member employed on an ad hoc basis, but there were no copies in the practice. The ad hoc non-clinical staff member had signed the practice's confidentiality agreement. Shortly after the inspection, we were sent copies of the recruitment checks for this staff member, employment history for the clinical staff member and a risk assessment for employment of the non-clinical staff member without written references.

- We saw evidence that all staff had appropriate professional indemnity insurance, although the practice was not initially able to demonstrate this. Following the inspection, the practice told us that the evidence was in the staff files but was overlooked due to the pressure of the inspection.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The practice had recently developed a system to monitor the status of patients who were the subject of safeguarding concerns to ensure that issues were followed up where required.
- Staff who acted as chaperones were trained for their role and had received a standard Disclosure and Barring Service (DBS) check. Medical staff and technicians had all received an enhanced 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. There are two types of DBS check: a standard DBS check involves a check of an applicant's criminal record against the Police National Computer for any reprimands, warnings, cautions or convictions. An enhanced DBS check includes all the information included as part of a standard check, plus any information held locally by police forces that's considered relevant to the child workforce and post applied for. The decision to not conduct an enhanced DBS for chaperones had not been formally risk assessed.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, although there were aspects that needed to be strengthened.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. All staff had received training in basic life support in the last 12 months. Non-clinical staff had completed basic life support training online. Most clinical staff had also completed recent face to face basic life support training. The GP and healthcare assistant who had not completed face to face basic life support training recently had done so previously, and had completed online basic life support training in the last year.
- The practice had introduced a number of failsafe systems since the first inspection (in response to feedback from the inspection and as a result of the practice's own reflection), including systems to monitor test results sent from other services, referrals made for urgent consultations and some medicines.
- There was an effective system to manage infection prevention and control. Leadership of infection and prevention and control was clear, and staff had received appropriate training. Annual audit was undertaken, and we saw that action had been taken where areas for improvement were identified. We observed the practice to be clean and that there were schedules in place to ensure that facilities and equipment did not pose a risk of infection. The privacy curtains were not disposable. We saw records that showed that these were washed regularly, but the specification for this was not included in the cleaning schedule for the practice. The cleaner employed had received infection and prevention control training.
- Records we saw for selected staff showed that the practice was taking action in line with guidance to ensure staff immunity, although the practice was not initially able to demonstrate this for one member of staff (as the information was not in their staff file when the inspector reviewed it). After the inspection the practice told us that the record was in the staff member's file but was overlooked due to the pressure of the inspection.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Are services safe?

Information to deliver safe care and treatment

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

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

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. 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.

Track record on safety

We had previously identified safety issues at the practice, but on this inspection we found:

- There were risk assessments in relation to safety issues, and the practice took action to address areas of risk identified.

- The practice monitored and reviewed activity, this had led to safety improvements, such as new monitoring systems.

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. Staff told us that they would be supported when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and took action to improve safety in the practice.
- We reviewed two documented examples, and found that the records had a good level of detail, including of the lessons learned and actions taken. In one example, when patients had been given incorrect information about services available as NHS services, the practice contacted patients with an apology and (if they had paid privately for the service) an offer to reimburse them.
- Staff told us of another example, when the practice was alerted to a patient who had missed doses of medicine. As a result, we saw that the practice had created a specific protocol for this medicine and a monitoring system to ensure that the event could not recur. The issue was raised with the practice in November 2017. Although actions had been taken and staff were aware of the learning, it had not yet been formally documented as a significant event in line with practice policy. The practice told us that this was because they were still involved with other agencies to ensure that all lessons were learned.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and for all population groups apart from people whose circumstances make them vulnerable, which we rated as requires improvement.

When we inspected in July 2016, we rated the practice as inadequate for providing effective care, because:

- Not all staff had completed all essential training including safeguarding, fire safety awareness, basic life support, information governance and infection control.
- Most staff had not received an annual appraisal.
- The processes in place for receiving, reviewing and taking action in response to test results from secondary care organisations did not keep patients safe.
- Some Quality and Outcomes Framework (QOF) exception rates were higher than average. Exception reporting is the removal of patients from Quality Outcomes Framework (QOF) calculations where, for example, the patients are unable to undertake a review because of side effects. QOF is a system intended to improve the quality of general practice and reward good practice.
- The practice did not have systems in place to ensure locum staff working at the practice had all necessary information to enable them to work effectively.
- There was a lack of evidence of regular multidisciplinary working and clinical meetings. A member of staff we spoke with was not fully aware of current legislation and guidance for assessing capacity and obtaining consent from children and young people.

When we re-inspected in December 2016, we found that that the practice had made improvement since our inspection in July 2016.

- There was an action plan in place to ensure that staff completed all training by January 2017 and that all staff received an annual appraisal by March 2017. Most training had been completed, although child or adult safeguarding training and some appraisals remained to complete (when we inspected in December 2016).
- The practice had introduced effective systems to manage results from secondary care and there was evidence of regular multidisciplinary meetings.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average

compared to the national average, although exception reporting for atrial fibrillation and chronic obstructive pulmonary disease was higher than local and national averages.

At this inspection (March 2018) we found the practice had sustained the improvements made. We did however identify areas some areas for further improvement:

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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice participated in a local scheme for assessing and developing holistic packages of care for older people who were frail or vulnerable, known as Holistic Needs Assessments. Practice staff told us that they had 494 patients who were eligible for this scheme and had been given a target by the Clinical Commissioning Group of completing 76 assessments in 2017/18, and that the practice was likely to complete more than this by the year end.
- 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.
- The practice (working with the patient participation group) hosted annual “well in winter” events to provide advice on how to remain healthy during the winter months, including how to access support from local services with insulating their homes.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Are services effective?

(for example, treatment is effective)

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was not an outlier for the treatment of patients with any long term condition, and exception rates were in line with other practices for all indicators apart from chronic obstructive pulmonary disease (COPD). In 2016/17, 37% of patients were excepted by the practice, compared to a local average of 10% and a national average of 13%. This was higher than at the time of the last inspection. The practice showed us evidence that they had worked with the Clinical Commissioning Group to investigate the COPD exception rate, and the conclusion that this was due to the higher than average number of patients on their list currently living in care homes who were too frail to participate in COPD assessments. We looked at a sample of COPD exceptions and found that these were all clinically appropriate.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for all of the vaccines given were above the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 70% (as measured using the criteria specified by Public Health England), which was below the 80% coverage target for the national screening programme, although in line with the performance of other practices locally and nationally (local average 67%, national average 72%). Exception rates were in line with average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 65 patients with a learning disability. Patients with learning disabilities received an annual review of their health and wellbeing. Fifty two patients (80%) with learning disabilities had received a review at the time of the inspection (for the year 2017/18). We identified improvements needed to the practice's learning disability annual review process, to ensure that patients needs were fully assessed. We looked at some examples of annual reviews and did not identify any cases where there had been an impact from the lack of GP involvement.
- Shortly after the inspection, the practice sent us details of a new process, which addressed the issue we highlighted. The practice also told us of a process to review all of the annual reviews of patients with learning disabilities that had been carried out, to ensure that no risks had been overlooked.
- As a result of our feedback the practice also reviewed the training for staff and decided that all clinical staff will have training in learning disability awareness and consent (including the mental capacity act).

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months.
- 98% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 81% of patients experiencing poor mental health had received discussion and advice about alcohol consumption.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We saw three examples of formally documented completed audit, where the audit had been repeated to check that improvements had been made. One example was an audit of the treatment of urinary tract infections. When first audited in

Are services effective?

(for example, treatment is effective)

2017 the practice found that 90% of the 25 patients reviewed had received treatment that followed all elements of the guidelines. The practice took action, including guidance for GPs (including locum GPs). When the audit was repeated in 2018 (with a larger sample of 65 patients) 100% received treatment that followed all elements of the guidelines.

In addition to formally documented audits, the practice had systems for routine monitoring of the effectiveness of various aspects of care, including of the 'virtual clinics' for diabetes, respiratory conditions, and mental health.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The overall exception reporting rate was 13% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a test or medicine is not appropriate.)

Effective staffing

In general, staff had the skills, knowledge and experience to carry out their roles. For example, staff whose roles included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, we identified some areas where the practice had not ensured that staff had the skills they needed to perform their roles.

- The practice provided access to training and protected time to complete it. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff were up to date with training as consistent with the practice policy. We identified two areas that we felt the practice policy needed expansion, to include face to face basic life support training for staff (clinical staff as a minimum) and training on consent and the mental capacity act for all clinical staff.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- The induction process for a healthcare assistant had not formally considered the requirements of the Care Certificate, although the practice had records of their background and prior experience, which were likely to meet the requirements.
- There was one example of the practice not considering the skills, knowledge and experience needed for a task, but this was addressed shortly after the inspection.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Consent to care and treatment

- Most of the clinical staff we spoke to understood the requirements of legislation and guidance when considering consent and decision making. However, one member of the clinical team was not able to describe

Are services effective?

(for example, treatment is effective)

the implications of mental capacity in adults when taking consent, or the arrangements for assessing and recording a patient's mental capacity to make a decision.

- The practice had recently added consent and mental capacity act training to their mandatory training

schedule for GPs (but not other clinical staff). Shortly after the inspection, the practice told us that all staff would receive training in consent, including the arrangements for obtaining consent when it was not clear that an adult had capacity to consent.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

When we inspected in July 2016, we rated the practice as good for providing caring services. The practice continues to provide caring services for all of 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.
- We received 13 patient Care Quality Commission comment cards and spoke to 11 patients; feedback we received was positive about the service experienced. Patients were very positive about the care they received, describing it as caring, compassionate and kind. There were no comments cards with only negative comments. Three cards had mostly positive comments but some negative feedback. The only common issue across comment cards and the patients we spoke to was waiting times – patients felt that they sometimes had to wait too long after their appointment, but recognised that that this was partly a reflection of the time GPs took to listen to patients and fully understand their needs.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and sixteen surveys were sent out and ninety-six were returned. This represented under 2% of the practice population. The practice was in line with other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 88%.

- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 96%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 84%; national average - 86%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- 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.
- Staff told us of different ways that they communicated with patients to support their understanding, for example, in writing or using text messaging rather than telephone calls. Although the practice had a relatively large population of patients with a learning disability, there were no easy read materials.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers, upon registration, through Patient Participation Group events and through consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (2% of the practice list).

- A member of staff acted as a carers' co-ordinator and shared information about events and services from local groups with patients on the practice's carer register.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support

Are services caring?

service. Staff also explained that they would extend support to relatives who were not patients, to manage the process around registering a death and with information about support services.

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:

- 87% 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 86% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 87%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services across all population groups apart from people whose circumstances make them vulnerable, which we rated as requires improvement.

When we inspected on 26 July 2016 we found that the practice was providing responsive care to all of the population groups. At this inspection we found that the practice is still providing responsive services, although there are some areas where the practice should look to improve.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments).
- The facilities and premises were generally appropriate for the services delivered, although there was no lift or other facility for patients who could not easily manage the stairs. One GP was based on the ground floor, where there was also a spare consulting room. We saw that patients with reduced mobility were not always seen on the ground floor. After the inspection, the practice told us that all patients with mobility problems were offered an appointment on the ground floor, but that patient choice was respected.
- There were examples of the practice making reasonable adjustments when patients found it hard to access services, for example in the ways that staff communicated, although there were no easy read materials for patients with a learning disability.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice was involved in a pilot project to improve end of life care for patients in nursing homes, by using a planning tool that has been demonstrated to improve end of life care for patients in hospitals.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided GP services to seven care homes which catered for frail elderly patients and/or those with dementia. The practice undertook weekly visits to three of these homes and ad hoc visits when required at others. Feedback we obtained from these homes previously was that practice staff were good at providing high quality personalised care and worked well with staff from other organisations to devise and implement appropriate packages of care for frail elderly patients.
- The practice had a dedicated telephone line for use by staff in care homes.
- The practice was involved in a pilot project to improve end of life care for patients in nursing homes, by using a planning tool that has been demonstrated to improve end of life care for patients in hospitals.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Patients who had or who were at risk of developing a long term condition were referred to educational and support services which aimed to prevent or enable patients to manage their long term conditions.
- The practice held regular meetings with other local healthcare professionals to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a young child were offered a same day appointment or telephone consultation when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to

Are services responsive to people's needs?

(for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and online access to repeat prescriptions and appointment booking.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Email consultations were provided for some patients with long term conditions, and the practice were looking into whether this could be extended into a more widely available service.

People whose circumstances 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 offered longer appointments for patients with a learning disability.
- The practice told us they regularly worked with other health care professionals in the case management of vulnerable patients.
- We identified an improvement that needed to be made to the process of annual reviews for patients with learning disabilities. The practice changed the process shortly after the inspection.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provided support to 378 patients in care homes and hostels; many of these patients had mental health problems including dementia. Feedback provided previously from the services from these services commented on the excellent care provided by the surgery and the compassion for service users displayed by practice staff.
- Practice staff gave us examples of the personalised care provided to patients with poor mental health.
- Patients being treated for substance misuse issues were under the care of a GP trained in substance misuse in conjunction with a substance misuse counsellor.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

- The practice had told patients experiencing poor mental health about how to access various support groups, counselling and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a system in place to ensure that patients who received injections of slow release anti psychotic medicine received the doses at the required intervals, following a significant event.

Timely access to the service

- Patients told us that they generally had timely access to initial assessment, test results, diagnosis and treatment.
- The appointment system was generally reported as easy to use, but some patients reported a wait of 2-3 weeks to make an appointment with particular GPs and with female GPs.
- Patients told us that they often had to wait a long time when they attended for their appointment. The practice were aware this was an issue and had taken some actions to support patients such as prioritising early morning appointments for working age patients and allocating particular slots to patients who needed longer appointments, and planned to review the causes and possible solutions as part of an improvement plan from April 2018.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixteen surveys were sent out and 96 were returned. This represented under 2% of the practice population.

- 87% 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 73%.
- 87% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average – 71%.
- 75% 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 – 76%; national average – 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients who responded described their experience of making an appointment as good; CCG - 73%; national average - 73%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed 4 complaints and found although the responses were generally satisfactory, the practice were not consistently following the complaints policy, since two of the complaints had a late or no acknowledgement and one final response had no reference to who the patient could contact if dissatisfied with the practice response.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.

Are services well-led?

Requires improvement 

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

Our findings

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

At our first inspection on 26 July 2016 the practice was rated as inadequate for providing well led services. Many of the regulatory breaches outlined under the safe and effective domains during our inspection of 26 July 2016 indicated a lack of governance and effective systems and processes. Lack of effective systems and processes amounted to a breach under regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as:

- Systems and processes did not operate effectively or keep patients safe; for instance systems to safeguard vulnerable people and manage test results.
- Policies were either incorrectly dated or did not contain all the required information.
- Risk was poorly managed; for instance we found that adequate recruitment checks were not always completed prior to staff being appointed and infection control risks were not properly assessed or addressed.
- We also found that medicines were not always managed safely and the practice did not have satisfactory arrangements in place to enable staff to respond effectively in an emergency.
- Lack of adequate staffing, high workloads and lack of time meant that senior staff did not have time to provide the leadership and support required.
- The practice had not done enough to ensure that staff always felt valued, supported and respected. There was an accepted lack of recognition of good staff performance and few staff received annual appraisals.

When we re-inspected on 1 December 2016 we found that the practice had made improvement since our last inspection on 26 July 2016. However there were a number of areas including medicines management, fire safety and arrangements for training and staff appraisals which had not yet been addressed.

At this inspection we found that the improvements had generally been sustained, although there were some areas where systems still needed tightening or where the documentation of actions needed to be improved.

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. Issues that had been identified (by others and by the practice) had been prioritised for action and were being acted upon. The practice made considerable improvements between the first and second inspections, despite not having had a report at that stage. In general improvements had been sustained and there were plans for further improvements to the care and services provided.
- Leaders were visible and approachable.

Vision and strategy

The practice had a clear vision and credible 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.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against detailed action plans.

Culture

The practice had a culture of patient-focused care.

- Staff we spoke to said they felt respected, supported and valued. One member of staff said that although they felt respected and valued, that the practice could do more to encourage social relationships between staff, for example, by organising social events.
- The practice focused on the needs of patients.
- Leaders and managers acted to address any behaviour or performance that was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw evidence that showed that where patients had been affected by the practice giving incorrect information, the practice contacted them with an apology and an offer to reimburse them for any fees paid. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Requires improvement 

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

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Since the last inspection an appraisal programme had been put in place and all staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a clear and effective system for ensuring staff had completed mandatory training, which was previously not well monitored. All staff whose records we reviewed had completed training in line with the practice policy. There were two areas of training (consent and mental capacity and basic life support) where the practice policy needed expanding to ensure that staff had the skills required for their role.
- The safety and well-being of all staff was considered and promoted.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training, and there were examples of reasonable adjustments made to address inequality.
- Staff we spoke to reported positive relationships between staff and teams.

Governance arrangements

There were generally 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 and understood. The systems were generally working well, although there some areas where documentation needed to be improved (for example of recruitment checks) or where there needed to be closer oversight to ensure that policy was implemented consistently (for example in responding to complaints).
- There was one area where the practice's governance systems had not ensured that assigned responsibilities were appropriate, related to annual reviews for patients. After we gave feedback the practice assessed the issue as a significant event and introduced a new process.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety. These were reviewed and updated regularly.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address most risks including risks to patient safety. The practice had developed a number of new safety processes, some in response to our feedback and others in response to risks that they had identified, which were effective.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit, and peer review of prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- 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.

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.
- 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.
- 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.

Are services well-led?

Requires improvement 

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

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.

- Concerns from patients, staff and others were encouraged, heard and acted on to shape services and culture. For example, after concerns were raised about a patient missing slow release medicine for a mental health condition, the practice investigated the issue, wrote a new protocol, carried an audit and reviewed all relevant patients, who were then added to a new monitoring system.
- There was an active patient participation group (PPG). The PPG met regularly, gathered suggestions and comments from patients and discussed proposals for improvements with the practice management team. The PPG representative told us that the most frequent complaint from patients was on waiting times and that they looked forward to working with the practice to improve these.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, improvement and innovation.

- There was a focus on learning and improvement at all levels within the practice. Staff were keen to show us the improvements that had been made, both in response to feedback from the previous inspections and to those that the practice had identified.
- Credible and detailed actions plans had been created to allow the practice to prioritise and monitor the actions required following the two previous inspections. Leaders demonstrated a reflective approach to the changes required, making changes to the original plans as new information arose. For example, after a significant event arose relating to monitoring of medicines for mental health conditions, the practice reviewed its systems for monitoring other medicines, and introduced tighter systems for some other medicines that are considered high risk.
- The practice sought advice from local and national stakeholders to benefit from wider experience, and then used this learning to make improvements in the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Unlike at previous inspections, we saw examples of well documented significant events. There were two significant events that had not been documented as the practice considered that the learning was still taking place, although one took place in November 2017. Actions had been taken in both cases and staff were aware of the learning that had taken place.
- The practice was involved in a pilot project to improve end of life care for patients in nursing homes, by using a planning tool that has been demonstrated to improve end of life care for patients in hospitals.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The decision to not conduct an enhanced DBS for chaperones had not been formally risk assessed.• Not all clinical staff had received annual basic life support training, including assessment of practical skills.• The assessment of the risk of, and arrangements to preventing, detecting and controlling the spread of, infections, including those that are health care associated were not comprehensive, as specification for curtain cleaning was not documented.• The provider had not assessed whether staff had the qualifications, competence, skills and experience to perform all of their roles safely and effectively. <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</p> <ul style="list-style-type: none">• Full recruitment checks (and risk assessments where evidence was not available) had not been documented. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• The complaints policy was not being followed consistently.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.