Park Grange 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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Grange Medical Centre on 5th & 8th of September 2017. Overall the practice is rated as inadequate. The practice is rated as inadequate for providing safe and well led services. They are also rated as requires improvement for providing effective services and good for providing caring and responsive services.

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

- There was a partial governance framework in place to support the delivery of the strategy and good quality care. However, we saw that the provider had failed to assess, monitor and mitigate serious risks relating to the health, safety and welfare of service users and others who used the premises. We also saw that fire and building risk assessments were not up to date.
- Several members of staff did not have a written contract of employment, had not received a written induction plan, mandatory training or documented supervision or an appraisal of their performance since the commencement of their employment.
- Some risks to patients were assessed and well managed. For example, the monitoring of patients taking high risk medicines and those on long term medication were supported by an innovative recall system developed the provider.
- There were a number of policies and procedures to govern activity. However, some policies were in need of clarification and review. The provider did not maintain a complete register of staff training.
- The provider had a system for reporting and analysing significant events. The events recorded were relatively few in number. However, they had been appropriately reviewed and the learning shared.
- Staff were aware of and worked to implement current evidence based guidance.

Summary of findings

- Patients we spoke with on the day said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Data from the national GP patient survey showed the majority of patients found the provider caring. However, the practice was rated lower than others both locally and nationally for most aspects of care. The provider had reviewed these results and had made a detailed action plan to address the areas identified.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice was well equipped to treat patients and meet their needs.
- The practice had clear aspirations and a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- We saw evidence that audits were driving improvements to patient outcomes.
- There was a clear leadership structure and staff felt supported by management. The practice had a patient participation group which met regularly.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Regular clinical meetings were held and documented.

Following our inspection, due to the serious concerns identified we urgently varied the conditions of provider's registration with the Care Quality Commission (CQC) under section 31 of the Health and Social Care Act 2008. We told the provider they must not use the recently constructed extension to the practice without the prior written agreement of CQC. The provider was allowed 28 days to make an appeal against this decision; they chose not to do so.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

In addition the provider should:

- Review the provision of documented cleaning schedules for the building and clinical equipment to be assured that appropriate levels of hygiene are maintained.
- Review progress in improving patient access following the results of the national GP patient survey.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- The provider had failed to assess, monitor and mitigate serious risks relating to the health, safety and welfare of service users and others who used the premises. We saw that fire and building risk assessments were not up to date.
- Building work was ongoing and a new extension was in use by staff and patients, despite presenting an extreme health and safety risk due to safety features being incomplete.
- There was a system for recording, monitoring and learning from significant events. We saw that improvements in patient care were implemented as a result. The number of incidents recorded was relatively low.
- Clinical staff had received safeguarding training appropriate to their role and policies were well understood by staff. Some non-clinical staff had not received the required safeguarding training.
- Medicines were safely managed and patients currently being prescribed high risk medicines were being safely monitored.
- Policies and procedures relating to infection prevention and control (IPC) were not effectively managed.
- There was an appropriate business continuity plan, emergency medicines and equipment such as oxygen available at the practice.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the local and national averages.
- Staff were aware of current evidence based guidance.
- There was evidence that clinical audit was driving improvement in patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The provider did not have a documented induction programme for all newly appointed staff.

Summary of findings

- The provider could not be assured that training in safeguarding, infection prevention and control, fire safety, health and safety and confidentiality had been completed as there was not a complete register of training maintained.
- We saw that most staff had received an appraisal; however several staff members were overdue for an appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- Services were provided to support the needs of the practice population, such as screening and vaccination programmes, health promotion and preventative health care.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was rated lower than others both locally and nationally for most aspects of care. However, the majority of patients found the provider caring.
- The provider had reviewed these results and had made a detailed action plan to address the areas identified.
- Information given to us by patients before and during the inspection confirmed that patients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, by offering specialised support in managing diabetes during Ramadan (a period of fasting).
- The provider had introduced a new telephone system in response to poor feedback and patients we spoke to said access to appointments had improved.
- We saw that urgent appointments and telephone consultations were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and we saw that the provider offered apologies to patients when necessary and shared learning from complaints across the team.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well led services and improvements must be made.

- The practice had a partial governance framework in place to support the delivery of the strategy and good quality care. However, we saw that the provider had failed to assess, monitor and mitigate serious risks relating to the health, safety and welfare of service users and others who used the premises. We also saw that fire and building risk assessments were not up to date.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, we saw that several members of staff did not have a written contract of employment. These staff were found not to have received an induction plan, mandatory training, documented supervision or an appraisal of their performance since the commencement of their employment.
- The practice had clear aspirations and a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, some policies were in need of review.
- The provider did not maintain a complete register of staff training.
- The practice engaged with the patient participation group.
- There was evidence of quality improvement activity and two cycle audits which reviewed the effectiveness and appropriateness of the care provided.

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

Inadequate

The provider is rated as inadequate for safe and well led care. The issues identified as being inadequate overall affected all patients including this population group.

- The practice was responsive to the needs of older patients; all patients over 75 years had a named GP.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Where older patients had complex needs, the practice shared summary care records with local care services, for example with the Community Complex Care Team.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- Annual and opportunistic health reviews were also offered to older patients at the surgery or in their home for housebound patients.

People with long term conditions

Inadequate

The provider is rated as inadequate for safe and well led care. The issues identified as being inadequate overall affected all patients including this population group.

- We were told that the GP partners had lead roles in long-term disease management, with nursing and health care assistants providing support relevant to their role. Patients at risk of hospital admission were identified as a priority.
- Patients on long term medication were effectively monitored with the assistance of an innovative IT system created by the provider.
- The provider participated in local health initiatives to support patients with chronic conditions including heart disease and diabetes.
- The prevalence of diabetes among the patient population was 13%. This was 2% higher than the local average and 6% higher than the national average.
- Data from 2015/16 showed that 63% of patients on the diabetes register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes in the majority of patients was being well controlled. This was 1%

Summary of findings

lower than the local average and 8% lower than the national average. In addition, 93% of people newly diagnosed with diabetes were referred to an education programme following diagnosis. This was 9% higher than the local average and the same as the national average.

- Data from 2015/16 showed that 84% of patients, newly diagnosed with chronic lung disease, had received an assessment of their lung capacity within 12 months of diagnosis. This was 4% lower than the local average and 5% lower than the national average.

Families, children and young people

Inadequate

The provider is rated as inadequate for safe and well led care. The issues identified as being inadequate overall affected all patients including this population group.

- We saw examples where there were systems in place 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 or non-attendance at appointments. There were effective safeguarding systems and liaison with relevant professionals including social workers.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people. All children under six years were guaranteed a same day appointment.

Working age people (including those recently retired and students)

Inadequate

The provider is rated as inadequate for safe and well led care. The issues identified as being inadequate overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on a Friday evening, telephone triage and the addition of a self-assessment room to measure blood pressure and weight.

Summary of findings

- The practice was proactive in offering online services including the electronic booking of appointments and an electronic prescribing service.
- Health promotion advice was accessible and health promotion material was available through the practice.

People whose circumstances may make them vulnerable

Inadequate

The provider is rated as inadequate for safe and well led care. The issues identified as being inadequate overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability and those receiving end of life care. These patients were able to access same day appointments when needed. 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 worked with members of the multidisciplinary team to achieve this.
- The practice offered longer appointments for patients with a learning disability and those whose first language was not English.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including local learning disability specialist nurses.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The premises were accessible for disabled people and a hearing loop was available.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider is rated as inadequate for safe and well led care. The issues identified as being inadequate overall affected all patients including this population group.

- Performance for mental health related indicators overall was higher than the local and national average. For example data

from 2015/16 showed that 96% of patients with a serious mental illness had a comprehensive care plan in place. This was 5% higher than the local average and 7% higher than the national average.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients were encouraged to self-refer for talking therapies/ counselling services if they were experiencing depression, anxiety and sleep disorders.
- The provider had an effective review system for patients taking medicines for their mental illness that required close monitoring.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing significantly lower than local and national averages. Data showed that 374 survey forms were distributed and 65 were returned. This was a completion rate of 17% and represented 2% of the practice's patient list.

- 58% of patients described the overall experience of this GP practice as good which was lower than both the CCG average of 74% and the national average of 85%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards of which 30 were positive about the standard of care received. Patients said that care was very compassionate but several said it could be hard to get a convenient appointment.

We spoke with five patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring. They praised the new facilities such as the prayer room that had recently opened for use.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. Results collated by the practice in recent months showed that 100% of patients would be likely or extremely likely to recommend the surgery to their friends and family; however this was only based on a total of six responses.

Park Grange 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 second CQC inspector.

Background to Park Grange Medical Centre

Park Grange Medical Centre is situated at 141 Woodhead Road, Bradford, BD7 2BL, and provides services for 3,010 patients. The premises are purpose built, owned by the partners and accessible with car parking onsite. The provider recently changed from being a single handed GP to a partnership.

The surgery is situated within the Bradford City Clinical Commissioning group (CCG) and provides services under the terms of a primary medical services (PMS) contract. This is a contract between general practices and primary care organisations for delivering services to the local community.

The practice is located in an inner city area and experiences very high levels of deprivation. The patient population is mostly South Asian.

There are two GP partners, who are both male and work the equivalent of 1.4 whole time posts. A female locum GP provides one clinical session a week to see patients who prefer a female doctor. The provider did not offer any practice nurse services on the days of our inspection visits, as the post holder was on maternity leave. Some locum nurse cover had been provided during this absence. There are two part time health care assistants who work a combined whole time equivalent of 0.75. The provider employs a part time practice manager and a team of part time receptionists.

Park Grange Medical Centre reception is open to personal callers between 8.00am and 6.30pm Monday to Thursday and 8.00am to 7.45pm on Friday. Telephone lines are opened at 8.30am each day. Appointments are available during morning and afternoon clinics and there is an extended hours clinic on a Friday evening for patients who cannot attend the practice during the usual working day.

Out-of-hours treatment is provided by Local Care Direct, which can be accessed by calling the surgery telephone number or contacting the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including Bradford City Clinical Commissioning Group (CCG) and NHS England to share what they knew. We reviewed policies, procedures and other relevant information the practice

Detailed findings

provided both before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey data, and the NHS friends and family test (FFT).

We carried out an announced visit on 5 September 2017 and a further unannounced visit on 8 September 2017. During our visits we:

- Spoke with a range of staff including GP partners, the practice manager, healthcare assistants and members of the reception and admin team.
- Spoke with five patients who used the service and were members of the Patient Participation Group.
- Observed how patients were being received and cared for in the reception area.
- Reviewed 33 comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as possible, received reasonable support, truthful information and we saw evidence of an apology. The number of recorded incidents over the year was relatively low.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. Following a significant event regarding a prescribing error, the provider developed an additional prescribing template that had reduced the likelihood of a recurrence.

Overview of safety systems and processes

Although some risks to patients were assessed, we saw that the provider had failed to assess, monitor and mitigate serious risks relating to the health, safety and welfare of service users and others who used the premises.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We were told that the lead GP attended safeguarding and multi-agency review meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and most had received training on safeguarding children and vulnerable adults. We saw that the GPs were trained to child safeguarding level three. However, we saw that several reception staff had not completed safeguarding training appropriate to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed two personnel files and found appropriate recruitment checks had been made prior to appointment.

The practice did not maintain appropriate documented oversight of cleanliness and hygiene.

- We observed the premises and equipment to be clean and tidy. However, the provider did not have written cleaning schedules in place for clinical equipment and the schedules for the building as a whole were limited in scope. The provider did not have a policy for the management of clinical room curtains and were unable to confirm either the frequency of washing or temperature setting to be assured that curtains were being cleaned/replaced in accordance with national guidance.
- The provider was unable to confirm who their lead in Infection Prevention and Control (IPC) was as we were given conflicting information from clinical and non-clinical staff. An audit had been undertaken in 2015. No audit had been undertaken in 2016. An IPC audit had been undertaken in August 2017, however, actions outstanding from 2015 were found to be present in the most recent audit. None of the identified actions had been completed by the day of the inspection.

On the day of inspection we saw that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Inadequate

Are services safe?

- The practice held a stock of medications which could be used in an emergency. These medicines were accessible to staff and monitored regularly to ensure they were in date and fit for use.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions. A health care assistant was trained to administer medicines under the appropriate patient specific directions (PSDs). A PSD is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by a prescriber.
- We saw that patients who were on a register for taking disease-modifying anti rheumatic drugs (DMARDs), were closely monitored in accordance with national guidance and the provider had an effective monitoring system in place.

Monitoring risks to patients

There was a significant failure to assess, monitor and manage risks to patient and staff safety.

- A risk assessment of the premises had not been undertaken and a fire escape from the basement area of the practice was partially blocked by building debris that would impede exit in the event of an evacuation.The provider remedied this immediately.
- Fire training updates and a fire evacuation drill were overdue, having last been undertaken in June 2016.
- A new building extension was in use by staff and patients, which had not been signed off as safe to use by the relevant building control authority. The extension had not been risk assessed by the provider and an exit door from the first floor was found to open directly to the car park, without an external staircase, posing an extreme risk of falls. On the day of inspection, we told the provider to evacuate the area without delay and we imposed an urgent variation on the providers' conditions of registration so that this extension could not be used until we agreed that it was safe to do so.
- Window blinds in both public areas and clinical rooms were not compliant with the appropriate EU regulation (Directive 2001/95/EC) and posed a choking hazard.
- A legionella risk assessment had been undertaken by an external contractor. Advice to monitor water temperature checks on a monthly basis had not been undertaken by the provider since the assessment date of November 2015.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. However, we saw that there had been sporadic practice nurse locum cover whilst the post holder had been on maternity leave. During our unannounced follow up visit, we found that due to staff shortage, a receptionist was working alone in the premises and that patients were accessing reception by ringing a doorbell to be admitted. The provider confirmed that they did not have a lone working policy.

Arrangements to deal with emergencies and major incidents

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

- However, the provider had not made appropriate emergency evacuation provision from the new extension. The first floor exit door did not have an external staircase and consequently a serious risk of harm from a fall at height was present.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in a treatment room that was easily accessible.
- The practice had undertaken a risk assessment to decide if a defibrillator was appropriate for their location. The provider had decided not to have a defibrillator due to their close proximity to other emergency services.
- There was access to oxygen with adult and children's masks. A first aid kit and accident book were available.

Inadequate

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/6 awarded the provider with 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. This data related to the previous provider.

Overall exception reporting was 5% which is lower than the CCG average of 9% and the national averages 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).

This practice had higher than average results in relation to some patient outcomes. Data from 2015/2016 showed:

- Overall performance for diabetes related indicators was higher than the CCG average and similar to the national average.
- Data from 2015/16 showed that 63% of patients on the diabetes register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that diabetes in the majority of patients was being well controlled. This was 1% lower than the local average and 8% lower than the national average.

  In addition, 93% of people newly diagnosed with diabetes were referred to an education programme following diagnosis. This was 9% higher than the local average and the same as the national average.
- 84% of patients, newly diagnosed with chronic lung disease, had their diagnosis confirmed by measurement of lung function within 12 months of diagnosis..This was 4% lower than the local average and 5% lower than the national average.
- 96% of patients with a serious mental illness had a comprehensive care plan in place. This was 5% higher than the local average and 7% higher than the national average.

We saw evidence that clinical audits were being undertaken and were improving patient care. We reviewed two audits that had been repeated. These audits had given the provider assurance that both antibiotic prescribing and treatment for those experiencing acne were in line with recommended guidance.

Effective staffing

Evidence we reviewed showed that most staff had the skills and knowledge to deliver effective care and treatment.

- The practice did not have an induction programme for all newly appointed staff. The provider could not be assured that training in safeguarding, infection prevention and control, fire safety, health and safety and confidentiality had been completed as there was not a complete register of training maintained.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. We saw evidence that clinical staff had attended clinical update study days.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to study days.
- We saw evidence of appraisals for most staff. We saw that some non-clinical staff were overdue an appraisal.
- Staff were required to undertake training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff did not have access

to current e-learning training modules but did receive in-house training. However, we saw that the provider did not maintain a complete register of training across the staff team and could not be assured that all mandatory training needs were being met. Following the inspection, the provider confirmed to us they had purchased a subscription to an e-learning provider and were in the process of compiling a full register of staff training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals including specialist nurses and health visitors on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and diabetes management during the period of Ramadan.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 76% and the national average of 81%.

Uptake for bowel screening within six months of invitation was 24% which was lower than the CCG average of 35% and the national average of 58%. Breast screening rates were also lower than average, 51% of females aged 50-70 had undergone screening compared to the CCG average of 55% and the national average of 73%. However, we were told that the practice was taking pro-active steps including contacting non-attenders to encourage patients to attend these screening programmes. These results related to the previous provider.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to two and five year olds were 94% which is higher than the government recommended standard of 90%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. For all patients they ensured a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Requires improvement

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous, helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 33 patient Care Quality Commission comment cards we received, 30 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were compassionate and respectful.

We spoke with five patients who were members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff were caring and treated people in a person centred way.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. However, overall the practice scored lower than other local and national providers.

- 78% of patients said the GP was good at listening to them compared with the local average of 82% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared with the local average of 78% and the national average of 86%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the local average of 94% and the national average of 95%
- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 75% and the national average of 86%.
- 81% of patients said the nurse was good at listening to them compared with the local average of 85% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the local average of 84% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the local average of 95% and national average of 97%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 83% and the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared with the local average of 77% and the national average of 87%.

The lower than average survey results had been reviewed by the provider and we saw a detailed action plan to address the areas of concern. Actions were ongoing and a formal review of progress had not yet taken place but were scheduled.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Overall results were in line with the local average and lower than the national average. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments which was similar to the local average of 79% and lower than the national average of 86%.

Good

Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the local average and lower than the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments which was higher than the local average of 84% and just below the national average of 90%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 79% and the national average of 85%.

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

- Staff told us that 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. Many of the staff team were also fluent in languages spoken by the majority of the practice population. Longer appointments were available for these patients.
- Information leaflets were available in the waiting room and on the practice website
- The NHS e-Referral service (previously known as choose and book) was used with patients as appropriate.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice maintained a carers register and on the day of inspection we saw that 45 patients were listed as carers, which was over 1% of the patient list. We saw that information was available to direct carers to the various avenues of support available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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 service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours every Friday evening until 7.45pm, for working patients who could not attend during normal opening hours.
- Support for diabetic patients who chose to fast during Ramadan was provided.
- The provider had a patient self-assessment room to monitor blood pressure and weight.
- Joint injections for the relief of pain, ECGs, ear syringing and cryotherapy (wart removal) were available.
- A prayer room for patient use had been developed to reduce the incidence of patients missing appointments to attend the local mosque.
- Weight management advice, health checks, blood pressure 24 hour monitoring, lung function tests and diabetic screening was offered.
- There were longer appointments available for patients with a learning disability, those whose first language was not English and for patients who had additional needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation. Telephone triage appointments were also available.
- The provider had a joint baby clinic with GPs and health visitors and offered maternity services.
- Patients were reminded of their appointments by text message. Online appointment booking and electronic prescribing services were available.
- There were accessible facilities, which included a low reception desk, a hearing loop, and accessible toilets.

Access to the service

The practice reception is open to personal callers between 8.00am and 6.30pm Monday to Thursday and 8.00am to 7.45pm on Friday. Telephone lines are opened at 8.30am each day. Appointments are available during morning and afternoon clinics and there is an extended hours clinic on a Friday evening for patients who cannot attend the practice during the usual working day.

Overall results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 55% and the national average of 71%.
- 66% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 72% and the national average of 84%.
- 64% of patients said their last appointment was convenient compared with the CCG average of 70% and the national average of 81%.
- 51% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

Several people said that it was sometimes difficult to get a convenient appointment. However, the majority told us they could access a same day appointment when they needed to and that recent changes to the telephone system had improved access. A comprehensive action plan had been implemented by the provider in response to the patient survey results and included additional training for reception staff.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and that a leaflet was available.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and that explanations and apologies were given where necessary. We saw that these were routinely discussed with staff. In one complaint, a new clinical template was developed by the practice to reduce the likelihood of the circumstances leading to the complaint happening again.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had clear aspirations to deliver high quality care and promote good outcomes for patients.

- The provider had recently become a partnership and was engaged in improving current systems and implementing IT improvements.Staff knew and understood the values which focused on prompt and compassionate evidence based care.

Governance arrangements

The practice had a partial governance framework in place to support the delivery of the strategy and good quality care. However, we saw that the provider had failed to assess, monitor and mitigate serious risks relating to the health, safety and welfare of service users and others who used the premises.

- A new building extension was in use by staff and patients, which had not been signed off as safe to use by the relevant building control authority. The provider had been unaware of the serious nature of the risks and had not carried out an assessment of risk. A sign advising caution was written in English. However, the majority of patients were native speakers of Urdu and other South Asian languages. Immediately following the inspection, we imposed an urgent variation on the providers' conditions of registration so that this extension could not be used until we agreed that it was safe to do so.
- A fire safety assessment of the premises and fire drill was overdue, having last been undertaken in June 2016. A building risk assessment had not been undertaken. On the day of the inspection the fire exit from the lower ground floor was found to be partially blocked by building work debris and would not fully open. The provider remedied this immediately.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, we saw that several members of staff did not have a written contract of employment. These staff were found not to have received an induction plan, mandatory training, documented supervision or an appraisal of their performance since the commencement of their employment.
- We saw that an overarching register of training across the staff team was not maintained by the provider.
- During the inspection, the provider was not aware if the gas boiler had a current safety certificate. Following the inspection, the provider arranged for an urgent gas boiler safety inspection and sent us evidence of this. The provider also produced evidence that the boiler had been previously tested and that a previous safety certificate was still valid on the day of the inspection. However, the provider did not maintain oversight of the testing schedule.
- A legionella risk assessment had been undertaken by an external contractor. Advice to monitor water temperature checks on a monthly basis had not been undertaken by the provider since the assessment date of November 2015.
- Practice specific policies were implemented and were available to all staff. Most of these were updated and reviewed regularly. However, the Infection Prevention and Control (IPC) policy shown to us was in need of review and we were given conflicting information who the lead for IPC was within the practice by both clinical and non-clinical staff. During our unannounced visit, we saw that a receptionist was working in the premises alone due to staff shortage. However, the provider did not have a lone worker policy.
- An understanding of the clinical performance of the practice was maintained. The partners had identified areas for improvement and were targeting areas such as cervical screening uptake.
- We saw a variety of quality improvement activity and two cycle clinical audits.
- We saw evidence that significant events were discussed within the practice and learning effectively implemented.

Leadership and culture

The lead GP told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements

Are services well-led?

Inadequate

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

that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings.
- GPs, where required, met with health visitors and social workers to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw evidence of this.
- We saw that staff appraisals had been undertaken for the majority of staff; however were overdue for some members of staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

We saw that the provider valued feedback from patients and staff. It sought feedback from:

- Patients through the patient participation group (PPG) and had reviewed findings from the most recent National Patient Survey. The provider also implemented learning from complaints received. The PPG met regularly, was actively publicised within the practice and had been consulted in the design of the new building extension.
- Staff we spoke to told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw minutes of staff meetings confirming this.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • Not all staff had been provided with support through a written induction plan, documented supervision and appraisal of their performance in their role. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met: There were insufficient systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • A risk assessment of the premises had not been undertaken and a fire escape from the basement area of the practice was partially blocked by building debris that would impede exit in the event of an evacuation. Fire training updates and a fire drill were overdue, having last been undertaken in June 2016. • Window blinds in both public areas and clinical rooms were not complaint with the appropriate EU regulation (Directive 2001/95/EC) and posed a choking hazard. • The provider was unable to confirm who their lead in Infection Prevention and Control (IPC) was. An audit had been undertaken in 2015. No audit had been

This section is primarily information for the provider

Enforcement actions

undertaken in 2016. An IPC audit had been undertaken in August 2017, however, actions outstanding from 2015 were found to be present in the most recent audit. None of the identified actions had been completed by the day of the inspection.

- A legionella risk assessment had been undertaken by an external contractor. Advice to monitor water temperature checks on a monthly basis had not been undertaken by the provider since the assessment date of November 2015.

- The provider did not have a policy for management of clinical room curtains and were unable to confirm either the frequency of washing or temperature setting to be assured that curtains were being cleaned/replaced in accordance with national guidance.

- Clinical equipment, e.g. spirometry equipment and ECG did not have a documented cleaning schedule.

- The provider did not maintain oversight of the gas boiler testing schedule.

- An accurate training record was not maintained and the practice could not evidence the required mandatory training for all relevant staff.

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