Wood Street Health Centre - Dr. Raghav Prasad Dhital

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wood Street Health Centre – Dr Raghav Prasad Dhital on 23 February 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in January 2017 can be found by selecting the 'all reports' link for Wood Street Health Centre- Dr Raghav Prasad Dhital on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 19 July 2017, carried out to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 23 February 2016. There were breaches in medicines management, infection control, governance and audit arrangements. There were also concerns with practice policies and procedures, identifying carers, staff training, health and safety and the business continuity plan. This report covers our findings in relation to those requirements and also additional improvements/ deteriorations made since our last inspection.

Overall the practice is still rated as requires improvement.

Our key findings were as follows:

- The review process and learning outcomes for significant events were not always effective or followed through and the policy did not highlight how to deal with events that did not need to be externally reported.
- There was a safeguarding policy, but this did not highlight who the practice leads were and there were discrepancies about the correct external contact numbers and where the numbers were located.
- The practice had arrangements to deal with medical emergencies and major incidents; however there was confusion amongst staff as to where the

Summary of findings

defibrillator was kept. The oxygen cylinder was extremely heavy and no consideration was taken into account for how to manoeuvre it in the event of an emergency.

- The practice had an induction process however this had not been used for newly appointed staff members and appraisals were not comprehensive.
- The business continuity plan was incomplete and only consisted of a list of contact telephone numbers.
- The practice could not demonstrate that the duty of candour was always adhered to.
- There was no formal system for actioning patient safety alerts.
- The practice did not have a comprehensive compliment of practice specific policies and not all staff members were able to locate the policies on the computer system.
- There were no formal care plans for patients.
- The practice had identified less than 1% of the patient list as a carer.
- There was no practice website.
- Practice staff had completed mandatory training but there was no system for ensuring that this remained up to date.
- Five out of six reception staff members who acted as a chaperone had received a Disclosure and Barring Service (DBS) check.
- The practice held extended hours appointments on one evening a week until 8pm and was a part of the local HUB which provided weekday and weekend appointments when the practice was closed.
- Clinical audits demonstrated quality improvement.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- GPs had a good understanding of the mental capacity act.
- Information about services and how to complain was available and this was discussed regularly at practice meetings.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Act in accordance with the Duty of Candour.
- Ensure all premises and equipment used by the service provider is fit for use.
- Ensure the most recent CQC rating is clearly displayed.
- Ensure care and treatment is provided in a safe way to patients.

In addition the provider should:

- Review the system for identifying carers to enable improved support and guidance to be provided to them.
- Review the process for formalising patients care plans.
- Review the system for carrying out staff inductions and ensuring staff training remains up to date.
- Work to increase the uptake of childhood immunisations.
- Review the system in place for cervical cytology to include a failsafe.

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?

Requires improvement

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

- From a sample of documented significant events we reviewed, we found that the review process and learning outcomes were not always effective or followed through and the policy did not highlight how to deal with events that did not need to be externally reported.
- The practice was unable to evidence that the duty of candour was always followed.
- There was a safeguarding policy, but this did not highlight who the practice leads were and there were discrepancies about the correct external contact numbers and where these numbers were located.
- There was no system for actioning patient safety alerts.
- Not all actions identified in the infection control audit had been actioned.
- The practice had arrangements to deal with medical emergencies and major incidents, but there was confusion amongst staff as to where the defibrillator was kept. The oxygen cylinder was extremely heavy and no consideration was taken into account for how to manoeuvre it in the event of an emergency.
- Staff had completed mandatory training, but there was no system to ensure that training remained up to date.

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 sometimes below the CCG and the national averages and exception reporting rates were below the national averages.
- Staff were aware of current evidence based guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Appraisals were completed for all staff members, however these were not comprehensive.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, however there were no formal care plans.
- End of life care was coordinated with other services involved including the out of hours provider.

Are services caring?

Requires improvement

The practice is rated as Requires Improvement for providing caring services

- The practice could not demonstrate any action taken as a result of low GP patient satisfaction results.
- The practice had identified 25 patients as carers (less than 1%).
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as Requires Improvement for providing responsive services

- The practice offered extended hours on one evening a week until 8pm and was part of the local HUB which provided GP and nurse appointments on weekday evenings and on weekends when the practice was closed.
- Although the practice offered online services such as appointment bookings and prescription requests, the practice did not have a website where patients who could not attend the practice could view practice information.
- The practice could not demonstrate any action taken as a result of low GP patient satisfaction results.
- The practice took account of the needs and preferences of patients with life limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Three out of six CQC patient comment cards highlighted that patients found it difficult to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two complaints we reviewed showed the practice responded quickly to issues raised and learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as Requires Improvement for providing well-led services

- The practice had a vision to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had an induction process however this had not been used for newly appointed staff members and appraisals were not comprehensive.
- The business continuity plan was incomplete and not comprehensive just consisting of a list of contact telephone numbers.
- There was a clear leadership structure and staff felt supported by management. The practice had some policies and procedures to govern activity, but not all staff members were able to locate these on the practices computer system.
- The arrangements for identifying, recording and managing risks and issues and implementing mitigating actions were not effective. Portable appliance testing was out of date, there was no formal system for actioning patient safety alerts and not all actions identified in the infection control audit had been actioned.
- All staff had completed mandatory training but there was no system to ensure that training remained in date.
- The provider was aware of the requirements of the duty of candour, but could not demonstrate that this was used in all appropriate cases.
- The practice sought feedback from patients and staff but could not demonstrate that action was taken as a result of the GP patient survey.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for being safe, effective, caring, responsive and well led. The issues identified as being requires improvement overall affected all patient including this population group.

- Staff were able to recognise signs of abuse in older patients and could escalate concerns internally.
- The practice had identified less than 1% of the patient list as a carer.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- There were no formal care plans for these patients.
- Where older patients had complex needs, the practice shared summary care records with local care services such as community care services and where urgent, the out of hours team.
- All these patients had a named GP.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for being safe, effective, caring, responsive and well led. The issues identified as being requires improvement overall affected all patient including this population group.

- There were no formal care plans for these patients.
- Nursing staff had lead roles in long-term disease management and patients at risk of a hospital admission were identified as a priority.
- Longer appointments were available for these patients.
- These patients were offered an annual review.
- 75% of patients on the diabetes register had a blood pressure reading of 140/80 mmHg or less in the preceding 12 months compared to the CCG average of 80% and the national average of 78%. There was an exception reporting rate of 3%, which was lower than the CCG and national average of 9%.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review too check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for being safe, effective, caring, responsive and well led. The issues identified as being requires improvement overall affected all patient including this population group.

- We were told the practice had systems for following up children living in disadvantaged circumstances.
- Immunisation rates were below national averages for all standard childhood immunisations.
- The practice provided support for premature babies and their families following discharge from hospital. On receipt of the discharge notification patients were booked an appointment to see a GP and the practice ensured that community services such as midwives and health visitors had the relevant information to ensure the family received appropriate and timely support.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example in the provision of ante-natal, post-natal and chid health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for being safe, effective, caring, responsive and well led. The issues identified as being requires improvement overall affected all patient including this population group.

- The practice did not have a website to enable patients who were not able to attend the practice to get practice information.
- The practice offered extended hours one evening a week until 8pm and was part of the local HUB, which offered appointments with a GP and a nurse on weekday evenings and on weekends when the practice was closed.

Summary of findings

- Telephone consultations were available on request.
- The practice offered online services such as appointment bookings and prescription requests.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for being safe, effective, caring, responsive and well led. The issues identified as being requires improvement overall affected all patient including this population group.

- There were no formal care plans for these patients.
- Some staff we spoke with were not aware of their responsibilities regarding information sharing with external agencies for safeguarding, and there was some confusion with the correct external safeguarding contact details.
- The practice held a register of patients living in vulnerable circumstances, including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstance may make them vulnerable.
- The practice offered longer appointments to patients with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for being safe, effective, caring, responsive and well led. The issues identified as being requires improvement overall affected all patient including this population group.

- The practice had no formal care plans for these patients.
- There was no system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and the national average of 84%. Exception reporting was 4% compared to the CCG average of 6% and the national average of 7%.
- These patients had alerts on their notes and were given longer appointments.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 91% and the national average of 89%. There was an exception reporting rate of 6%, compared to the CCG average of 7% and the national average of 13%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients were offered an annual review.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia, all clinical staff had received mental health training suitable for their role.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results show the practice was sometimes performing below the CCG and national averages. Three hundred and fifty two survey forms were distributed and 100 were returned. This represented 1.7% of the practice's patient list.

- 43% of patients found it easy to get through to this practice by phone compared to the CCG average of 59% and the national average of 71%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 84%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 57% 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 69% and the national average of 77%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received, however three cards mentioned a difficulty in being able to make an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and felt involved in decisions and treatment options made about their care.

Areas for improvement

Action the service MUST take to improve

Importantly, the provider must:

- Act in accordance with the Duty of Candour.
- Ensure all premises and equipment used by the service provider is fit for use.
- Ensure the most recent CQC rating is clearly displayed.
- Ensure care and treatment is provided in a safe way to patients.

Action the service SHOULD take to improve

In addition the provider should:

- Review the system for identifying carers to enable improved support and guidance to be provided to them.
- Review the process for formalising patients care plans.
- Review the system for carrying out staff inductions and ensuring staff training remains up to date.
- Work to increase the uptake of childhood immunisations.
- Review the system in place for cervical cytology to include a failsafe.

Wood Street Health Centre - Dr. Raghav Prasad Dhital

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 second CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to Wood Street Health Centre - Dr. Raghav Prasad Dhital

Wood Street Health Centre is located in a purpose built health centre with one other practice and community services in a residential area in east London with good transport links. The practice is a part of Waltham Forest Clinical Commissioning Group.

There are approximately 5700 patients registered at the practice, 58% of whom has a long standing health condition, which is higher than the CCG average of 47% and the national average of 53%. Twelve percent of patients are unemployed compared with the CCG average of 7% and the national average of 4% and the practice has a deprivation score of 34, compared to the CCG average of 30 and the national average of 22 (higher numbers being more deprived).

The practice has two male GP partners and two regular female locums who carry out a total of 20 sessions per week and one practice nurse who completes nine sessions per week. The practice has one practice manager and six reception/administration staff members.

The practice operates under a Personal Medical Services (PMS) contract (a contract between NHS England and general practices for delivering personal medical services. This contract allows the flexibility to offer local services within the contract) and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice is open Monday to Friday from 9am to 6:30pm, except for Thursday when the practice closes at 1pm. Phone lines are answered from 9am and appointment times are as follows:

- Monday 9:30am to 1pm and 2pm to 4pm
- Tuesday 9:30am to 1pm and 2pm to 8pm
- Wednesday 9:30am to 1pm and 2pm to 6pm
- Thursday 9:30am to 12:30pm
- Friday 9:30am to 1pm and 2pm to 6pm

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed.

Wood Street Health Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity ad midwifery services, family planning, treatment of disease, disorder or injury and diagnostic and screening procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Wood Street Health Centre on 23 February 2016 under Section 60 of the

Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services and was therefore rated as requires improvement overall.

We undertook a further announced comprehensive inspection of Wood Street Health Centre on 19 July 2017 to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 19 July 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a practice manager and reception staff members. We also spoke with patients who used the service.
- Reviewed the practice's action plan, which was made as a result of the outcomes of the inspection in February 2016.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding, staff training, medicines management including prescribing, emergency medicines and equipment were not adequate.

Some of these arrangements had improved when we undertook a follow up inspection on 19 July 2017, however new issues were identified, therefore the practice is still rated as requires improvement for providing safe services.

Safe track record and learning

The system for reporting and recording significant events was not effective.

- There was a significant events policy and recording form available on the practice's computer system, this 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; however we saw a significant event involving patient information wrongly given to a third party where the duty of candour was not followed.
- The significant event policy focussed on the practice's responsibility to report incidents to the Care Quality commission and there were gaps in the policy where names of leads were meant to be inserted. The policy did not highlight how to deal with events that would not have to be externally reported. There was a significant event recording form attached to the policy but this was not the one that we saw was used for the recorded significant events.
- Staff told us they would inform the practice manager of any incidents and gave an example of when the police had to be called due to an abusive patient; however we saw that this event had not been recorded.
- From a sample of two out of three documented significant events we reviewed, we found that the review process and learning outcomes were not always effective or followed through. For example, we saw a significant event regarding a patient who was aggressive to reception staff members. The review of the event highlighted that reception staff should have training on how to handle aggressive patients; however we saw that this had not been carried out and there was no date for when this should be completed by. There was also a significant event about a patient who fainted and hurt their head in the nurse's room resulting in an ambulance being called. This was discussed in a practice meeting where the only learning outcome was "member of staff to remain alert and vigilant in any emergency that occurred".
- There was no process for recording or managing patient safety alerts, we gave the example of the recent cyber-attack safety alert to the practice manager who could not evidence how the practice acted upon on it. We were told that the GPs review the safety alerts on the CCG intranet system and there were no alerts relevant to the practice since the last inspection.

Overview of safety systems and process

The systems to minimise risks to patient safety were not clear.

- There was a safeguarding policy which reflected relevant legislation and local requirements; however this did not include who the leads were in the practice. The policy did not contain any external contact details, we were told that this was stored separately and found contact lists with differing contact numbers were kept in different places such as the reception area and the practice manager's office.
- The practice did not have a vulnerable adults or a child safeguarding register.
- Staff we interviewed told us that they would report any safeguarding concerns to a GP. We saw that all clinical staff and the practice manager were trained to child safeguarding level three and non-clinical staff were all trained to level two.
- There was a chaperone policy which was saved in a toolkit and not on the practices computer shared drive; this had not been reviewed since 2013 and reception staff were unable to locate it. Five out of six reception staff members who acted as a chaperone 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 saw that the staff member who did not have a DBS had signed a document stating that they did not have a criminal record; however this process had not been risk assessed.

The practice maintained appropriate standards of cleanliness and hygiene but infection prevention and control (IPC) processes were not effective.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the IPC clinical lead who liaised with the local infection prevention teams to keep up to date with best practice; however the nurse admitted that she was not up to date with current standards. There was an IPC protocol and staff had received up to date training.
- IPC audits were carried out in October 2016 and June 2017 and not all actions identified had been carried out. For example there were not sufficient quantities of protective clothing such as gloves and aprons available and we found an unlabelled sharps bin in the GPs room, when we questioned staff members about this, we were told that a cleaner must have put it there.

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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines; we reviewed a random sample of four patients being prescribed methotrexate, which requires regular blood test monitoring. We found recent blood test results documented in the patient file before prescribing as required by NICE guidelines and in one case there was no blood result and we saw that the GP refused to prescribe the medicine in this instance.
- Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure that this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored but there was no system for monitoring their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through DBS.

Monitoring risks to patients

The procedures for assessing, monitoring and managing risks to patients and staff safety were not effective.

- We were told that there was a health and safety policy; however the practice manager was unable to locate it on the practices computer system.
- The practice had an up to date fire risk assessment and carried out annual fire drills and weekly fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All clinical equipment in the practice was calibrated to ensure that it was in good working order and fit for purpose, however the portable appliance testing for electrical equipment was out of date.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

Requires improvement

Are services safe?

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

- There was an instant messaging system on all the computers in the practice which alerted staff to any emergency, there were also panic buttons in all rooms.
- All staff had received basic life support training and there were emergency medicines in the treatment room.
- The practice had a defibrillator available on the premises and carried out regular checks to ensure it was in good working order, however on the day of inspection, there was confusion over where this was kept. Oxygen with adult and children's masks were available, however the oxygen cylinder was extremely heavy and no consideration was taken into how this could be manoeuvred to the scene of an emergency.
- The practice did not have a comprehensive business plan; the plan contained a list of contact numbers and did not include a plan for major incidents such as power failure or building damage.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff training needed improving.

We undertook a follow up inspection on 19 July 2017 and the practice was unable to demonstrate any action to improve their low childhood immunisation rates and QOF results. There were also no arrangements for a cytology failsafe and appraisals were not comprehensive. The practice is still rated as requires improvement for providing effective services.

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.
- The practice monitored that these guidelines were followed through regular discussions at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were 93% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. There was an overall exception reporting (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) rate of 3%, which was lower than the CCG average of 7% and the national average of 6%.

This practice sometimes performed below QOF targets. Data from QOF showed:

- Performance for diabetes related indicators was below the CCG and national averages. For example 55% of patients on the diabetes register had an IFCC HBA1c of 64 mmol/mol or less in the preceding 12 months, compared to the CCG average of 75% and the national average of 78%. There was an exception reporting rate of 4% compared to the CCG average of 17% and the national average of 13%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 91% and the national average of 89%. There was an exception reporting rate of 6%, which was lower than the CCG average of 7% and the national average of 13%.

The practice was unable to demonstrate any work being carried out to improve patient outcomes as measured by QOF.

There was evidence of quality improvement including clinical audit:

- There had been five clinical audits commenced in the last 12 months, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, as a result of data that showed that the practice was an outlier locally for glucose test strip prescribing where they prescribed more than other local practices the practice carried out an audit to identify and reduce any unnecessary or overuse of strips. The first audit showed that there were 38 patients using glucose testing strips, 25 patients achieved the Hba1c (blood glucose) target of 59 or less with 11 of those patients over using the strips (44%). Eight patients had an Hba1c greater than 59 and three of those patients over used the strips (37%) and five patients did not have an Hba1c test and two of those over used the testing strips (40%). These results were discussed at a practice meeting where the importance of patient education on self-blood glucose monitoring was reiterated. The practice prepared a patient advice leaflet and it was

agreed to monitor repeat prescriptions of blood glucose test strips and cancel the repeat strips for patients who overuse and do not achieve the target Hba1c level and invite them in for a review. The second audit showed there were 19 patients using glucose testing strips, 12 patients achieved the Hba1c target of 59 or less with one patient over using the strips (8%). Seven patients had an Hba1c greater than 59 and three of those patients over used the strips (42%) and two patients did not have an Hba1c test, neither of whom over used the testing strips. The practice agreed to continue this work to reduce the over use of testing strips and patient education.

Effective staffing

Systems in place to monitor staff training and development needs were not effective.

- The practice had an induction programme for newly appointed staff, this however had not been utilised for any new staff members.
- The practice could demonstrate that role specific training had taken place for relevant staff members. For example for those carrying out cervical cytology.
- Staff administering vaccines had received specific training which 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 attending updates, access to online resources and discussion at nurses forums.
- Staff had access to appropriate training to meet their learning needs and cover the scope of their work; however there was no system to ensure that staff members remained up to date. All staff had received an appraisal within the last 12 months, we looked at a random sample of four of these and found that they were not comprehensive.
- Staff received training that included: safeguarding, fire safety awareness and basic life support, the practice was unable to demonstrate that information governance training had been completed by all staff members.

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 medical records, investigations and test results; we found that there were no formal care plans.
- From a sample of six documented examples we reviewed 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 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 on a regular 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 guidance, including the Mental Capacity Act 2005; we viewed two examples where this was effectively used.
- When providing care and treatment to young people, staff carried out assessments of capacity to co 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.

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

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, patients living with cancer and those requiring advice on their diet and smoking and alcohol cessation.
- Smoking cessation advice and a dietician was available on the premises.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and the national average. Exception reporting was 3%, which was lower than the CCG average of 10% and the national average of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice did not have a failsafe system to ensure that all results were received for all samples sent for the cervical screening programme, but they did follow up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using posters displayed in the patient waiting area and ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example 66% of female patients aged between 50 and 70 years old had been screened for breast cancer in the past three years compared to the CCG average of 69% and the national average of 73%. Forty-nine percent of patients aged 60 to 69 were screened for bowel cancer in the past 30 months, which was the same as the CCG average and lower than the national average of 58%.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the national averages. For example, rates for the vaccines given to under two year olds ranged from 61% to 84% compared to the national average of 90%. Immunisation rates given to five year olds ranged from 63% to 89% compared to the CCG average of 77% to 89% and the national average of 88% to 94%. We saw immunisation promotional leaflets displayed in the practice and opportunistic immunisations were given. The practice was unable to demonstrate that they had a plan to work towards increasing the uptake of childhood immunisations.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 23 February 2017, we rated the practice as good for providing caring services.

We undertook a follow up inspection on 19 July 2017 and the practice could not demonstrate that they had taken action to improve their low GP patient satisfaction scores and had identified less than 1% of its patients as carers. The practice is now rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very 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 knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including two 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 responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was sometimes below the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 79% of patients said the nurse was good at listening to them compared with the CCG average of 87% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 88% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice told us that they had not addressed the low patient satisfaction scores as they were unaware of them; however we saw that they had been discussed at a recent patient participation group meeting, but there was no action as a result of this discussion.

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 is 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 were also positive and aligned with these views.

Requires improvement

Are services caring?

We asked to view a sample of care plans, but the practice was unable to demonstrate that they produced formal care plans for patients.

Staff told us that children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were sometimes below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 89%.

The practice told us that they had not addressed the low patient satisfaction scores as they were unaware of them; however we saw that they had been discussed at a recent patient participation group meeting, but there was no action as a result of this discussion.

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; this service was advertised in the patient waiting area.
- Information leaflets were available.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support of isolated or house-bound patients included signposting to relevant support and volunteer services.

We noted that the practice did not have a website which patients could access as a means to obtain practice information and guidance, patients were however able to book appointments and request repeat prescriptions online.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (less than 1% of the practice list). Written information was available to direct carers to various avenues of support available to them. Older carers were offered timely and appropriate support. Carers were also offered an annual flu vaccination.

Staff told us that if families had experienced a bereavement, the GP contacted them to offer condolences. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 23 February 2017, we rated the practice as good for providing responsive services.

We undertook a follow up inspection on 19 July 2017 and the practice could not demonstrate that they had taken action to improve their low GP patient satisfaction scores. The practice is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 8pm for patients who could not attend the practice during normal working hours.
- There were longer appointments available for patients with a learning disability, patients who did not have English as a first language and those with complex clinical needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment.
- Same day appointments were accessible for children and all patients with a medical problem that required a same day consultation.
- The practice was a part of the local HUB, which provided GP and nursing appointments on weekday evenings and weekends when the practice was closed.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics.
- The practice considered patients that wanted to breastfeed and could offer them a private room.

Access to the service

The practice was open Monday to Friday from 9am to 6:30pm, except for Thursday when the practice closed at 1pm. Phone lines were answered from 9am and appointment times was as follows:

- Monday 9:30am to 1pm and 2pm to 4pm
- Tuesday 9:30am to 1pm and 2pm to 8pm
- Wednesday 9:30am to 1pm and 2pm to 6pm
- Thursday 9:30am to 12:30pm
- Friday 9:30am to 1pm and 2pm to 6pm

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, there were also same day bookable appointments and urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was sometimes below the CCG and national averages. For example:

- 70% of patients were satisfied with the practice's opening hours compared with the CCG average of 72% and the national average of 76%.
- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 71%.
- 83% 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 78% and the national average of 84%.
- 76% of patients said their last appointment was convenient compared with the CCG average of 73% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 32% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 47% and the national average of 58%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice told us that they had not addressed the low patient satisfaction scores as they were unaware of them; however we saw that they had been discussed at a recent patient participation group meeting, but there was no action as a result of this discussion.

Patients told us on the day of the inspection that they were able to get appointments when they needed them; this was supported by three out of six completed CQC patient comment cards.

The practice had a system to assess:

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

Reception staff would inform the GP when a home visit request was received, the GP would then contact the patient to assess the need for a home visit and arrange a time to visit. 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.

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.
- The practice manager was responsible for managing all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was information in the practice leaflet and a poster displayed in the patient waiting area.

We looked at two out of three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, we viewed a complaint from a patient who was unhappy about the service they received from a community service. We saw that the patient was contacted and informed about how to address their concerns with the appropriate service and the event was discussed in a practice meeting.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 23 February 2016, we rated the practice as requires improvement for providing well-led services as there was no effective processes for risk management and mitigation.

There had been insufficient improvement when we carried out a follow up inspection on 19 July 2017. The practice is still rated as requires improvement for being well-led.

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

- The practice had a mission statement and staff we spoke with knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which did not consistently support the delivery of good quality care. For example:

- There was a clear staffing structure and GPs and nurses had lead roles in key areas such as long term conditions.
- The practice had some practice specific policies, however key polies such as a grievance policy was not available. The practice nurse was unable to demonstrate that she could access the practice policies on the practices computer system and not all staff members were able to find policies such as the chaperone policy.
- The practice had some understanding of their performance. Practice meetings were held monthly but performance was not systematically discussed where learning about performance could be shared.
- There was a programme of continuous clinical audit, which was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks and issues and implementing mitigating actions were not effective. Portable appliance testing was out of date, there was no formal system for actioning patient safety alerts and not all actions identified in the infection control audit had been actioned.

Leadership and culture

On the day of inspection the partners in the practice told us that they prioritised quality care, and staff told us that the partners were approachable and always took the time to listen to them.

The provider was unable to demonstrate that they followed the requirements of 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) in all appropriate circumstances. We found that when things went wrong with care and treatment the practice:

- Gave patients reasonable support and a written or verbal apology.
- The practice kept records of written interactions but not verbal ones.

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

- The practice held a range of multi-disciplinary meetings including with district nurses and social workers. When required the practice also met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us that the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise concerns and felt comfortable in doing so.
- Staff said they felt respected, valued and supported by GPs and management and would not hesitate to express any ideas they may have to improve the service delivered by the practice.

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

The practice engaged with patients and staff and sought feedback from:

Are services well-led?

Requires improvement

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

- Patients through the patient participation group (PPG), which met at least twice a year and as a result of requests from the PPG the practice the number of appointments each month that patients did not turn up to.
- The NHS Friends and Family Test, however the practice could not demonstrate that they acted on feedback from the GP patient survey.
- Staff through staff meetings, appraisals and discussions, however staff members were unable to give any examples of any suggestions they had made.

Continuous improvement

There was a focus on learning within the practice, the practice was a part of local pilot schemes and had completed three audits in the past 12 months where improvements were made and monitored.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: there was no system for actioning patient safety alerts, learning outcomes from significant events were not effective and safeguarding processes were not robust. There was no cytology failsafe. There was little action taken as a result of an assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 20 HSCA (RA) Regulations 2014 Duty of candour How the regulation was not being met: Registered persons are under a duty to keep a copy of all written correspondence with relevant persons to whom the duty of candour applies. A notifiable safety incident, as defined by Regulation 20, the practice could not demonstrate that they adhered to the requirements in all necessary circumstances

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 20A HSCA (RA) Regulations 2014 Requirement as to display of performance assessments How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

CQC inspected this service and then published a rating in January 2017. The service provider had failed to display the most recent rating by having at least one sign at the relevant premises.