

# Dosthill Surgery

## 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?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

When we carried out an unannounced comprehensive inspection of Dosthill Surgery on 28 September 2015, we found three breaches of legal requirements. As a result, we issued two warning notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.
- Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Good governance

We also issued a requirement notice in relation to:

- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

We undertook an unannounced focussed inspection on 17 March 2016 to follow up on the warning notices. Further concerns were identified and the practice was required to complete an urgent response to demonstrate

that these concerns had been addressed. A weekly report has been sent to the Care Quality Commission (CQC) since 17 March 2016 to demonstrate that improvements have been sustained.

We undertook another announced comprehensive inspection on 23 May 2016 to check that the practice now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dosthill surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

Our key findings were as follows:

- The practice had made improvements to the way it acted on patients' blood test results. Test results were

# Summary of findings

viewed on the same day or next working day and a weekly report, submitted to the CQC since March 2016, showed that test results had been completed by the end of each week.

- A robust system had been implemented to manage patients on shared care arrangements. However, we saw examples of clinical alerts that had not been acted on to minimise risks to patient safety.
- A structured approach had been adopted to coordinate patient medication reviews.
- Patients were seen to be treated with compassion, dignity and respect. However the national GP survey scores relating to care were below local and national averages.
- The leadership team within the practice did not demonstrate the necessary capability and appropriate knowledge.
- Patients spoke of good access to appointments with a named GP and there was continuity of care, with urgent appointments available the same day.

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

Importantly, the provider must:

- Implement and operate a consistent and effective system for receiving and acting on safety alerts affecting patient safety.
- Hold appropriate emergency medication in the practice to treat a severe infection in the blood due to meningitis and to treat adverse symptoms from a low heart rate.
- Ensure that leadership addresses the continued poor performance in meeting the legislative requirements.
- Demonstrate clinical governance to minimise the risks to patient safety.

In addition the provider should:

- Ensure that the safeguarding lead is aware of, and follows up on, those patients identified as vulnerable.
- Ensure infection prevention control audits meet nationally recognised guidelines.
- Ensure learning outcomes from significant events are understood by appropriate staff.
- Implement and operate an effective system for receiving and issuing blank prescriptions.
- Include the next of kin details on the care plans of patients identified as vulnerable and at increased risk of hospital admission.
- Consider how to improve performance in the national GP patient survey regarding registered patient satisfaction rates in relation to their interactions with GPs.
- Ensure that clinical judgements such as medicine initiation are not inputted onto the clinical system by non-clinical, non-qualified staff unless in an emergency when a documented reason should be included.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. Remaining in special measures represents a decision by the Care Quality Commission (CQC) that a service has to improve within six months to avoid CQC taking steps to 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?

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

**Requires improvement**



- The practice evidenced timely processing of patient blood test results through the submission of a weekly status report. The policy implemented was to process results on the same or next day after receiving them.
- The practice had implemented a robust system to manage shared care arrangements.
- Infection prevention control audits had been completed but did not meet all nationally recognised guidelines. For example, carpeted floors in treatment rooms had not been risk assessed.
- The emergency medicines held within the practice did not include those for the treatment of suspected meningococcal septicaemia (a severe infection in the blood due to meningitis) and atropine (a medicine to treat adverse symptoms from a low heart rate). No risk assessments had been completed to indicate why these medicines would be required to be held.
- Significant events were recorded and reviewed but the process was not seen to be driving improvement through learning.
- The practice had suitable equipment and had trained staff to deal with emergency situations.
- The safeguarding lead was not aware of patients identified as vulnerable, but there was evidence of communication with health visitors, midwives and school nurses.
- Clinical alerts received were sent to relevant staff but evidence demonstrated that they had not always been acted on.
- Prescription forms and pads were stored securely but there was no tracking system in place. A tracking system is used to account for the prescription pads used and minimise the risk of fraud.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

**Requires improvement**



- Clinical guidelines were not always followed. We saw examples of when patients' care and condition monitoring did not reflect nationally recognised guidance.
- The practice had completed clinical audits for prescribing guidelines. Clinical audits had not been completed to assess and monitor clinical improvement.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. These had been completed or scheduled.
- A comprehensive training programme for staff had been implemented.
- The practice had health screening and child immunisation rates similar to local and national averages.
- A structured approach had been adopted to coordinate medication reviews for patients.
- There was examples seen of clinical decisions been added to patient notes by non-qualified staff.

## Are services caring?

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

- Care plans were in place for those patients identified as vulnerable. Care plans were completed by the nursing staff.
- Patient feedback from the national patient survey scored the practice significantly below local and national averages when questioned about GP care.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice offered additional services for carers, although the overall number of carers identified was low at 0.7% of registered patients.
- Care plans in place for patients identified as being vulnerable and at increased risk of hospital admission did not include details of the next of kin.

**Requires improvement**



## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Additional services offered on site included minor surgery and extended appointments.
- The practice complaints system did not meet recognised guidance and contractual obligations for GPs in England. However verbal complaints were recorded on the patient's notes and were not included in reviews of recent complaints.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Requires improvement**



# Summary of findings

## Are services well-led?

The practice is rated as inadequate for being well-led.

- Significant improvements were seen in the non-clinical governance of the practice. For example, personnel records and checks were comprehensive. This had been an area of concern during the September inspection.
- The capability and appropriate knowledge of the clinical leadership team within the practice was not clearly evident. During the inspection, one GP was seen to require support from staff when questioned.
- The provider's compliance with legislative requirements over time was poor.
- Recurrent themes such as failure to act upon information about patients' care and treatment and non-adoption of nationally recognised guidance had been identified over time.
- Staff felt supported by the practice leadership team.
- The practice had an active patient participation group (PPG) who worked with staff on a regular basis.

**Inadequate**



# 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 practice is rated as requires improvement for caring and responsive services and this includes this population group. The practice was rated as requires improvement for safe, effective and well-led services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

There were, however, examples of good practice.

- Home visits were available for older patients when needed, with the majority of these carried out by the GPs. Staff could refer patients to a Home Visiting Service which the provider contracts and funds. The service performed home visits for patients with acute conditions.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below the national average. For example: The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 64.3% compared to 73.2%.
- All patients over the age of 75 had a named GP. A monthly review identified any patients approaching the age of 75 and a letter was sent to each patient who had not been notified.
- Patients identified as being at risk of hospital admission, which included those that resided in nursing and care homes, had a written care plan.
- All hospital admissions were reviewed for those patients with a care plan.

### People with long term conditions

**Requires improvement**



The practice is rated as requires improvement for caring and responsive services and this includes this population group. The practice was rated as requires improvement for safe, effective and well-led services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

There were, however, examples of good practice.

# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Home visits were available for patients with long-term conditions when needed, with the majority of these carried out by the GPs.
- The healthcare assistant visited patients in their home to take blood tests to support the GPs management of medication used to thin the blood.
- Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions
- Performance for diabetes related indicators was significantly below local and national averages. In 2014/15 the overall performance combined for the 11 indicators of diabetes management was 70%, compared with the CCG average of 86% and national average of 89%. The practice provided data to show that the performance for 2015/16 had improved to 73%.

## Families, children and young people

The practice is rated as requires improvement for caring and responsive services and this includes this population group. The practice was rated as requires improvement for safe, effective and well-led services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

There were, however, examples of good practice.

- A system had been implemented to follow up patients who were living in disadvantaged circumstances and who were at risk. The clinical system had an icon on the patient records of children and a major alert on the records of adults.
- The practice offered same day access for all children with illness.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 74% compared with the national average of 82%. The practice provided data to show that the performance for 2015/16 had improved to 76%.

**Requires improvement**





# Summary of findings

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

**Requires improvement**



The practice is rated as requires improvement for caring and responsive services and this includes this population group. The practice was rated as requires improvement for safe, effective and well-led services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended opening hours were available one evening a week. This had been extended in 2016 to include a second evening from January to March as part of the winter pressure scheme.
- Health promotion advice was offered and health promotion material was available in the waiting rooms.

## People whose circumstances may make them vulnerable

**Requires improvement**



The practice is rated as requires improvement for caring and responsive services and this includes this population group. The practice was rated as requires improvement for safe, effective and well-led services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

There were, however, examples of good practice.

- The practice had implemented a patient recall system for 2016/17 and a template used to complete the check had been added to the clinical system.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.
- The practice had registers of vulnerable children and vulnerable adults. However, when asked, the safeguarding lead could not recall that there was any patients on the vulnerable child register.

# Summary of findings

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

**Requires improvement**



The practice is rated as requires improvement for caring and responsive services and this includes this population group. The practice was rated as requires improvement for safe, effective and well-led services. This concerns which led to these ratings applies to everyone using the practice, including this population group.

There were, however, examples of good practice.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Patients and their families were supported by mental health nurses from the practice.
- A dementia consultant clinic was held at the practice every month.

# Summary of findings

## What people who use the service say

We did not collect patient feedback through comment cards as the inspection was unannounced. We spoke with a member of the patient participation group (PPG) on the day who complimented the practice on providing a caring service with good access to appointments, and spoke positively on recent improvements made.

The national GP patient survey results published on 7 January 2016 evidenced below average levels of patient satisfaction. The practice performance was lower than local and national averages. For example:

- 86% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 92%.
- 61% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 66% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 81% and national average of 78%.
- 65% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.
- 75% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) average of 88% and national average of 87%.
- 64% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.

There were 316 surveys sent out and 113 sent back, a response rate of 36%. These results were last published in January 2016 so would not reflect recent improvements made at the practice.

## Areas for improvement

### Action the service **MUST** take to improve

Importantly, the provider must:

- Implement and operate a consistent and effective system for receiving and acting on safety alerts affecting patient safety.
- Hold appropriate emergency medication in the practice to treat a severe infection in the blood due to meningitis and to treat adverse symptoms from a low heart rate.
- Ensure that leadership addresses the continued poor performance in meeting the legislative requirements.
- Demonstrate clinical governance to minimise the risks to patient safety.

### Action the service **SHOULD** take to improve

In addition the provider should:

- Ensure that the safeguarding lead is aware of, and follows up on, those patients identified as vulnerable.

- Ensure infection prevention control audits meet nationally recognised guidelines.
- Ensure learning outcomes from significant events are understood by appropriate staff.
- Implement and operate an effective system for receiving and issuing blank prescriptions.
- Include the next of kin details on the care plans of patients identified as vulnerable and at increased risk of hospital admission.
- Consider how to improve performance in the national GP patient survey regarding registered patient satisfaction rates in relation to their interactions with GPs.
- Ensure that clinical judgements such as medicine initiation are not inputted onto the clinical system by non-clinical, non-qualified staff unless in an emergency when a documented reason should be included.

# Dosthill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team also included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

## Background to Dosthill Surgery

Dosthill Surgery is registered with the Care Quality Commission as a two GP partnership provider of primary medical services.

The provider operates from a purpose built premises at Dosthill surgery within the NHS South East Staffs and Seisdon Peninsula Clinical Commissioning Group area. There is a branch practice at Wilnecote. The provider holds a General Medical Services contract with NHS England. At the time of our inspection 7,800 patients were registered at the practice.

Since our last inspection in September 2015 the provider cancelled their registration of the Wilnecote Branch Practice. This is now included in their registration of Dosthill Surgery as a branch practice. Our inspection focussed on the care and experiences of all registered patients, who can access either the Dosthill or Wilnecote sites.

Demographically the practice area has overall lower rates of deprivation than the national average, although there are pockets of deprivation within the practice catchment area. The average age range of patients at the practice

broadly follows the national average and the ethnicity estimate is 97% white British. As well as providing the contracted range of primary medical services, the practice provides additional services including:

- Minor surgery.
- Avoiding unplanned admission to hospital.

The opening hours of both practices are similar. Dosthill opening hours are 8.30am to 6pm Monday to Friday with the exception of Thursday when they close at 1pm and Wednesdays when they offer extended hours to 8pm. The telephone lines are answered from 8am to 6.30pm. The practice has opted out of providing cover to patients outside of normal working hours but has arrangements for patients which are accessed using the 111 service.

Staffing at the practice includes:

- Two full time male GP partners.
- One female long term locum GP (since 2006) and two part time male GPs.
- Four female practice nurses.
- One female practice healthcare assistant.
- Two mental health nurses on a self-employed basis.
- A practice manager and team of administrative/reception staff.

## Why we carried out this inspection

We carried out an announced 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 carried out to check that improvements to meet legal requirements planned by the practice after our

# Detailed findings

comprehensive inspection on 28 September 2015 had been made. We inspected the practice against all of the five questions we ask about services. This is because the service was not meeting some legal requirements.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey. We informed NHS England that we would be inspecting the practice.

During the inspection we visited both sites and spoke with members of staff including GPs, members of the practice nursing team, the practice manager and administrative staff. We also spoke with one member of the patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

# Are services safe?

## Our findings

### Summary of concerns found during previous inspections

The areas of concern identified during the September 2015 inspection were:

- There were no formalised systems in place to review and monitor patients who may be at risk or vulnerable within the practice population.
- Medicines management processes were ineffective and policies and procedures were not followed.
- There were policies available to staff detailing how to deal with foreseeable emergencies but staff were not familiar with these.
- There was no effective system in place to investigate and learn from incidents that occurred at the practice.
- Patients on disease modifying medicines were not monitored and managed by staff qualified and competent to do so.

Additional concerns were found during the March 2016 inspection:

- Blood results whether within normal ranges or otherwise were not reviewed in a timely manner.

### Safe track record and learning

The practice had implemented a process for significant events to be recorded, investigated and discussed. Three events had been recorded in the preceding three months and we found that:

- A template was available for staff to record their significant events, which covered both positive and negative occurrences.
- Staff carried out analysis of individual significant events and discussed them at monthly clinical meetings. Three events had been recorded and reviewed since the inspection in March 2016.
- All of the staff we spoke with knew the process for reporting significant events and most had attended the last significant event review meeting.
- Learning outcomes were evident on review of the completed forms. However, when asked on the day of inspection, one GP was unable to explain the learning outcomes.

We saw examples of learning from significant events. For example, following an unfulfilled request sent to the district nurse team, the internal process was reviewed and discussions held with the district nurses. As a result a new protocol, to use a dedicated fax line or telephone for urgent visit requests, was written and communicated to all staff by email. A dedicated fax line had been established.

The practice had a process in place to receive patient safety alerts from external agencies, including the Medicines and Healthcare products Regulatory Agency (MHRA). We saw the process did not include assurance that any necessary actions had been undertaken after receipt of an alert. We reviewed two recent MHRA alerts. One alert received in October 2015 resulted in an audit that identified three patients who were on the medication. Of the two we checked, no actions had been taken. We reviewed a second MHRA alert and no actions had been taken.

The practice had taken appropriate action to address concerns raised at the last inspection when patient blood tests were found to have not been acted on for up to three months. The practice provided a statement that said all unactioned results had been processed within 3 days of the March inspection. A policy implemented stated that patient test results should be processed on the same or next day after receipt and a weekly report had been submitted by the practice each Friday showing that all test results had been actioned.

### Overview of safety systems and processes

The practice had adapted some systems used to minimise risks to patient safety. We saw that a number of processes were in place but there were problems with a lack of awareness of them:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. A GP was identified as the safeguarding lead within the practice and all GPs had received level three training in safeguarding. However the safeguarding lead was not aware of the system in place that identified vulnerable children and was not aware that there were 43 children on the child protection register.

The nursing and administration staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. All staff had received training to a level suggested in nationally recognised guidance. Staff were made aware of

## Are services safe?

both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. There was recorded evidence of regular interaction with the local safeguarding team to discuss any concerns.

- Chaperones were available when needed. All staff, who acted as chaperones, had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice had a nominated lead for infection prevention and control and a recent infection control audit had been undertaken. The building was seen to be generally clean. However there was a damaged treatment couch that had been noted in the September 2015 inspection that had not been repaired or replaced. One of the treatment rooms had not been cleaned thoroughly and some sharps disposal bins were overfilled and had not been emptied since 25 October 2015. The practice employed cleaning staff and cleaning schedules had been introduced. Some treatment rooms were carpeted and some sinks had screw top taps. There were no risk assessments completed to assess the risk of infection from these issues. The practice held appropriate supplies of personal protective equipment. Staff immunity to healthcare associated infections was known and recorded. The practice followed their own procedures which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were in date.
- Blank prescription forms and pads were stored securely but there was no tracking system in place. A tracking system is used to account for the prescription pads used that are numbered sequentially.
- The practice nursing team consisted of four practices nurses and a healthcare assistant. The practice nurses used Patient Group Directions (PGDs) to allow them to administer medicines in line with legislation. A healthcare assistant had received training to administer some medicines under specific circumstances and arrangements were in place to gain authorisation by a GP under a Patient Specific Direction (PSD).

- Staff files checked included appropriate recruitment checks prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had medical indemnity insurance arrangements in place for all relevant staff and since the last inspection, had planned to implement health screening for new staff.

### Monitoring safety and responding to risk

The practice had some systems in place to manage safety and risk:

- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had completed a risk assessment for legionella and monitoring checks were completed. Legionella is a term for particular bacteria which can contaminate water systems in buildings.
- Arrangements were in place to monitor staffing levels and an internal buddy system was used to cover staff absence through holiday or illness.
- The practice evidenced that a robust system had been set up to manage patients on high risk medicines. The system was a manual record that listed each patient on high risk medicines and listed dates when the next blood test was due.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice.

## Are services safe?

All medicines were in date, stored securely and staff knew their location. However there were no medicines that could be administered for suspected meningococcal septicaemia (a severe infection in the blood due to meningitis). The practice did not have atropine but fitted intrauterine contraceptive devices (IUCD), a contraception device known as the coil. Atropine is a medicine to treat adverse symptoms from a low heart rate.

- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure. Copies were kept off site in case access to the practice in an emergency was restricted.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Summary of concerns found during previous inspections

- There was no evidence that GPs used clinical audit to monitor patient outcomes of care and treatment. The practice could not demonstrate any actions they had taken to improve outcomes for patients.
- Knowledge of and reference to national guidelines were inconsistent. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Staff training records had not been consistently maintained.

### Effective needs assessment

Staff told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. A GP told us as a clinician they kept updated with NICE and ran searches that identified patients to be reviewed and treated as needed.

We saw areas of care provision that did not reflect NICE guidance:

- The regular monitoring of patients with learning disabilities did not always take place as recommended in NICE guidance on prevention and interventions for patients with learning difficulties whose behaviour challenges. The practice held a register of 40 patients with learning difficulties but only one had received an annual review. The practice evidenced that a recall system had been implemented to improve the numbers of reviews completed.
- The monitoring of patients with enduring poor mental health did not always include annual investigations as recommended in NICE guidance on psychosis and schizophrenia and bi-polar disorder. We reviewed one patient's records within this demographic and saw that they had not received annual metabolic monitoring of their longer term blood glucose control or lipid levels (cholesterol) as was recommended. The patient had been seen and reviewed regularly at the practice by the

community psychiatric nurse (CPN). The enduring poor mental health conditions are associated with much higher than average level of co-existence with long-term conditions such as diabetes and cardiovascular disease.

### 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). QOF results from 2014/15 showed that within the practice:

- The practice achieved 80% of the total number of points available; this was lower than the national average of 93% and clinical commissioning group (CCG) average of 93%. Data we saw for the QOF results 2015/16 showed a three per cent improvement on the previous year.
- Overall clinical exception reporting was 10% compared with the CCG average of 10% and national average of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.
- Performance for diabetes related indicators was significantly below local and national averages. The overall performance combined for the 11 indicators of diabetes management was 70%, compared with the CCG average of 86% and national average of 89%. Data we saw for the QOF results 2015/16 showed an overall three per cent improvement on the previous year for the diabetes indicators.
- Performance indicators for patients diagnosed with asthma were higher than local and national averages. For example, 78% of patient had received an asthma review in the previous year compared with the CCG and national averages of 73%.

There had been 11 clinical audits undertaken in the last year. The audits had been completed by the CCG pharmacist and related to prescribing guidelines. There was no evidence that clinical audits were used to improve performance and monitor best practice.

Medication reviews had been noted as a concern at the September inspection. A structured approach had been adopted and 89% of patients on four or more medicines

# Are services effective?

## (for example, treatment is effective)

had been reviewed in the preceding 6 months. This was an improvement from September 2015 when the inspection found that medication reviews only took place opportunistically.

### Effective staffing

Staff told us that they felt supported and had received visits from the NHS England practice support team:

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals. Where training needs were identified they had been met. For example, the practice healthcare assistant had been supported to develop new skills including the administration of some medicines under Patient Specific Directions (PSD).
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- There were arrangements with a dementia consultant to hold monthly clinics at the practice.
- We saw entries on the clinical system for medicine initiation and home visit consultations that had been inputted by non-clinical, non-qualified staff. The GP informed us that this had been done in his presence and he had dictated the notes.

### Working with colleagues and other services

The practice worked with other health and social care professionals to enable greater sharing of information about patients' care and treatment. The practice team met to discuss the care of patients that involved other professionals. This included patients approaching the end of their lives and those at increased risk of unplanned admission to hospital. Meetings took place on a monthly basis. Action points were clearly recorded and responsibility assigned. There was no evidence that safeguarding meetings had been held with external parties but an internal meeting held on March 2016 evidenced that these were due to commence on 21 May 2016.

We reviewed the system in use at the practice for receiving, handling and acting on information received about patients' wellbeing, care and treatment. Information was

constantly received throughout each day and included blood test results, hospital discharge summaries, out-of-hours and A&E patient contact summaries. The practice was up to date with processing the information.

### 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.
- The practice had a template for recording important decisions on when not to receive care, treatment or interventions. Discussions with patients and when appropriate those close to them was accurately recorded.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care and carers. The nurses were able to tell us how the practice managed long-term conditions and what these were. They also detailed the registers of patients with long-term conditions and outlined the actions taken to try and regularly review their needs. Patients were encouraged by the practice nurses and healthcare assistant to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and wellbeing. There was a range of health promotion and prevention literature available for patients from the nurses or displayed in the waiting room.

The practice's uptake for the cervical screening programme was 74% compared with the national average of 82%. Clinical exception reporting in this area was 2% compared with the CCG and national averages of 4%. No reason could be given for the low uptake. The practice provided data from 2015/16 that showed the uptake for cervical screening had increased to 76%.

The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 64.3% compared to 73.2%.

# Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 99% and five year olds from 89% to 98%.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was similar when compared with local CCG and national averages:

- 74% of eligible females aged 50-70 had attended screening to detect breast cancer compared to the CCG average of 73% and national average of 72%.
- 59% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer compared to the CCG average of 62% and national average of 58%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed members of staff were courteous and 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw a GP supporting a patient with reduced mobility from the building.

We spoke with one patient who was a member 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.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 316 patients (4% of the patient list) to submit their views on the practice, a total of 113 forms were returned. This gave a return rate of 36%.

The results from the GP national patient survey showed patients expressed satisfaction levels below local and national averages in relation to the experience of their last GP appointment. For example:

- 75% said that the GP was good at giving them enough time compared to the clinical commissioning group (CCG) average of 88% and national average of 87%.
- 90% had confidence in the last GP they saw or spoke with compared to the CCG average of 96% and national average of 95%.
- 82% said that the last GP they saw was good at listening to them compared with the CCG average of 89% and national average of 89%.

The results in the national patient survey regarding nurses similar or lower levels of satisfaction when compared locally and nationally:

- 91% said that the nurse was good at giving them enough time compared to the CCG average of 93% and national averages of 92%.
- 87% said the practice nurse was good at listening to them with compared to the CCG average of 92% and national averages of 91%.

On the day we spoke about the lower than average levels of patient satisfaction when patients were asked about their last GP appointment. The GP partners stated that they had to use a number of locum GPs due to a salaried GP on long term absence through illness. We were told that GP recruitment was a challenge but a pharmacist had recently been employed to support the GPs with their work. For example, the pharmacist had been tasked with completing medication reviews on patients.

### Care planning and involvement in decisions about care and treatment

The practice had care plans in place for patients identified as being vulnerable and at increased risk of hospital admission. These plans were reviewed monthly with other health care professionals. However the care plans did not include details of the next of kin.

The GP patient survey information we reviewed showed a negative patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in January 2016 showed;

- 64% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%

Survey results related to interactions with nurses were similar to local and national averages

- 84% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG and national averages of 90%.

### Patient/carer support to cope emotionally with care and treatment

## Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 55 patients as carers (0.7% of the practice list). All registered carers were offered an annual health check and seasonal flu vaccination.

If a patient experienced bereavement, practice staff told us that they were supported by a GP and signposted to support services when appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and had adapted to provide services tailored to patient need:

- The practice offered evening appointments until 8pm on a Wednesday.
- Those at highest risk of unplanned admission to hospital were identified and had care plans in place to assess the health, care and social need.
- Online services for booking appointments and ordering repeat prescriptions were available.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open on Monday to Friday from 8.30am to 6pm. During these times the reception desk was staffed and remained open and telephone lines were staffed from 8am to 6.30pm Monday to Friday. Extended appointments were offered from Dosthill on Wednesday evenings from 6pm to 8pm. The Dosthill practice closed at 1pm on a Thursday. The practice had opted to outsource the out of hours care to a third party, Primecare.

Patients could book appointments in person, by telephone or online for those who had registered for this service. The availability of appointments was a mix of book on the day or routine book ahead. We saw that the practice had availability of routine appointments with GPs and nurses within two days and urgent appointments were available on the same day.

Results from the national GP patient survey published in January 2016 showed lower or similar levels of patient satisfaction when compared to local and national averages:

- 65% of patients found it easy to contact the practice by telephone compared to the CCG average of 69% and national average of 73%.
- 86% of patients said the last appointment they made was convenient compared to the same CCG and national averages of 92%.
- 58% of patients felt they did not have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.
- 61% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.

### Listening and learning from concerns and complaints

We reviewed the system within the practice for handling complaints.

- Complaints were being shared and discussed at practice meetings.
- The practice held annual meetings to review complaints and any trends were identified.
- Staff told us that verbal complaints would be added to the patient notes. This system was not robust as when recorded in this way, the comments could be prejudicial and would only be picked up opportunistically.

We reviewed three written complaints received in the previous nine months. We saw that the practice dealt with the complaints according to their obligations detailed in the complaints regulations. Reviews had been carried out and written letters sent or face to face meetings held. For example, one complainant had detailed problems experienced with the appointment system. The practice had responded in writing to the patient detailing how the system worked. In addition, a refresher session for reception staff was arranged to discuss how the appointment system is communicated.



# Are services well-led?

Inadequate 

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

## Our findings

### Summary of concerns found during previous inspections

- There was no clear strategy to assist staff to deliver high quality care.
- There were no formal governance arrangements and staff were not aware of what governance meant to the practice.
- There was no systematic programme of clinical audit to monitor quality and systems at the practice.
- There was no formal process for identifying, managing and reducing risk.

### Vision and strategy

Staff told us that the focus has been to meet the standards required and an interim strategy had been formulated and documented with support from NHS England and the local Clinical Commissioning Group (CCG). There was a business plan in place which noted the practice mission statement and values.

### Governance arrangements

Following our previous inspection there had been some improvement within areas of governance management:

- Policies and protocols had been produced and implemented.
- A schedule of meetings had been produced for 2016.
- A robust system had been implemented to manage patients on high risk medication.

Areas of improvement that had been required to be made following the previous inspection had not been met:

- The practice had not taken enough action to improve the application of nationally recognised guidance. For example, National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw that care provided did not always reflect best practice guidance.

We found one new area of concern:

- Clinical safety alerts were not always acted on to safeguard patient safety.

### Leadership and culture

The leadership team within the practice had remained constant since September 2015. During the period of special measures, and assisted by NHS England in some areas, the practice had shown signs of improvement.

The practice manager had addressed the warning notice under regulation 17 and the requirement notice under regulation 19. For example health and safety policies and protocols had been implemented, recruitment checks were carried out and practice policies had been introduced.

We saw, at times, a lack of clinical input and understanding or knowledge of the level of risk involved from the GPs. For example, a process to manage safety alerts had been implemented by the practice manager but the required clinical actions had not been completed. The practice had taken steps to address this and had secured the services of a clinical commissioning group (CCG) pharmacist for two days per week. In addition the practice had employed a pharmacist for one day per week.

During the inspection we saw that one GP experienced difficulty accessing information when asked. For example, the GP had to be supported by a nurse to navigate around the clinical system and was unable to find the folder that contained clinical alerts. The GP was unable to provide meeting minutes and significant event review forms held in the practice's shared electronic folder.

The provider's compliance with legislative requirements over time was poor. Out of three inspections undertaken since 2015, breaches of regulation had been found on each occasion. Recurrent themes relating to clinical governance such as medication shown as issued by non-qualified staff had been identified.

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

The practice had an active patient participation group (PPG) who worked with staff on a regular basis. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). We spoke with a member of the PPG who was very supportive of the practice. They told us that the practice had provided them personally with a good service and that staff were willing to listen to patient's ideas on how services could be improved. For example, the practice had modified their appointment system in response to suggestions and satisfaction surveys from the PPG.

# Are services well-led?

Inadequate 

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

Staff told us they felt able to provide feedback and discuss any issues in relation to the practice. Most staff had received annual appraisals and the remainder had been scheduled. Following appraisals, personal development plans were completed.

## Continuous improvement

There was little innovation or service development. However the action plan agreed with NHS England to meet the regulations had been prioritised and reports sent weekly for the timely processing of patient blood test results evidenced immediate and sustained improvement followed the March inspection.



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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Clinical records had been amended by practice staff acting beyond their levels of competence.
Maternity and midwifery services	The provider did not operate an effective system to receive and take appropriate action on alerts issued by the Medicines and Healthcare Regulatory Agency about medicines.
Surgical procedures	This was in breach of regulation 12 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	