Dr Joseph

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Joseph on 7 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr Joseph on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 31 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 July 2016. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- The practice sought feedback from staff and patients; however, the principal GP did not always take account of these results or act on them.
- Patients said they were treated with compassion, dignity and respect. However, they did not always feel they were listened to by clinical staff.
- The practice did not have a governance framework to support the delivery of good, personalised care.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However the Practice Nurse had not had induction training.
- Data showed patient outcomes were comparable to the national average.
- No new audits had been carried out since the last inspection and we saw no evidence that audits were driving continuous improvement to patient outcomes.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure there are systems and processes in place to assess, monitor and improve the quality and safety of the services being provided by developing clinical quality improvement activity an on-going audit programme of clinical areas.
- Ensure recruitment procedures and policies are established and operated effectively, such as obtaining references and the appropriate checks through the Disclosure and Barring Service, to confirm that staff employed are of good character.
- Ensure that all new staff have completed a comprehensive induction process.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.

The areas where the provider should make improvement are:

- Consider the provision of more management support to improve leadership and support to staff. Review the availability of nurse appointments to see if it is sufficient to meet patients' needs.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- Records showed qualifications and registration with the appropriate professional body had been carried out by the practice prior to employment of staff and whilst all files contained recent DBS checks none of those seen had been completed by the current employer or risk assessments undertaken when disclosures were highlighted.

Are services effective?

Requires improvement

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

- Staff worked with other health care professionals but generally on an ad-hoc bases and record keeping was limited.
- Clinical audits had been carried out however there was no on-going programme of clinical quality improvement activity.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly comparable to CCG and national averages. The only areas that the practice fell below were in dementia, depression and mental health.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff although one new member of staff had not had an effective induction to the practice.

Are services caring?

Requires improvement

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

- Data from the 2017 national GP patient survey showed that patients rated the practice lower than others for most aspects of care provided by GPs but better for the care provided by nurses. For example, 69% of patients said they had confidence and trust in the last GP they saw compared to 85% of patients having confidence and trust in the nurses.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to by clinical staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Requires improvement

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

- The practice is rated as requires improvement for providing responsive services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There were accessible facilities and translation services available; however, there was no hearing loop for people with hearing difficulties.
- A female GP with specialist interest in gynaecology was available every Wednesday morning. At the time of the inspection, however, she had been off for a few weeks and there were no plans in place to offer an alternative.
- Nurse appointments were only available on Monday and Thursday between 8:30am and 2:30pm.

Summary of findings

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The GP had a vision to provide good, personalised care.
- We saw that the practice encouraged feedback from patients, the public and staff; however, we found that concerns raised were not always taken seriously or acted on by the lead GP and thus improvements or changes suggested did not always happen.
- The governance framework was not effective and therefore did not support the delivery of good quality care.
- There was a leadership structure but staff didn't always feel supported due to the practice currently only having an Interim Practice Manager.
- The practice had a number of policies and procedures to govern activity but these had been copied from another surgery and some of them still had those surgery details contained within them.
- Due to a local practice closing, the practice had to increase its list size by just under 20% but had not increased the number of nursing appointments available. A nurse was available for two mornings per week and the provider felt this to be adequate.

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 all key questions. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for all key questions. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

- Clinical staff had lead roles in chronic disease management, however, there were insufficient nursing staff to adequately monitor these patients.
- Performance for diabetes related indicators was lower than the national average. For example, 37% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 70% for CCG average and 78% for national average. This was a decrease from the previous year's figures.
- All these patients had a named GP. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for all key questions. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

- We did not see examples of joint working with midwives, health visitors and school nurses.

Summary of findings

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 82% and the national average of 82%. However, the practices exception reporting was 10% for this indicator, which was higher than the CCG average of 5% and national average of 6%.
- Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- Appointments were available outside of school hours.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for all key questions. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

- 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 offered extended hours on Mondays until 8.00pm and online services were available for ordering of repeat prescriptions and appointment bookings.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for all key questions. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for all key questions. The resulting requires improvement overall rating applies to everyone using the practice, including this patient population group.

- All patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was above the national average of 86%.
- Although performance for mental health related indicators was below the national average, all patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to the CCG average of 91% and the national average of 89%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice did not have a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. Three hundred and sixty three survey forms were distributed and 102 were returned. This represented 3.5% of the practice's patient list.

- 46% of patients are satisfied with the surgery's opening hours compared to the CCG average of 70% and the national average of 76%.
- 69% 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 81% and the national average of 84%.
- 45% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.
- 32% 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 70% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards of which all were positive about the standard of care received.

We spoke with three members of the Patient Participation Group (PPG) and six patients on the day of inspection. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said that staff responded compassionately when they needed help and provided support when required.

Dr Joseph

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser, a Nurse Specialist Adviser and an Expert by Experience.

Background to Dr Joseph

Dr Joseph's practice is located at 42 Chase Cross Road, London, RM5 3PR and provides GP primary medical services to approximately 2,920 patients living in the London Borough of Havering. The number of patients had increased by 433 at the end of 2016 due to a local practice closing down. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services.

The practice has one male GP and a female GP providing nine GP sessions a week. The practice employs one female nurse providing two nursing sessions per week. There is an Interim Practice Manager supporting the practice for four hours per week and four administration and reception staff.

The practice is open between 8.30am to 1pm in the morning and 4pm to 6.30pm, Monday to Friday, with the exception of Wednesdays, when the practice closes at 12pm. The practice telephone lines are open between 8.30am to 12.30pm in the mornings and 2.30pm to 6.30pm in the evenings. Although appointments are from 9.30am to 11.30am every morning and 5pm to 6.30pm daily, patients are able to have telephone consultations with a GP before 9:30. Extended hours appointments are offered every Monday between 6.30pm and 8pm. When the practice telephone lines are closed, they are diverted to the out of hour's providers.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice is similar to that of other practices in Havering CCG. The life expectancy of male patients is 79 years, which is the same as the CCG and national average. The female life expectancy at the practice is 84 years, which is the same as the CCG average and one year higher than the national average of 83 years. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

We carried out an announced comprehensive inspection at Dr Joseph on 7 July 2016. The overall rating for the practice was requires improvement and Requirement Notices were issued in respect of Regulation 17 HSCA (RA) Regulations 2014 Good governance.

The regulation was not being met because:

- The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.
- They failed to seek and act on feedback from patients and staff for the purpose of continually evaluating and improving services.

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

The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Dr Joseph on our website at www.cqc.org.uk.

Detailed findings

Why we carried out this inspection

We carried out an announced comprehensive inspection of this service on 7 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The full comprehensive report on the July 2016 inspection rated the practice as good for providing safe, effective and responsive services and requires improvement for providing caring and well-led services. The practice was rated as requires improvement overall. The report can be found by selecting the 'all reports' link for Dr Joseph on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection and was carried out on 31 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 July 2016. This report covers our findings in relation to those requirements.

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 31 August 2017. During our visit we:

- Spoke with a range of staff (one GP, one practice nurse, the interim practice manager and three administration/ reception staff) and spoke with three members of the PPG and six patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- and experiences of the service.
- Visited the practice location.
- 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 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).

Requires improvement

Are services safe?

Our findings

At our previous inspection on 7 July 2016, we rated the practice as being good for providing safe services.

However, when we undertook this inspection, we found that arrangements had not been maintained and so the practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the Principal GP of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology in a timely manner and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, MHRA and other clinical safety alerts, incident reports and minutes of meetings where these were discussed. We saw evidence that investigations were being carried out in a timely manner, lessons were shared and action was taken to improve safety in the practice. For example, a patient who was not registered at the practice was referred by them for a Magnetic Resonance Imaging (MRI) scan. The appropriate investigations were carried out and we saw evidence of procedures being put in place to prevent this happening again.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse.

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and other guidance documents were accessible to all staff. The policies and other documents were copied from a practice that the Interim Practice Manager was working in and contained that practice's details including safeguarding leads. These policies have since been updated to accurately reflect who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding. GPs were trained to child protection or child safeguarding level three, the nurse to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and all areas accessible to patients were tidy. There were written cleaning schedules that indicated the frequency and method of domestic cleaning to be carried out in the practice. Staff told us they carried out daily visual checks of the cleanliness of the practice environment.
- A spillage kit was available in the practice so that staff could respond adequately to any spillage of body fluids. There was an infection control protocol and all clinical staff had received up to date infection prevention and control training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions and high risk medications. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found all appropriate recruitment checks had been undertaken at the time prior to employment. Records showed qualifications and registration with the appropriate professional body had been carried out by the practice

prior to employment of staff and whilst all files contained recent DBS checks none of those seen had been completed by the current employer or risk assessments undertaken when disclosures were highlighted.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. 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 a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Although there was a rota system in place for all the different staffing groups to ensure enough staff were on duty, staff and patients felt that there were insufficient nursing appointments available.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in the lead GPs room and all staff knew of their location. All these medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 July 2016, we rated the practice as being good for providing effective services.

However, when we undertook this inspection, we found that arrangements had not been maintained and so the practice is now rated as requires improvement for providing effective services.

Effective needs assessment

The practice 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.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) 2015-2016 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 83% of the total number of points available compared with the CCG average of 92.5% and the national average of 95.3%. The practice, however, had a very low exception rate of 5.8% when compared to the CCG average of 10.2% and the national average of 10%.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. For example, 37% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 70% for CCG average and 78% for national average.
- Although overall performance for mental health related indicators was below both the CCG and the national averages, all seven patients (100%) with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average.
- Dementia related indicators were comparable to both the CCG and the national averages, with four patients (100%) diagnosed with dementia having had their care reviewed in a face to face meeting in the last 12 months, compared to 91% for CCG average and 89% for national averages.

There was limited evidence of quality improvement including clinical audit:

There had been two clinical audits in the last 18 months but we could see no evidence of clinical quality improvement activity with nothing on-going or planned for the future. Both of the audits were completed audits where the improvements made were implemented and monitored. One audit focussed on patients who had presented with urinary tract infection (UTI) symptoms in the past and who hadn't responded to trimethoprim therapy. They were prescribed nitrofurantoin and on re-audit it was found that all patients who were prescribed with nitrofurantoin responded well to their UTI symptoms.

Effective staffing

Some staff didn't have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a documented induction programme for newly appointed staff. Although the Practice Nurse was an experienced nurse from another practice we were told that she had received very little induction training, relevant to this practice, when she started. However, we saw that clinical staff had completed all mandatory training, including safeguarding and infection control, fire safety, health and safety training and basic life support within the last 12 months. Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update meetings at the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff said that they had access to appropriate training to meet their learning needs and to

cover the scope of their work. This included on-going support, one-to-one meetings and clinical supervision. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We asked clinical staff to show us examples of completed care plans.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- All patients had a named GP.

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals and we saw recent minutes from these meetings evidencing that care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Advice on patients' diet and smoking cessation advice was available from the health care assistant or local support groups.

Data from QOF showed that the practice's uptake for the cervical screening programme was 76%, which was similar to the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data available from QOF showed the practice was performing in line with CCG and national averages for both programmes with 69% of women attending breast screening in the last three years compared with the CCG average of 70% and the national average of 73%. For bowel screening there had been 47% attend in the last two and a half years, slightly below the CCG and national average of 54 and 56%.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were below standard when compared to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 59% to 83% (CCG average 61% to 85%) and five year olds from 73% to 89% (CCG average 74% to 86%).

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

Requires improvement

Are services caring?

Our findings

At our previous inspection on 7 July 2016, we rated the practice as requiring improvement for providing caring services.

However, when we undertook this inspection, we found that arrangements had not improved and so the practice is still rated as requires improvement for providing caring services.

Respect, dignity, compassion and empathy

We observed 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.
- 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 and they could offer them a private room to discuss their needs.

We spoke with three members of the patient participation group (PPG) and six patients on the day of inspection. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients said that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 39% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%. This was down from the previous survey's figure of 52%.
- 42% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%. This was down from the previous survey's figure of 54%.
- 69% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%. This was down from the previous survey's figure of 71%.
- 35% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%. This was down from the previous survey's figure of 43%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%. This was up from the previous survey's figure of 70%.
- 81% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 91% and national average of 92%. This was up from the previous survey's figure of 68%.
- 79% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 90% and national average of 91%. This was up from the previous survey's figure of 67%.

On the day of inspection, all patients told us that they were happy with their treatment at the surgery and they all felt that the GPs and nurses treated them with care and concern. All patients we spoke to on the day of inspection said the reception staff were caring and helpful, which supported the results from the national GP patient survey:

- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Most patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey did not align with what the majority of patients told us on the day of inspection about their involvement in planning and making decisions about their care and treatment. Results were below the local and national averages. For example:

Requires improvement

Are services caring?

- 35% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%. This was down from the previous survey's figure of 58%.
- 33% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%. This was down from the previous survey's figure of 46%.
- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%. This was up from the previous survey's figure of 70%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%. This was up from the previous survey's figure of 65%.

After the July 2016 inspection, the practice carried out a random in house survey to monitor patient feedback about their consultation with the GPs and nurse. The questionnaire consisted of 13 questions, covering questions on whether the patients felt they were given enough time, if they were able to express all their concerns, if the GP listened to them and if the GP explained any treatment or tests. The survey results showed approximately 22% of patients rated their last consultation with the GP as very good, 44% as good and 33% as fair. Although not directly comparable to the July 2017 GP patient survey results,the in-house survey does evidence good results for caring and compassion.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient/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.

The practice did not have a system to code carers on their computers and therefore did not know how many carers they had. Written information, however, was available to direct carers to the various avenues of support available to them. The practice informed us that staff knew all their patients well and were aware of which patients had carers. However, in most cases, the carer was not registered at their practice. The practice subsequently informed us that they had 44 carers recorded on their clinical system which represented 1.5% of the practice list.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 July 2016, we rated the practice as being good for providing responsive services.

However, when we undertook this inspection, we found that arrangements had not been maintained and so the practice is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening between 6.30pm and 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, some of whom had received an annual health review, with others planned over the coming months.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities and translation services available; however, there was no hearing loop for people with hearing difficulties.
- A female GP with specialist interest in gynaecology was available every Wednesday morning. At the time of the inspection, however, she had been off for a few weeks and there were no plans in place to offer an alternative.
- Nurse appointments were only available on Monday and Thursday between 8:30am and 2:30pm.

Access to the service

The practice was open between 8.30am to 6:30pm with the exception of Wednesdays, when the practice closed at 1pm. The practice telephone lines were open between 8.30am to 12.30pm in the mornings and 2.30pm to 6.30pm in the evenings. Appointments were from 9.30am to 11.30am every morning and 5.00pm to 6.30pm daily. Extended hours appointments were offered every Mondays between 6.30pm and 8.00pm. When the practice telephone lines were closed, between 12:30pm and 2:30pm and after 6:30pm they were diverted to the out of hours providers. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to national averages.

- 46% of patients were satisfied with the practice's opening hours, which was lower than the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone, which was comparable to the national average of 71%.

People told us on the day of the inspection, and we noted from the comment cards, that they were able to get appointments when they needed them and they could usually get through to someone at the practice on the phone quickly.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice. We saw that information was available to help patients understand the complaints system.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Two complaints had been received by the practice during the last 12 months. We looked at both and found they had been satisfactorily handled, dealt with in a timely way with openness and transparency. After a complaint, it became clear to the practice that patients were not always clear of the need to return to the consultant for the results. This was discussed with all staff and reception staff now advise patients to contact the consultant in the first instance.

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 7 July 2016, we rated the practice as requires improvement for providing well-led services as the governance framework was not effective and did not support the delivery of good quality care.

We issued a requirement notice in respect of these and other issues including not doing all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided and failing to seek and act on feedback from patients and staff for the purpose of continually evaluating and improving services.

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

However, when we undertook this inspection, we found that arrangements had not improved and so the practice is still rated as requires improvement for being well-led.

Vision and strategy

The practice had a vision to deliver personalised, good quality care for patients.

- The practice did not have a mission statement and staff were not aware of the values of the practice or its ethos.
- The practice did not have a strategy and supporting business plan.

Governance arrangements

The practice did not have a governance framework to support the delivery of good, personalised care.

- There was a staffing structure and staff were mostly aware of their own roles and responsibilities.
- The practice manager had recently left and there was no full time replacement. There was an interim practice manager was available for four hours per week. The Provider felt that this provided sufficient managerial input, although staff that we spoke to on the day did not agree with this. Some practice specific policies were implemented and were available to all staff. There were, however, a large number of policies that we saw on the day of inspection that were not practice specific but which contained details of another practice that the interim practice manager was looking after.
- An understanding of the clinical performance of the practice was maintained by the use of QOF results.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included the completion of DBS checks by the current employer or risk assessing when disclosures were highlighted.
- There was no regular programme of clinical quality improvement activity or internal audit, to monitor quality and to make improvements, in place. We were shown two audits on the day of inspection but these were the same two audits that we were shown when we inspected the practice in July 2016. As they had not been updated, and no other two cycle audits had been completed, we were unable to determine whether the intervention had any on-going effect on patient outcomes. We were subsequently provided with examples of two further audits which show some examples of quality improvement activity and which should show improvement in patient care. These audits looked at patients taking methotrexate and whether blood tests had been carried out prior to prescribing methotrexate, and the success rate in treating patients with asthma in the community.

Leadership, openness and transparency

On the day of inspection we were told by staff that the practice prioritised safe, high quality and compassionate care. Staff told us the GP partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with 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).This included support and training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Requires improvement

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

- The practice kept written records of verbal interactions as well as written correspondence.

Due to the departure of the practice manager, the previous leadership structure, led by the practice manager, was no longer in place. However, all staff still felt supported by the partners.

- Staff told us the practice held regular meetings, which included management meetings, clinical meeting (including significant event/complaints), and individual team meetings.
- Most staff felt they had the opportunity to raise any issues. They told us they felt informed about changes through meetings and other communication methods within the practice.
- We found a lack of awareness of the practice vision and business plan amongst non-clinical and some clinical staff.
- Almost all staff spoke positively about working at the practice. Staff said they felt respected, valued and supported, by the partners. There was, however, a concern about the lack of management support.
- We were told about GP and staff shortages and the impact this had on staff wellbeing. However, all staff were positive about their roles and the provision of care to the patients.

The Practice Nurse worked two mornings per week which the Provider felt was adequate to deal with all the nursing and long term condition management requirements of the practice list.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year and submitted proposals for improvements to the practice management team. We did not see, however any evidence of these suggestions being acted upon. Previously the PPG had suggested more nursing sessions to be made available and had been told that the practice was working towards increasing nursing sessions. This has not happened.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

We did not identify any specific areas of innovation in the delivery of services at the practice nor did we see any evidence of clinical quality improvement activity.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not have effective systems in place to assess, monitor and improve the quality and safety of the services being provided In particular: • There was no on-going programme of clinical audit. • There was no system in place to improve and monitor patient satisfaction so that it is in line with national survey results. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The registered person did not have effective systems in place to ensure that recruitment procedures and policies are established and operated effectively. In particular: • obtaining references and the appropriate checks through the Disclosure and Barring Service, to confirm that staff employed are of good character. • ensuring that all new staff have completed a comprehensive induction process. This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014