

Bowburn Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

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

We carried out an announced comprehensive inspection at Bowburn Medical Centre on 13 July 2017. Overall the practice is rated as inadequate.

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

- The practice is run by a partnership. However, only one partner is active at the location; providing a clinical service and leadership with some help from salaried GPs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The vast majority of patients said they were treated with compassion, dignity and respect. Some indicators from the National GP Patient Survey relating to patients being involved in their care and decisions about treatment were below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- Patients did not always have access to appropriate health assessments and checks. None of the ten patients with learning disabilities had received health checks in the previous 12 months.
- There was no recorded evidence to show that patient safety alerts had been actioned and relevant searches carried out to determine if any patients were affected.
- Staff were not always supported to participate in training and development and there were some gaps in management and support arrangements for staff.
- There was a lack of good governance; for example the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were poor and there was an ineffective system for reporting and recording significant events.
- Staff we spoke with were aware of their own roles and responsibilities.

The areas where the provider must make improvements are:

Summary of findings

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

In addition, the provider should:

- Take steps to improve access to the premises. The external door did not open automatically and there were no facilities for patients who needed assistance to summon support.
- Review the recent results from the National GP Patient Survey and develop an action plan to address the issues raised.

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

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an ineffective system for reporting and recording significant events;
- The arrangements for staff recruitment were unsatisfactory.
- There was no recorded evidence to show that patient safety alerts had been actioned and relevant searches carried out to determine if any patients were affected.
- The risks associated with anticipated events and emergency situations were not fully managed; risk assessments were in place but action had not been taken to address areas of weakness.
- The practice was clean and hygienic and some infection control arrangements were in place.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Inadequate



Are services effective?

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

- Data showed patient outcomes were above national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 97.5% of the points available. This was above the national average of 95.3%.
- Staff were aware of current evidence based guidance.
- There was evidence of some quality improvement including clinical audit, although this was at an early stage, which we were informed was due to workload pressures.
- Staff were not always supported to participate in training and development and there were some gaps in management and support arrangements for staff.
- Patients did not always have access to appropriate health assessments and checks. Patients with learning disabilities had not received health checks in the previous 12 months.

Requires improvement



Summary of findings

Are services caring?

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

- Data from the National GP Patient Survey showed patients rated the practice below others for most aspects of care.
- Survey information we reviewed showed that some patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment.
- However, patients we spoke with said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The vast majority of the CQC comment cards completed by 44 patients were positive about the care provided by staff at the practice.
- The practice had identified 72 patients (1.8% of the practice list) as carers. They were offered health checks and referred for social services support if appropriate. Arrangements were in place to support families who had suffered bereavement.

Requires improvement



Are services responsive to people's needs?

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

- The practice understood the local population profile and had used this understanding to meet some needs of the population. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice employed an enhanced service nurse to provide care for vulnerable patients.
- The needs and preferences of patients with life-limiting conditions were taken into account.
- The practice's scores in relation to access in the National GP Patient Survey were below average. The most recent results (published in July 2017) showed 59% of patients were satisfied with the practice's opening hours, compared to the CCG and national average of 76%. The practice's score on the experience of making an appointment was below average (63% of patients said this was good, compared to the national average of 73%).
- However, patients we spoke with 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.

Requires improvement



Summary of findings

- Information about how to complain was available but evidence from seven examples reviewed showed the practice did not always formally document their response. Learning from complaints was not shared with staff and other stakeholders.

Are services well-led?

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

- The practice did not have a clear vision; there was a mission statement in place but no supporting strategy or business plan to set out how the aims and objectives would be achieved.
- There was a lack of good governance and the number of concerns we identified during the inspection reflected this.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were poor.
- There was an ineffective system for reporting and recording significant events; some issues had been reported but not recorded or properly investigated.
- The arrangements for managing complaints were weak; some had not been responded to and lessons learned were not always shared with relevant staff.
- The staffing structure was unclear; although staff we spoke with were aware of their own roles and responsibilities.
- Staff told us that there was an open culture within the practice and said they felt respected, valued and supported.

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

The practice is rated as inadequate for the care of older people. This is because the practice was rated as requires improvement for effective, caring and responsive and inadequate for providing safe and well led services.

There were some examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life and involved those patients in planning and making decisions about their care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of patients with long-term conditions. This is because the practice was rated as requires improvement for effective, caring and responsive and inadequate for providing safe and well led services.

There were some examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice scored well in the Quality and Outcomes Framework (QOF). This rewards practices for managing some of the most common long term conditions. For example, performance for asthma related indicators was better than the national average (100% compared to 97% nationally). QOF exception rates were below average (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Inadequate



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. This is because the practice was rated as requires improvement for effective, caring and responsive and inadequate for providing safe and well led services.

There were some examples of good practice.

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice's uptake for the cervical screening programme was 79.1%, which was slightly below the national average of 81.4% and the CCG average of 83.2%.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). This is because the practice was rated as requires improvement for effective, caring and responsive and inadequate for providing safe and well led services.

Inadequate



Summary of findings

There were some examples of good practice.

- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.
- However, the practice did not offer any extended hours surgeries for those patients who worked during normal opening hours.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. This is because the practice was rated as requires improvement for effective, caring and responsive and inadequate for providing safe and well led services.

There were some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances, including homeless people and those with a learning disability.
- 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 and out of hours.
- Arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment; 72 patients (1.8% of the practice list) had been identified as carers.
- However, patients with learning disabilities had not received health checks in the previous 12 months. One of the nurses had identified this and had put plans into place to ensure that all 10 patients received a health check over the coming months.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). This is because the practice was rated as requires improvement for effective, caring and responsive and inadequate for providing safe and well led services.

There were some examples of good practice.

Inadequate



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is slightly below the national average of 84%.
- Performance for mental health related indicators was above the national average (100% compared to 92.8% nationally). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, was 92%, compared to the national average of 89%. Although, the exception rate for recording levels of lithium was above average (20%, compared to the national average of 9.5%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice employed an enhanced service nurse to provide care for vulnerable patients including housebound, frail elderly, those with dementia and patients requiring palliative care. They worked closely with patients and their families; they developed personalised care plans and were a point of contact to ensure patients had access to advice and support as needed.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system 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

We spoke with eight patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 CQC comment cards; of which the vast majority were positive about the standard of care received.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Most patients were happy with the appointments system.

However, the National GP Patient Survey results published in July 2017 showed the practice was performing below local and national averages in several areas. There were 103 responses (from 286 sent out); a response rate of 36%. This represented 2.5% of the practice's patient list. Of those who responded:

- 77% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 86% and a national average of 85%.
- 57% found it easy to get through to this surgery by phone, compared with a CCG average of 73% and a national average of 71%.
- 76% found the receptionists at this surgery helpful, compared with a CCG average of 88% and a national average of 87%.
- 80% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG and national average of 84%.
- 70% said the last appointment they got was convenient, compared to the CCG average of 83% and the national average of 81%.
- 63% described their experience of making an appointment as good, compared with a CCG average of 74% and a national average of 73%.
- 72% usually waited less than 15 minutes after their appointment time to be seen, compared with a CCG average of 70% and a national average of 64%.

Areas for improvement

Action the service **MUST** take to improve

Ensure care and treatment is provided in a safe way to patients.

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties.

Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed. Ensure specified information is available regarding each person employed.

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

Action the service **SHOULD** take to improve

Take steps to improve access to the premises. The external door did not open automatically and there were no facilities for patients who needed assistance to summon support.

Review the recent results from the National GP Patient Survey and develop an action plan to address the issues raised.

Bowburn Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a further CQC inspector.

Background to Bowburn Medical Centre

Bowburn Medical Centre provides care and treatment to around 4,000 patients in the town of Bowburn, County Durham. The practice is part of North Durham clinical commissioning group (CCG) and operates on a General Medical Services (GMS) contract agreement for general practice.

The practice provides services from the following address, which we visited during this inspection:

- Bow Street, Bowburn, Durham, DH6 5AL.

The provider is registered with CQC as a partnership of two GP partners. However, only one partner is active at the location; providing a clinical service and leadership with some help from salaried GPs.

The practice is located in a purpose built single storey building. There is on-site parking, accessible parking, an accessible WC, wheelchair and step-free access.

Opening hours are between 8.30am and 1pm then 2pm to 6pm Monday, Tuesday, Wednesday and Friday then between 8.30am and 1pm on Thursdays. The practice has a contact with the local CCG to provide cover from 6pm. Patients can book appointments in person, on-line or by telephone.

Appointments with a GP or nurse practitioner are available at the following times:

- Monday - 8.30am to 11.40am; then from 2.50pm to 5.40pm
- Tuesday – 8.30am to 11.40am; then from 2.50pm to 5.40pm
- Wednesday – 8.30am to 11.40am; then from 2.50pm to 5.40pm
- Thursday – 8.30am to 11.40am
- Friday – 8.30am to 11.40am; then from 2.50pm to 5.50pm

A doctor is available every Thursday afternoon until 6pm. Telephone calls are answered throughout the day, until 6pm each week day, at all other times an answer machine message directs patients to the NHS 111 service.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and the local CCG.

The practice has:

- two GP partners (both male), although only one is active in the practice,
- one nurse practitioner and two practice nurses (all female),
- a clinical pharmacist
- a practice administrator, and
- four staff who carry out reception and administrative duties.

The age profile of the practice population is broadly in line with the CCG averages, but there is a higher than average proportion of patients under the age of 18 (22.3% compared to the CCG average of 18.8%). Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including the local clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 13 July 2017. During our visit we:

- Spoke with a range of staff (a GP, a practice nurse, the practice clinical pharmacist, the practice administrator and three members of the administrative team) and
- Spoke with patients who used the service.
- Spoke with members of the patient participation group.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice.
- Looked at information the practice used to deliver care and treatment.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was ineffective.

- Staff told us they would inform the practice administrator of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Prior to the inspection we requested details of serious adverse events over the past 12 months. The practice provided us with details of one such event. We saw this had been reviewed and lessons learned shared with staff.
- However, during the inspection we found evidence of further issues which had been reported but not recorded as significant events. This included a medicines error and a prescription being requested for a patient of a different practice.
- We discussed the process for dealing with safety alerts with staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Any alerts were initially received by one of the practice nurses; information was then forwarded to clinicians and other staff where necessary. However, there was no recorded evidence to show that alerts had been actioned and relevant searches carried out to determine if any patients were affected. There were no arrangements in place to discuss the alerts at appropriate meetings to ensure all relevant staff were aware of any necessary actions.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety, but these were not always effective:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff, although they did not contain details about 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 interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and nurse practitioner were trained to child safeguarding level three and the nurses to level two.
- Notices advised patients that chaperones were available if required. However, not all staff who acted as chaperones were trained for the role and one had not 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).

The practice appeared clean and hygienic, but monitoring arrangements were not satisfactory.

- We observed the premises to be clean and tidy. However, at the time of the inspection there were no cleaning schedules or monitoring systems in place. Staff told us they had prepared cleaning schedules and were going to implement a checking system in the following week.
- One of the practice nurse's was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but staff had not received up to date training. An infection control audit had recently been undertaken and an action plan to address any improvements identified was in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

(PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- Some medicines are required to be stored in refrigerators; records of current, minimum and maximum temperatures were held; this ensured that appropriate temperatures had always been maintained.

We reviewed the personnel files of the two most recently recruited staff members (most staff had worked at the practice for many years). The practice was not able to provide evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

There were no processes in place to provide assurance that clinical staff employed by the practice remained registered with their professional body (For GPs this is the General Medical Council (GMC) and for nurses this is the Nursing and Midwifery Council (NMC)). We reviewed the GMC and NMC registers and saw staff's registrations were up to date.

Monitoring risks to patients

There were some procedures for assessing, monitoring and managing risks to patient and staff safety but these were not always effectively followed.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment. This had identified a number of areas which required improvement. At the time of the inspection three out of six actions, including holding twice annual fire drills and the testing of the electrical circuits, had not been carried out and there were no timescales in place to rectify this.
- All electrical equipment and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice also 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 type of bacteria found in the environment which can contaminate water

systems in buildings and can be potentially fatal). The legionella risk assessment had been carried in August 2015; three high priority, one medium priority and one low priority recommendations had been made. This included implementing a monitoring programme, training staff and maintaining a log of checks carried out. At the time of the inspection no action had been taken to address these issues.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Annual leave was planned well in advance and staff had been trained to enable them to cover each other's roles when necessary.
- At the time of the inspection there were several building checks which had not recently been carried out; this included a boiler, fire alarm and air-conditioning service. The practice arranged for the boiler service to be carried out two working days after the inspection and the fire alarm and air conditioning service 10 days later.

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 of the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training; some was overdue but a date in August had been arranged.
- The practice had a defibrillator and oxygen with adult and children's masks at each site. There were also first aid kits and accident books available.
- Emergency medicines were easily accessible to staff in secure areas of the surgeries and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage. Staff told us there was a document which had been drafted many years ago but had not been reviewed or updated to reflect current arrangements.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Regular clinical meetings were held, which were an opportunity for staff to discuss clinical issues and patients whose needs were causing concern.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The latest publicly available data from 2015/16 showed the practice had achieved 97.5% of the total number of points available, which above the England average of 95.3% and in line with the local clinical commissioning group (CCG) average of 97.8%.

At 9.6%, the clinical exception reporting rate was below the England and CCG average of 9.8% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect), although some individual exception rates were high.

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for mental health related indicators was better than the national average. The practice achieved 100% of the total points available, compared to the national average of 92.8%. Although, the exception rate for recording levels of lithium was above average (20%, compared to the national average of 9.5%).
- Performance for asthma related indicators was better than the national average. The practice achieved 100% of the total points available, compared to the national average of 97.4%.

- Performance for conditions associated with older patients, such as chronic obstructive pulmonary disorder (COPD), was better than the national average. The practice achieved 100% of the total points available for this condition, compared to the national average of 95.9%.
- Performance for diabetes related indicators was slightly below the national average. The practice achieved 86% of the total points available, compared to the national average of 89.8%. However, the exception rate for referring patients to a structured education programme was high (66.7% compared to the national average of 23%).

There was evidence of some quality improvement including clinical audit, although this was at an early stage, which we were informed was due to workload pressures. Staff were aware of this and were considering how best to approach quality improvement over the coming months:

- There had been one clinical audit over the past two years, where the improvements made were implemented and monitored. This was an audit of the treatment of patients with a urinary tract infection (UTI). An initial audit was carried out which showed clinical symptoms were documented in 67% of cases. Action was taken and the guidelines were circulated to clinicians. A further audit cycle was carried out and this showed an improvement, in that the clinical symptoms had been documented for 80% of cases.

Effective staffing

Staff were not always supported to participate in training and development and there were some gaps in management and support arrangements for staff.

- Many staff had not received an appraisal within the last 12 months. Two of nurses had had an appraisal with the GP but none of the four administrative staff had received an appraisal from a manager.
- Staff received some training that included: safeguarding, basic life support and fire safety awareness. Staff had access to and made use of e-learning training modules and in-house training. However, staff had not received all appropriate training to meet their learning needs and to cover the scope of their work. For example, recent training on infection control, information governance and the Mental Capacity Act had not been provided for all relevant staff.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate that some role-specific training and updates for relevant staff were arranged. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals when care plans were reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Although they had not received formal training, clinical staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those with a mental health condition.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Rates for the vaccinations given were better than national averages. For example, the practice scored 10 (out of 10) for their vaccination rate in under two year olds (national average 9.1).

The practice's uptake for the cervical screening programme was 79.1%, which was slightly below the national average of 81.4% and the CCG average of 83.2%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring a female sample taker was available. 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.

The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England from 2015/2016 showed that:

- 76.4% of females, 50-70, were screened for breast cancer in last 36 months, compared to the national average of 72.5%.

Are services effective?

(for example, treatment is effective)

- 62.5% the percentage of patients aged between 60 and 69 who had been screened for bowel cancer within the past 30 months was above the national average of 57.8%.

Patients had access to some health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate

follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However, patients with learning disabilities had not received health checks in the previous 12 months. One of the nurses had identified this and had put plans into place to ensure that all 10 patients received a health check over the coming months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.
- Paper patient records were securely stored; however, this was in an area behind reception and there was a risk that some names may have been visible. Staff were aware of this and were considering ways to screen the area off.

Results from the National GP Patient Survey, published in July 2017, showed patients were not always satisfied with how they were treated. The practice's scores were below local and national averages. For example, of those who responded:

- 91% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 74% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 86%.
- 95% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 78% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and the national average of 91%.
- 76% said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

However, the vast majority of the 44 CQC comment cards we received contradicted those results and were positive

about the service experienced. We spoke with eight patients during our inspection. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Results from the July 2017 National GP Patient Survey we reviewed showed some patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally below local and national averages. For example, of those who responded:

- 81% said the GP was good at listening to them, compared to the CCG and national average of 89%.
- 80% said the GP gave them enough time, compared to the CCG average of 87% and the national average of 86%.
- 69% said the last GP they saw was good at explaining tests and treatments, below the CCG average of 88% and the national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and the national average of 82%.
- 85% said the last nurse they spoke to was good listening to them, compared to the CCG average of 93% and the national average of 91%.
- 81% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 78% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

The Survey results had only been published in the week prior to the inspection so staff had not had a chance to review the information. Staff told us they did not expect the results to be as negative. The data had been collected in January, since then staffing changes had taken place. Previously both of the partners worked at both this practice and the other local practice, along with several other salaried GPs. Within the past month arrangements had changed so that GP cover was provided by one of the partners full time at Bowburn, supported at times by one of the salaried GPs.

However, 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

Are services caring?

had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

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.
- The Choose and Book service was available for patients as appropriate (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Notices and patient information leaflets were available in the patient waiting room; these told patients how to access a number of support groups and organisations. Information about support groups was also displayed on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 72 patients (1.8% of the practice list) had been identified as carers. They were offered health checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the local population profile and had used this understanding to meet some needs of their population. For example;

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had employed an enhanced service nurse to provide care for vulnerable patients including housebound, frail elderly, those with dementia and patients requiring palliative care. They worked closely with patients and their families; they developed personalised care plans and were a point of contact to ensure patients had access to advice and support as needed.
- The practice employed a clinical pharmacist to support the GP and nurses to resolve day-to-day medicines issues, managing and prescribing for long-term conditions and triaging and managing common ailments.
- The practice provided medical support to patients living in the local care home.
- There was step-free access to the surgery, however, the external door did not open automatically and there were no facilities for patients who need assistance to summon support.
- There was an accessible WC and translation services were available.
- The practice did not have a hearing loop; staff told us there had been plans to install a loop but no action had been taken to ensure this happened. However, some arrangements were in place to communicate with patients with hearing loss. For example, clinicians went to the waiting room to escort patients in for their appointment.

- The only permanent GP at the practice was male; however, patients were able to make an appointment with a female nurse practitioner or if necessary one of the female salaried GPs who provided cover at times.
- The practice did not offer any extended hours surgeries for those patients who worked during normal opening hours.

Access to the service

The practice was open between 8.30am and 1pm then 2pm to 6pm Monday, Tuesday, Wednesday and Friday and between 8.30am and 1pm on Thursdays. Appointments were available:

- Monday - 8.30am to 11.40am; then from 2.50pm to 5.40pm
- Tuesday – 8.30am to 11.40am; then from 2.50pm to 5.40pm
- Wednesday – 8.30am to 11.40am; then from 2.50pm to 5.40pm
- Thursday – 8.30am to 11.40am
- Friday – 8.30am to 11.40am; then from 2.50pm to 5.50pm

In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them. Telephone calls were answered until 6pm each week day, at all other times an answer machine message directed patients to the NHS 111 service.

Results from the National GP Patient Survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was generally below local and national averages. Although this contradicted what patients told us. For example, of those who responded:

- 80% were able to get an appointment to see or speak to someone the last time they tried, compared with a clinical commissioning group (CCG) and national average of 84%.
- 59% of patients were satisfied with the practice's opening hours, compared to the CCG and national average of 76%.
- 57% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 73% and the national average of 71%.
- 63% of patients described their experience of making an appointment as good, compared to the CCG average of 74% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 72% of patients said they usually waited less than 15 minutes after their appointment time, compared to the CCG average of 70% and the national average of 64%.

The vast majority of patients we spoke with on the day of the inspection were able to get appointments when they needed them.

However, some of the scores in the previous year's Survey in relation to access had also been below average. For example; 69% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and national average of 76%. Staff told us they were aware of the busy periods however; there had been no formal review of demand and capacity.

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.

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 but this was not always effective.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room although there was no information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the seven complaints received in the last 12 months and found not all were handled satisfactorily. For example, in three cases there was no written evidence that the practice had responded to the complainants. The practice said these had been responded to verbally. The practice had written to some complainants and had apologised where appropriate, however, two of those responses did not give the complainant advice on what to do if they were unhappy with the response to their complaint. The NHS complaints policy states that the response 'should also include details of your right to take your complaint to the relevant ombudsman'.

Some action had been taken to improve the quality of care. For example, following a complaint about a delay in taking action from a hospital discharge letter staff received further training. However, overall, complaints were not used as an opportunity to learn. It was not clear how lessons learnt from concerns and complaints were shared more widely with the team. Many of the actions taken were informal and had not been discussed or documented in any team meetings.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a clear vision; there was a mission statement in place but no supporting strategy or business plan to set out how the aims and objectives would be achieved.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of good quality care.

- The staffing structure within this practice was unclear. The provider is registered with CQC as a partnership of two GP partners. However, only one partner is active at the location; providing a clinical service and leadership with some help from salaried GPs. The practice website stated there was a practice business manager and an operations manager; these were not named on the staff list provided to us prior to the inspection. We were told that managers tended to work at the GP partners' other practice but provided support if necessary. There was no full time practice manager based at Bowburn, one of the administrative staff team acted as the main point of contact.
- Staff we spoke with were aware of their own roles and responsibilities. The GP, nurses and clinical pharmacist had lead roles in key areas.
- Practice policies were updated on an ad-hoc basis; there was no timetable in place to check policies to ensure they remained relevant. There were no follow up arrangements in place to check whether staff had read and understood the policies. Some of the policies made reference to organisations which no longer exist, for example, the 'Safeguarding Children' policy, approved on 10 July 2017 included references to primary care trusts (PCTs) which were abolished in 2013.
- Some of the clinical staff were unaware of recent patient safety alerts and there was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were poor. A number of risk assessments had been carried out but resulting actions to reduce risk had not been implemented.

- There was an ineffective system for reporting and recording significant events; some issues had been reported but not recorded or properly investigated.
- The arrangements for managing complaints were weak; some had not been formally responded to and lessons learned were not always shared with relevant staff.
- We also identified issues with infection control and support given to staff through training and appraisals, access to appointments and patient satisfaction. The lack of good governance had contributed to all of these issues.

Leadership, openness and transparency

The provider was aware of 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). However, the systems to ensure that when things went wrong with care and treatment patients were given reasonable support and a verbal and written apology were not effective. We found some complaints which had not been responded to.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and practice administrator.
- Separate clinical and nurse meetings were held but there were no full team meetings.
- Some staff were involved in discussions about how to run and develop the practice, for example, one of the nurses had suggested ways in which to ensure health checks for patients with learning disabilities were carried out.

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

The practice obtained feedback from patients and staff. They sought feedback from:

- patients through the recently established patient participation group (PPG).
- the NHS Friends and Family Test, and the National GP Patient Survey.
- staff through informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Inadequate 

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

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice employed an enhanced service nurse to provide care for vulnerable patients. The practice employed a clinical

pharmacist for a number of years to support the GP and nurses to resolve day-to-day medicines issues, managing and prescribing for long-term conditions and triaging and managing common ailments.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of services being provided. In particular:</p> <p>The arrangements for managing complaints were weak; some had not been formally responded to and lessons learned were not always shared with relevant staff.</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>There were no processes in place to provide assurance that clinical staff employed by the practice remained registered with their professional body.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <p>Some non-clinical staff had not received appraisals. There were gaps in training, including infection control and information governance.</p>

This section is primarily information for the provider

Requirement notices

Regulation 18 (2)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular; for the two most recently recruited members of staff the practice was not able to provide evidence that recruitment checks had been undertaken prior to employment.

The registered person had not ensured that all of the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular for the two most recently recruited members of staff; proof of identification, references and qualifications.

Regulation 19 (1) (2) (3)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The arrangements for dealing with safety alerts were ineffective. In some cases it was not clear whether Medicines and Healthcare products Regulatory Agency (MHRA) alerts had been actioned and relevant searches carried out to determine if any patients were affected.</p> <p>Patients with learning disabilities had not received health checks in the previous 12 months. One of the nurses had identified this, however, at the time of inspection none had taken place.</p> <p>There was an ineffective system for reporting and recording significant events; some issues had been reported but not recorded or properly investigated.</p> <p>Regulation 12 (1)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	