

Dr Bajen and Dr Blasco

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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

Previous inspections – We inspected this practice on 28 April 2016, the practice was rated as inadequate and placed into special measures. Further inspections were made on 31 January 2017 and 8 February 2017 and the practice remained rated inadequate overall and the period of special measures extended.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) – Requires improvement

We carried out an announced inspection at Dr Bajen and Dr Blasco on 27 March 2018 to follow up on breaches of regulation identified at our previous inspections.

At this inspection we found:

- The practice had made improvements since the last inspection, including the employment of a new practice manager. They had strengthened their governance and leadership systems but further improvements were required.
- The practice had some systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were adequate systems in place for the management and review of patients prescribed high-risk medicines.
- Despite being identified on previous inspections, prescription pads were not logged and the prescription stationery was not kept securely.
- Although there were appropriate emergency medicines on site, a number of staff did not know where these were kept.

Summary of findings

- There was no evidence of checks on the oxygen, no signage to alert to presence of a medical gas and some staff were unaware of where the oxygen was stored. Open single use masks were seen with the oxygen. There was no paediatric pulse oximeter.
 - The GP responsible for home visits did not carry any medicines and there was no risk assessment as to why they were not required.
 - There was no second thermometer on the vaccine fridge and no evidence that the primary thermometer was calibrated monthly to confirm accuracy. The plug on the medicines fridge could easily be removed.
 - Although there were recruitment checks in place, there was little or no evidence that some checks, required by legislation, were taking place.
 - The names of patients on old medical paper records were clearly visible from the reception area.
 - Two-week wait cancer referrals did not contain all required information.
 - There was no conflict of interest risk assessments for some members of staff who were also patients and these staff members had not signed a confidentiality agreement.
 - There was a system in place to regularly monitor the non-collection of prescriptions. However, we found some prescriptions for non-high risk medicines that had been awaiting collection for over a month. These had not been reviewed to assess for the potential reasons and health risks of non collection.
 - The practice delivered care and treatment according to evidence- based guidelines.
 - The practice had reviewed their clinical performance and set up clinics to ensure that patients received appropriate reviews.
 - Unverified data from the Quality and Outcomes Framework showed that there were improvements in performance from the previous year.
 - Some clinicians understanding of consent and deprivation of liberties safeguards (DoLS) was lacking.
 - Staff were not aware of how to use their IT system effectively to handover patient information to the out of hours providers.
 - Staff involved and treated patients with compassion, kindness, dignity and respect.
 - The practice had access to translation services however, several staff were unaware of how to access these services.
 - Staff had not received appraisals since 2016.
 - The practice had identified less than 1% of carers.
 - Patients spoken with had mixed views on the ease of use of the appointments system and access to care, although data from the national GP survey reflected that satisfaction rates were in line with or higher than local and national averages.
 - There was evidence that the practice had responded to comments/complaints about access and changed their telephone systems to reduce these issues. Evidence also showed that the patient participation group (PPG) had been consulted with on these changes.
 - Staff spoken with felt that improvement had been made and there were more structures in place since our previous inspections.
 - Staff told us they felt supported and able to raise concerns or suggestions.
 - Policies and procedures were being reviewed and updated as ongoing work. Some were due review and some contained incorrect information.
- The areas where the provider **must** make improvements as they are in breach of regulations are:
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
 - Ensure care and treatment is provided in a safe way to patients.
- The areas where the provider **should** make improvements are:
- Review the storage of paper medical records to protect patient confidentiality.
 - Implement a system to ensure that conflict of interest risk assessments take place where appropriate. Ensure all staff working at the premises with access to areas containing patient confidential information have signed a confidentiality agreement.
 - Review medicines fridge plug security and consider need for additional thermometer.
 - Prioritise the appraisal of staff.
 - Review processes relating to patient information to out of hours services.
 - Review systems for referrals.
 - Review staff awareness of facilities to support patients to access services.
 - Continue to review practice performance in relation to diabetes and mental health.

Key findings

- Continue to identify and support carers.

This service was placed in special measures in April 2016. Further inspections were made in January 2017, and October 2017 and the practice remained in special measures. Insufficient improvements have been made such that there remains a rating of inadequate for

safe. CQC is now taking further action against the provider Dr Bajen and Dr Blasco in line with its enforcement policy and will report further on this when it is completed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Dr Bajen and Dr Blasco

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC lead inspector. The team included a GP specialist adviser, and a practice manager adviser.

Background to Dr Bajen and Dr Blasco

The provider for this service is Dr Bajen and Dr Blasco. There are two GP partners; however, at the time of the last three inspections in: June 2016, January 2017, October 2017, and in this inspection, only one of the GP partners could practice.

The practice is also known as Rochford Medical Practice and is located centrally in Rochford town. The website address is www.rochfordmedicalpractice.co.uk.

The practice is a purpose built building shared with another GP provider. There is a pay and display car park available and there are good public transport links with a train station nearby.

The practice holds a personal medical services contract and the list size is approximately 8,900 patients.

The patient demographics shows an average population age distribution profile and an average deprivation score compared with local and national practice averages.

Are services safe?

Our findings

What we found at the inspection on 28 April 2016

The practice was rated as inadequate for providing safe services. We found documentation of significant events was inadequate for learning. There was no evidence of actions taken in response to patient safety and medicine alerts, and the storage of vaccinations was ineffective. Infection control processes had not been recorded in line with national guidance, no risk assessments in relation to the control of hazardous substances, and insufficient evidence that staff had been suitably trained in safeguarding. Prescriptions were not monitored or secure at all times, there was no monitoring process for patients prescribed high-risk medicines, and staff member's personnel records lacked recruitment documentation required by legislation.

What we found at the inspection on 31 January 2017 and 08 February 2017.

The practice was rated as inadequate for providing safe services. We found that improvements in the safety incident process and documentation were required. There was insufficient clinical capacity when the lead GP was absent, to check, action, and record, all pathology, correspondence and repeat prescriptions. Environmental risk assessments were not carried out or documented appropriately. Patient safety and medicine alerts were not reviewed or acted on. Missed children's hospital appointments were not followed up effectively to investigate the cause. There was no system to track two-week wait referrals from the point of practice referral to specialist consultant's appointment. There was insufficient evidence seen that all clinicians had received basic life support training within the last year. Patients taking high risk medicines were not being monitored effectively.

What we found at the inspection on 6 October 2017

The practice was not rated at this inspection. We found that improvements had been made in the safety incident process. Potential safeguarding issues were being followed up. A programme of work had been implemented to improve practice risks and safety. However, regular practice premises health and safety practice environment assessments had not been carried out. There was a system to manage patient safety and medicine alerts and to track two-week wait referrals from the point of practice referral to

specialist consultant's appointment. We saw evidence seen that all clinicians had received basic life support training within the last year. There was a system to monitor patients taking high-risk medicines.

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Some of the systems relating to keeping patients safe required further review and consolidation with staff.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Some policies had been reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance. There was a lead clinician responsible for this area and staff generally were aware of whom this was however one member of staff was not.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 found that some

Are services safe?

recruitment checks, required by legislation, had not been completed. For example, although they had assurances from the locum agency, the practice did not have a system to check locum GPs status on the performers list. The practice told us that they used the same locums. There was not always evidence of proof of address checks and staff immunity checks were not evident.

- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff did not have all the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had some systems for sharing information with staff and other agencies to enable them to deliver

safe care and treatment. They were unaware of how to access certain notes on their computer system, which could be used to handover information to out of hours services. There was a system to manage test results.

- Referral letters for two week wait cancer referrals were completed by administrative staff with sufficient information to progress the referral, but not to provide a comprehensive referral.

Safe and appropriate use of medicines

The practice systems for handling of medicines required review and improvement.

- The practice was equipped to deal with medical emergencies however not all reception staff were aware of where the emergency medicines and other emergency equipment was kept. There was no log for checks on oxygen. The practice told us that oxygen cylinder level checks were completed and there was an adequate amount of oxygen in the cylinder on the day of our inspection. There was no warning signage of a medical gas on the door. Opened single use masks were being kept with the oxygen. The practice shared emergency medicines with the other practice onsite and had an arrangement where the other practice monitored and checked these. However, the practice did not have oversight of checks therefore had no assurance that these were being completed. There was also no children's pulse oximeter available to use.
- The GP responsible for home visits did not carry any medicines in his bag and had not completed any risk assessment as to why they were not required.
- The systems for managing and storing medicines, including vaccines required strengthening. There was no back up thermometer on the medicines fridge and the plug could be easily pulled out of the socket.
- There was a system in place for monitoring uncollected prescriptions and staff were able to confirm what the system was. However, we found some non high risk medicine prescriptions that had been uncollected for over a month and no record of whether the practice had checked the reason and implications of non collection.
- The practice did not have an effective system in place to monitor prescription stationery usage and maintain appropriate security.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Are services safe?

- The practice told us that the CCG had identified them as being higher prescribers of antibiotics. They were able to demonstrate that they had reviewed their antibiotic prescribing and were taking action to reduce this in line with local and national guidance. Available published data on their prescribing from last year shows they were in line with other practices.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had reviewed and was working on its safety record.

- There were risk assessments in relation to safety issues and a programme of assessments in place.
- The practice was beginning to monitor and review activity.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident involving an injection, procedures were reviewed and changed to minimise the risk of reoccurrence.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at the inspection on 28 April 2016.

The practice was rated as inadequate for providing effective services. We found; quality outcome framework data lower than local and national practices, no audits to identify patient outcomes improvements, and no system to show staff members had undertaken mandatory training. There was no evidence that clinicians were following national clinical guidance reviews. There was limited engagement with other health and social care providers and GPs rarely attended multidisciplinary working meetings held at the practice. The system for recalling patients for health checks was not effective.

What we found at the inspection on 31 January 2017 and 08 February 2017.

The practice was rated as inadequate for providing effective services. We found no procedure to monitor National Institute for Health and Care Excellence (NICE) guidelines. No audits to show best practice guidelines were used. Quality and Outcome Framework (QOF) points achieved were still low compared with local CCG and national averages. There was no evidence of clinical audit to demonstrate quality improvement. Staff lacked the skills to code patient's data effectively on the practice computer system or produce audits or reports using the information.

What we found at inspection on 6 October 2017.

The practice was not rated at this inspection. Improvements had been made in several areas. However, we found no plans to address the low number of annual reviews and recalls for dementia and learning disability patients. There was no evidence of two cycle audits being undertaken, or actions taken to show improvement. We were told random checks of staff completing coding work were being made to ensure their competency however there was no evidence to show that this work had been undertaken. We did not find care plans had been updated in patient records following multidisciplinary meetings.

We rated the practice and all of the population groups as requires improvement for providing effective services overall.

The practice was rated as requires improvement for providing effective services because:

- Some clinicians lacked knowledge regarding consent, Gillick and Fraser guidelines and Deprivation of Liberty Safeguards (DoLS).
- Staff had not received an appraisal since 2016.
- The reasons that made this key question requires improvement affect all population groups within it.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice followed up on some older patients discharged from hospital.
- Staff had knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice performance from the quality and outcomes framework (QOF) for the period 2016-2017 was comparable to the Clinical Commissioning Group (CCG) and national averages for most indicators but

Are services effective?

(for example, treatment is effective)

below for one. For example, the percentage of patients with diabetes whose last cholesterol reading was within certain levels was 63% compared with the CCG average of 73% and the national average of 80%. The practice told us that they had instigated clinics to ensure that patients were receiving adequate review.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 74%, which was below the 80% coverage target for the national screening programme, but in line with the CCG average of 74% and the national average of 72%.
- The practices' uptake for breast and bowel cancer screening was in line the CCG and national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 74% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This is comparable to the CCG and national average.

- 42% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average of 73% and national average of 90%. The practice was aware of this data and told us that they had experienced difficulties in bringing patients in for reviews. We saw evidence of multiple attempts to recall patients for annual reviews, and were satisfied that the practice were taking all available action.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 67% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is below the CCG and national average however, we saw evidence that the difficulties affecting the practice in recalling patients for review also affected their performance for this indicator.

Monitoring care and treatment

The practice completed some quality improvement activity but did not routinely review the effectiveness and appropriateness of the care provided.

The most recent published QOF results, from the year 2016 to 2017, were 82% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 96%. The overall exception reporting rate was 6% compared with the CCG average of 6% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was aware that their performance for some clinical indicators (as identified in the population group sections earlier) was lower or much lower than the CCG and national averages. We saw evidence to show that they had worked to improve their performance in these areas. For example, they had initiated clinics to complete reviews for patients with ongoing conditions affecting their physical and mental health. Where patients did not attend, they had made several documented attempts to recall those patients.
- The practice had completed some quality improvement activity. These included a one-cycle audit of intrauterine coil insertions; a safeguarding audit; and an audit

Are services effective?

(for example, treatment is effective)

related to monitoring of a specific group of patients. The safeguarding audit was prompted by the local CCG and we saw evidence of an action plan and actions taken to improve outcomes for vulnerable patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles; however improvements needed to be made in this area.

- The practice understood the learning needs of staff. Up to date records of skills, qualifications and training were maintained.
- We found that staff had not received appraisals since 2016. The practice informed us that these had been booked for staff but had not yet taken place. There was an induction process, and reviews for new starters.
- We did not see any monitoring of the competence of staff employed in advanced roles.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care.
- The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice had a system in place to monitor the two-week wait process.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

Some staff within the practice may not have obtained consent to care and treatment in line with legislation and guidance.

- Not all clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Not all clinicians offered appropriate support for patients to make decisions.
- There was a system in place for recording consent however this was not monitored.
- The nursing staff had an understanding of the Deprivation of Liberty Safeguards (DoLS), however some other clinical staff did not fully understand this.

Are services caring?

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as requires improvement for providing caring services. We found the majority of patients said they were treated with compassion, dignity and respect. However, not all patients we spoke to felt supported by reception staff. There was no policy to proactively contact families suffering bereavement to offer additional support.

What we found at our previous inspection on 31 January 2017 and 08 February 2017.

There was still no policy to proactively contact families suffering bereavement to offer additional support. There were no arrangements to translate verbal conversations during consultations.

We did not inspect this key question during our October 2017 inspection.

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Staff gave us examples of where patients found it difficult to verbally communicate their needs staff worked with the patients carers to support their emotional needs within the consultation.
- Although Care Quality Commission comment cards were available none were completed by patients.
- Patients we spoke with told us that they felt treated with dignity and respect. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 270 surveys were sent out

and 126 were returned. This represented a return rate of 47%. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 85%.
- 91% of patients who responded said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 85%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG of 92% and the national average of 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language. However some staff spoken with were unaware of how to access this.
- Staff communicated with patients in a way that they could understand, for example, for patients with sensory deficits they used alternative communication methods where spoken English would not be appropriate.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. They did this via new patient registration forms, specific carer identification forms and opportunistically within consultations and home visits. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 patients as carers (less than 1% of the practice list).

Are services caring?

- The practice had held a meeting with external agencies to identify support agencies within the local area and how the practice could improve its support to carers.
- Staff told us that if families had experienced bereavement, the practice contacted them in writing with advice on how to find a support service and an offer of further support if required from the practice.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 80% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 79% and the national average of 82%.

- 87% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- Although some of the chairs in the waiting area were placed directly outside the consulting rooms it was not possible to hear conversations taking place within the rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection on 28 April 2016

The practice was rated as requires improvement for providing responsive services. We found; the practice had not reviewed the needs of its local population in the last year and had limited engagement with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services. Although national patient data reflected that access to appointments was above average, patients we spoke with told us of difficulties accessing appointments and getting through on the phone. Complaints records were incomplete, some were missing and there was no evidence of analysis or sharing of learning outcomes.

What we found at our previous inspection in 31 January 2017 and 08 February 2017.

There was not an effective system to support learning from complaints and embed improvement within the practice. Any actions taken to address complaints were not thoroughly documented, and did not identify the person responsible to carry out the actions. We found that engagement with the CCG and NHS England Area Team was still poor.

We did not inspect this key question during our October 2017 inspection.

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice had some awareness of its population and had tailored services in response to those needs. For example, they offered extended opening hours, as well as, online services such as repeat prescription requests and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered.

- The practice made reasonable adjustments when patients found it hard to access services. For example, where patients found it difficult to wait in the main waiting area, the practice arranged for them to be seen at the beginning or end of the day.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a daily in reach service to a local care home via a triage system.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a child under the age of 18 were usually offered a same day appointment when necessary. The practice had dedicated daily appointment slots for children only.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, they offered extended opening hours and Saturday appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- There was access to online services such as repeat prescriptions and appointment booking.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients from this group had access to longer appointments if required.

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

- The practice was responsive to the needs of patients experiencing poor mental health, and offered home visits for those with enhanced needs.
- The practice also offered home visits where appropriate for immunisations and for routine reviews.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients were able to explain the appointment system to us.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable and in one indicator higher than Clinical Commissioning Group (CCG) and national averages. The five patients we spoke with on the day give us mixed responses regarding their satisfaction with access to services.

- 92% of patients who responded were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 80%.

- 63% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 61% and the national average of 71%.
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; compared with the CCG average of 73% and the national average of 75%.
- 90% of patients who responded said their last appointment was convenient compared with the CCG average of 90% and the national average of 81%.
- 78% of patients who responded described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 80% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG of 80% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 21 complaints were received in the last year. We reviewed several complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, some complaints were about the telephone system and lack of available appointments. As a result, the practice upgraded the phone system and opened up additional appointment slots.

Are services well-led?

Requires improvement 

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

Our findings

What we found at the inspection on 28 April 2016

The practice was rated as inadequate for providing well-led services. We found the leadership at the practice was inadequate and directly linked to the on-going dispute between the two GPs responsible for the practice. They were unable to lead effectively as they refused to work with each other, discuss or respond to issues and manage the staff members appropriately. The practice did not have a clear vision and strategy and staff members were not clear about this. There was no clear leadership structure and staff did not all feel supported within the practice. There was a lack of attention to governance by the GP partners. A number of policies and procedures were out of date, did not reflect current practice and some policies were missing, for example there was no policy available for example regarding the safe storage of vaccines and medicine requiring cold storage.

What we found at the inspection on 31 January 2017 and 08 February 2017.

The practice was rated as inadequate for providing well-led services. We found the breakdown of the GPs partnership and the lack of vision or strategy for the future had affected staff morale in a negative manner. No governance framework to deliver patient care quality with no noticeable improvement since the last inspection. Many practice specific policies had not been updated with current guidance or information. There was a lack of GP oversight with regards staff capacity and competence to manage their workloads. The action plan developed to manage concerns found in the previous inspection showed many areas of work not completed. The practice did not seek the feedback of their patients or the public.

What we found at inspection on 6 October 2017.

The practice was not rated at this inspection. We found that improvements had made in all areas however, there was still work to be achieved.

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- Despite changes in leadership and the implementation of governance systems improvement has been slow and further work was required to embed those processes.

Leadership capacity and capability

The lead GP had sole responsibility for many areas which reduced their capacity however they were seeking support with this. They had the skills to deliver high-quality, sustainable care,.

- The two partners were engaged in an ongoing professional dispute which affected the ability to provide a cohesive leadership team. The practice was being run by one partner who had taken on a large amount of the clinical workload due to being unable to recruit permanent salaried GPs to share this burden. Due to the ongoing professional dispute, this partner informed us that they were unable to look at the future leadership structure until this was resolved.
- The remaining partner was supported by a practice manager with a clinical background. This practice manager was seeking support and guidance appropriately from other experienced practice managers and staff reported that the governance of the practice had improved significantly.
- They had some understanding of the issues and priorities relating to the quality and future of services. They understood the challenges and were attempting to address them.
- Leaders at all levels were visible and approachable.

Vision and strategy

The practice told us that they did not have a clear vision and strategy for future delivery of care due to the ongoing issues relating to their partnership. They told us they had been prioritising the issues identified by our previous inspections in order to improve the safety and quality of care provided to their patients. This was evidenced in the improvements we saw on the day of our inspection and from the action plans sent to us from the practice throughout the last six months and after this inspection.

Culture

The practice staff told us that they now had a more open culture.

- Staff stated they felt respected, supported and valued.
- The practice was now focusing on the needs of patients.

Are services well-led?

Requires improvement 

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

- Leaders and managers acted on behaviour and performance inconsistent with safe care.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and had confidence that these would be addressed.
- There were processes for providing all staff with the development they need, however staff had not received an annual appraisal since 2016. The practice informed us that these had been booked.
- There was an awareness of the safety and well-being of staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability set out to support good governance and management. Some of these were not yet fully embedded due to being recently instigated. We found evidence that the governance structures had been progressed and improved since our previous inspections although there was further strengthening required.

- There were some structures, processes and systems to support good governance and management, however staff were not consistently aware of these, therefore their effectiveness was reduced.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Policies, procedures and activities to ensure safety were not all up to date and did not all contain accurate information.

Managing risks, issues and performance

There was some clarity around processes for managing risks, issues and performance, however this required strengthening.

- The practice had set up some processes to identify, understand, monitor and address some current risks including risks to patient safety, this was an ongoing process.
- The practice did not have processes to manage and monitor current and future performance of staff.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Some of the clinical audit activity had a positive impact on quality of care and outcomes for patients. There was evidence of action taken as a result of audit to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- There were staff working at the practice who were also patients. The practice had not completed any risk assessment of the potential conflict of interest and the staff members had not signed any confidentiality agreement.
- Since our inspection the practice has sent us an action plan outlining what has been achieved since our inspection on some of the areas we identified during the inspection.

Appropriate and accurate information

The practice acted on appropriate and accurate information; however improvement to data handling was required.

- Quality and operational information was used to improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Are services well-led?

Requires improvement 

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

- The practice made some use of information technology systems to monitor and improve the quality of care, however there was room for improvement. For example, to support patients' in accessing information about their care.
- The practice submitted data or notifications to external organisations as required.
- There were insufficient arrangements in place for the integrity and confidentiality of patient identifiable data, records and data management systems. For example, paper medical records were visible from reception.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, we viewed evidence that the patient participation group had been involved in changes to the telephone system.

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- Since the last inspection they have had some negative feedback on NHS Choices and the practice have not responded to any.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and no evidence of innovation.

- There was a focus on improvement at all levels within the practice. There was limited evidence of a focus on continuous learning.
- There was limited evidence that staff knew about improvement methods and had the skills to use them.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was no evidence that leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.