The Acorn & Gaumont House Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Acorn & Gaumont House Surgery on 18 January 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events; however, there was no effective system in place for ensuring that safety alerts from external organisations were actioned. Other risks had been assessed and managed well.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however, patient outcomes for health indicators related to diabetes, hypertension and poor mental health were below local and national averages. Outcomes for patients with learning disabilities were also low.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. We requested, but were not provided with, records of information governance and fire safety training for two members of staff; this training was completed shortly after our inspection.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however, the practice was rated below average for some aspects of consultations with GPs, the helpfulness of receptionists and their overall experience of the service.
- Patients said they had not always found it easy to make an appointment or reach the practice by telephone.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns, but two out of five complaints we reviewed had not been responded to in a timely manner.

Summary of findings

- The practice had good facilities.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider had a number of policies in place but we identified instances where it had not followed its recruitment policy.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Assess, monitor and improve performance, patient outcomes, access, and patient satisfaction with the service, and implement an effective strategy to ensure the delivery of good quality care.

The areas where the provider should make improvement are:

- Implement an effective system to ensure that safety alerts are actioned.
- Review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.
- Monitor and review changes made in response to patient feedback, specifically to improve waiting times and access to care for patients.
- Implement recruitment arrangements that include all necessary employment checks, and maintain on-going training for all staff (including the maintenance of relevant records) in order to protect patients from any associated risks to their health and welfare.
- Respond to complaints in a timely manner.
- Conduct regular performance reviews for all staff, and follow practice policies.

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?

Good

The practice is rated as good for providing safe services.

- Risks to patients were assessed and well managed, with the exception of safety alerts for which there was no effective system for actioning.
- There was an effective system in place for reporting and recording significant events, and lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology, and they were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The provider had not followed their recruitment policy in seeking references for an interview candidate prior to commencing work at the practice, and they had not used interview scoresheets. They sought and documented two references for the candidate shortly after our inspection.

Are services effective?

Requires improvement

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

- Data showed that patient outcomes were below local and national averages for diabetes, hypertension and poor mental health. The practice was aware of their performance and they had taken some action to improve outcomes for patients but it was too early to assess the impact of these actions at the time of our inspection.
- There was evidence that an audits had resulted in improved patient outcomes.
- The provider had conducted regular appraisals for the majority of staff. Outstanding appraisals for two members of staff were completed shortly after our inspection.
- The majority of staff had completed training including basic life support, infection control, fire safety awareness, information governance and safeguarding. We were not provided with training records for information governance and fire safety awareness for two members of staff, when requested; this training was completed shortly after our inspection.

Summary of findings

- Multidisciplinary working was taking place.

Are services caring?

Requires improvement

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

- The practice had identified approximately 2% of their patient list as carers. However, this reduced to 1% after our inspection as the practice had incorrectly recorded some patients as being carers.
- Data from the national GP patient survey (published in July 2016) showed that patients rated the practice below local and national averages for some aspects of care. The practice had taken some action to improve patient satisfaction, but at the time of our inspection it was too early to assess the impact of these changes.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treat patients with kindness and respect, and they maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and local Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they had not always found it easy to make an appointment, and they found it difficult to reach the practice by telephone. The practice had taken some action to improve access for patients.
- The practice offered daily telephone appointments, and extended hours appointments were available from 6.30pm to 8pm on Tuesdays and Thursdays.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Translation services were not advertised to make patients aware they were available but this was addressed very shortly after our inspection.
- The practice offered a range of online services such as appointment booking and repeat prescription ordering to facilitate access to the service for patients.

Summary of findings

- Information about how to complain was available and was easy to understand. Evidence showed the practice responded transparently to issues raised, but two complaints we reviewed had not been responded to in a timely manner. Learning from complaints was shared with staff and other stakeholders.
- Staff had undergone customer service training with an aim to improve the service experienced by patients.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings; however, they had not followed their recruitment policy in using scoring cards for interviewees and seeking references for candidates prior to commencing employment at the practice.
- There was a governance framework which supported the delivery of the strategy and good quality care in most areas, but the practice needed to improve health outcomes for patients in relation to the Quality and Outcomes Framework and patient satisfaction in relation to access to appointments and access to the practice by telephone. The practice had made efforts to address these issues but they were not sufficient to secure the necessary improvements at the time of our inspection.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients aged over 75 had been allocated a named GP to ensure continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The care of older people was managed in a holistic way; the practice carried out holistic health assessments for older patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

- All patients with a long-term condition had a named GP and most had received a structured annual review to check their health and medicines needs were being met; however, outcomes for patients for some health indicators were below local and national averages. For example, in the previous 12 months:
  - 55% of patients with diabetes (local average 70%, national average 78%).
  - 67% of patients with hypertension (local average 81%, national average 83%).
  - 80% of patients with asthma had an asthma review (CCG average 76%, national average 76%).
  - 91% of patients with chronic obstructive pulmonary disease had a review of their condition (local average 88%, national average 90%).
- The practice had made efforts to improve their performance but at the time of our inspection it was too early to assess the impact of those changes. The practice had made efforts to improve their performance but at the time of our inspection it was too early to assess the impact of these changes. Data held by the practice (which had not been published or independently verified at the time of our inspection) showed that performance for blood sugar control had only improved by 4%, and had not improved at all for other diabetes indicators.

Summary of findings

- 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.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

- 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 attendances to Accident & Emergency.
- Immunisation rates were slightly below national targets for some standard childhood immunisations for children aged below two years.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- In the previous 12 months, 84% of women aged between 25 to 64 years had a cervical screening test. This was above the local average of 77% and in line with the national average of 82%.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescription ordering, as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours opening was available with GPs from 6.30pm to 8pm on Tuesdays and with nurses from 6.30pm to 8pm on Thursdays.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of homeless patients living in vulnerable circumstances, and those with a learning disability. Of 55 patients registered as having a learning disability, only 30 (55%) had received an annual review of their care between April 2016 and February 2017.
- The practice offered longer appointments for patients with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- Outcomes for patients with poor mental health were below local Clinical Commissioning Group (CCG) and national averages. For example, in the previous 12 months:
  - 75% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan in their record (CCG average 88%, national average 88%).
  - 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting; this was below the CCG average of 86% and the national average of 84%.
- The practice had made efforts to improve their performance but at the time of our inspection it was too early to assess the impact of these changes. Data held by the practice (which had not been published or independently verified at the time of our inspection) showed that performance for dementia had only improved by 3%, and had not improved at all for other mental health indicators.
- The practice carried out advance care planning for, and regularly worked with multi-disciplinary teams in the case management of, patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below local Clinical Commissioning Group (CCG) and national averages for some responses, in particular those related to telephone access and consultations with GPs. Of 366 survey forms distributed, 105 were returned. This represented approximately 1% of the practice's patient list, and a response rate of 29% (national rate 38%).

- 57% of patients found it easy to get through to this practice by phone (CCG average 73%, national average 73%).
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 72%, national average 76%).
- 75% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 74% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 82%, national average 86%).
- 66% of patients described the overall experience of this GP practice as good (CCG average 79%, national average 85%).
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 74%, national average 80%).

As part of our inspection process, we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received and reviewed three comment cards which were positive about the standard of care received. We were not able to speak with any patients during our inspection.

Results from the practice's NHS Friends and Family Test collected between April and December 2016 showed that 72% of the 848 patients surveyed were likely or extremely likely to recommend the practice, and 19% of patients were unlikely or extremely unlikely to do so. The practice had set themselves an improvement target of 85% over the next 12 months.

The Acorn & Gaumont House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission lead inspector**.** The team included a GP specialist advisor.

Background to The Acorn & Gaumont House Surgery

The practice operates from the ground floor of a purpose-built building at 153 Peckham High Street, Peckham, London, SE15 5SL which is leased from NHS Property Service. It is one of 45 GP practices in the Southwark Clinical Commissioning Group. There are approximately 10,557 patients registered at the practice which is serviced by Queens Road and Peckham Rye rail stations, and buses 177 and 136.

The practice, formerly registered with the Care Quality Commission (CQC) under the name of The Acorn Surgery, previously operated from two locations. In November 2016 they relocated all services to the address given above, and changed their name to The Acorn & Gaumont Surgery.

The practice has an above average population of male and female patients aged from birth to nine years and 25 to 49 years, and a below average population aged over 55 years. Income deprivation levels affecting children and adults registered at the practice are above local averages and significantly above national averages.

The practice is registered with the CQC to provide the regulated activities of:

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

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include:

- Childhood immunisation & vaccination.
- Extended hours.
- Influenza & pneumococcal immunisation.
- Learning disabilities.
- Patient participation.
- Rotavirus & shingles immunisation.
- Unplanned admissions.

There are five consulting and two treatment rooms, and other clinical rooms which are used by external health visitors daily. There is a waiting area and three toilets for patients (one of which is wheelchair-accessible). There is also wheelchair access throughout the ground floor, and baby changing facilities available. The practice does not have any parking facilities for patients, but there is restricted roadside parking available.

The practice's team includes:

- Two male GP partners, a female salaried GP and two male long-term locum GPs. The GPs provide a combined total of 39 fixed sessions per week.

- Two female locum practice nurses who provide a combined total of five sessions per week.
- A female senior health care assistant and a female health care assistant.
- A practice manager, an assistant practice manager and a self-employed business manager.
- Two reception team leaders, eight reception/ administrative staff, and a data administrator.

The practice is open from 8am to 6.30pm on Mondays, Wednesdays and Fridays, and from 8am to 8pm on Tuesdays and Thursdays. Morning appointments with GPs are available from 8am to 12pm Monday to Friday. Afternoon appointments with GPs are available from 3.30pm to 6pm on Mondays, Wednesdays and Fridays, and from 3.30pm to 7.30pm on Tuesdays and Thursdays.

Appointments with practice nurses are available from 9am to 5pm Mondays, Tuesdays, Wednesdays and Fridays, and from 9am to 8pm on Thursdays.

Appointments can be booked up to four weeks in advance. The practice is closed on bank holidays and at weekends, but patients are able to access appointments from a local GP access hub (Lister Primary Care Centre, Peckham) whenever they are not able to from The Acorn & Gaumont Surgery (a GP access hub is a GP practice that offers additional appointments for patients referred from other local practices, from 8am to 8pm Monday to Saturday, including bank holidays).

The practice advises patients needing urgent care out of normal hours to dial 111 which directs patients to a local contracted out-of-hours GP service, or Accident and Emergency depending on the urgency of the medical concern.

Why we carried out this inspection

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. The inspection was planned to check whether the 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.

We previously conducted an announced comprehensive inspection of this service on 16 April 2015 and rated them as good overall but as requires improvement for providing safe care. As a result, we conducted an announced follow-up inspection of the service on 19 October 2015; we found they had made the necessary improvements and rated them as good for providing safe care.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017.

During our visit we:

- Spoke with a range of staff including the management team and partners, two non-clinical staff and a nurse.
- Observed how patients were being cared for but we were not able to speak with patients who used the service, or their carers.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed three comment cards where patients and members of the public shared their views and experiences of the service.

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:

Detailed findings

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had recorded five significant events over the previous 12 months. We reviewed a sample of these and found that they had carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice in relation to serious incidents. For example, following an incident where the toilet had been abused, the practice discussed the incident with staff and implemented actions to restrict unauthorised access to the toilet. We found, however, that although the practice had a good system in place for receiving and disseminating safety alerts from external organisations, they did not have an effective system in place for ensuring that the alerts were actioned. They were not able to show us any examples of recent alerts that had been actioned.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe:

- Arrangements that reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff; these clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3, and non-clinical staff were trained to level 1 or 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A health care assistant was the infection control clinical lead, and the practice manager was the non-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 and all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (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. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework

that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a GP (PSDs are the written instructions, signed by a doctor or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- Recruitment checks undertaken prior to employment included proof of identification references, qualifications, registration with the appropriate body and DBS checks but there was room for improvement. We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment in most cases. Against the practice's recruitment policy, there were no references on file for a recently recruited locum nurse; the practice's recruitment policy stated that background checks for locum staff would be provided from agencies they were recruited from, but they told us the locum nurse had been recruited privately through one of the GP partners. The recruitment policy also stated that scoring cards should be used for interviewing candidates but we found no record of these in the files we reviewed.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A member of staff had not received fire safety training but this was completed shortly after our inspection.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, disabled access, infection control, and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had identified that it needed more nursing staff but they told us previous recruitment efforts had been unsuccessful. They told us that recruitment efforts were on-going.

Arrangements to deal with emergencies and major incidents

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

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 most recent published results were 87% of the total number of points available which was below the local Clinical Commissioning Group (CCG) average of 94.3% and the national average of 95.3%.

The practice's overall clinical exception reporting was 9.2%, which was above the CCG average of 6.7% and in line with the national average of 9.8% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was a negative outlier for QOF clinical targets relating to diabetes, hypertension and poor mental health. Data from 2015/2016 showed that in the previous 12 months:

Performance for diabetes related indicators was below average. Of patients with diabetes:

- 55% had well-controlled blood sugar (CCG average 70%, national average 78%). Data held by the practice showed that performance had reached 59% from April 2016 to January 2017 (this data had not been published or independently verified at the time of our inspection). Exception reporting for this indicator was below the local and national average.
- 61% had well-controlled blood pressure (CCG average 75%, national average 78%). Data held by the practice showed that performance had reached 54% from April 2016 to January 2017 (this data had not been published or independently verified at the time of our inspection). Exception reporting for this indicator was below the local and national average.
- 68% had well-controlled blood cholesterol (CCG average 81%, national average 80%). Data held by the practice showed that performance had reached 66% from April 2016 to January 2017 (this data had not been published or independently verified at the time of our inspection). Exception reporting for this indicator was below the local and national average.

Performance for hypertension related indicators was below average. Of patients with hypertension:

- 67% had well-controlled blood pressure (CCG average 81%, national average 83%). Exception reporting for this indicator was in line with the local average and below the national average.

Performance for mental health related indicators was below average. Of patients with schizophrenia, bipolar affective disorder, and other psychoses:

- 75% had a comprehensive, agreed care plan in their record (CCG average 88%, national average 89%). Data held by the practice showed that performance had reached 62% from April 2016 to January 2017 (this data had not been published or independently verified at the time of our inspection). Exception reporting for this indicator was below the local and national average.
- 74% had a record of their alcohol consumption (CCG average 86%, national average 89%). Exception reporting for this indicator was below the local and national average.

Performance for dementia related indicators was below average. Of patients with dementia:

- 72% had a face-to-face review of their care (CCG average 86%, national average 84%). Data held by the practice showed that performance had reached 75% from April

Requires improvement

Are services effective?

(for example, treatment is effective)

2016 to January 2017 (this data had not been published or independently verified at the time of our inspection). Exception reporting for this indicator was below the local and national average.

Performance for indicators related to chronic obstructive pulmonary disease (COPD) was average. Of patients with COPD:

- 91% had received a review of their condition (CCG average 88%, national average 90%). However, exception reporting for this indicator was 16.3%, which was above the local average of 5.6% and the national average of 11.5%.

Performance for asthma related indicators was average. Of patients with asthma:

- 80% had received a review of their condition (CCG average 76%, national average 76%). Exception reporting for this indicator was in line with the local average and below the national average.

Performance for indicators related to atrial fibrillation was average. Of patients with atrial fibrillation:

- 85% were being treated with anti-clotting therapy (CCG average 86%, national average 87%). Exception reporting for this indicator was below the local and national average.

Of 55 patients registered as having a learning disability, only 30 (55%) had received an annual review of their care between April 2016 and February 2017.

The practice's leaders informed us that they were aware of the above results. They told us that they were experiencing a shortage of nursing staff and that this may have impacted adversely on their capacity for performing health reviews in a timely way. They said recruitment efforts were on-going, the practice manager had approved additional budgeting to recruit a nurse prescriber, and they had begun following up patients that had missed scheduled appointments to encourage them to attend. The practice manager told us that they were in the process of improving the practice's recall process from a phone call only system to one that included sending three invitation letters at 30 day intervals before exception reporting patients.

They had assigned the role of diabetes and hypertension leads to two of the partners who had begun a dedicated diabetes clinic once a week since August 2016, and a dedicated hypertension clinic (run in conjunction with a health care assistant) once a week since January 2017. They also said that patients with poorly-controlled diabetes were being referred to a local specialist community team for further support. A partner told us at the time of our inspection that it was too early to assess the impact of these changes to patient outcomes.

The practice manager informed us after our inspection that they had sought approval from the partners to allocate eight sessions per week to two locum GPs from March 2017, to focus on key performance indicators for mental health and learning disabilities. Shortly after our inspection they arranged for an independent external organisation to assess the practice's processes (including clinical governance) and give them advice on areas that needed improvement.

There was evidence of quality improvement including clinical audit.

- The practice had conducted four clinical audits in the previous two years, one of which was a completed two cycle audit on antibiotic prescribing.
- Findings were used by the practice to improve services. For example, the practice improved its recording of delayed prescriptions from 0% to 75%, and they improved their adherence to local prescribing guidelines from 86% to 100%.
- The practice participated in local audits and local and national benchmarking.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed staff files and found that there was no record of any induction completed for a nurse.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal but the performance of two members of staff had not been reviewed since 2013 and 2014; the practice ensured that new appraisals were conducted for these staff members very shortly after our inspection.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training, assessments of competence and updating for relevant staff. For example, for those reviewing patients with long-term conditions or taking samples for the cervical screening programme. 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.
- Staff had access on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff had access to and made use of e-learning training modules and in-house training; they had received training that included basic life support, fire safety awareness, infection control and information governance. Outstanding information governance training for a member of staff, and fire safety training for another were completed shortly after our inspection.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, such as those receiving end of life care, carers, and those at risk of developing a long-term condition.

- Patients requiring advice on their diet and weight management were referred to the appropriate local organisations.
- The health care assistant provided smoking cessation support. They had helped 13 out of 37 patients to stop smoking within a four week period, since April 2016.
- For patients dependent on alcohol and drugs, a GP partner ran a dedicated clinic once a week where they could access the relevant support.

The practice's uptake for the cervical screening programme was 84%, which was above the local Clinical Commissioning Group (CCG) average of 77% and in line with the national average of 82%. Exception reporting for this indicator was 6.6%, which was above the CCG average of 4.1% and in line with the national average of 6.5%.

- There was a policy to offer telephone and written reminders for patients who did not attend their cervical screening appointment.
- 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 told us it encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Requires improvement

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for children aged below two years were slightly below national targets in some areas. There are four areas where immunisations for children of this age group are measured; each has a target of 90%. The practice did not meet the target in two out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.8 (compared to the national average of 9.1):

- 86% of children aged 1 year had received the full course of recommended vaccines (expected standard 90%).
- 88% of children aged two years had received the pneumococcal conjugate booster vaccine (expected standard 90%).
- 90% of children aged two years had received the haemophilus influenzae type b and meningitis c booster vaccine (expected standard 90%).
- 90% of children aged two years had received the measles, mumps and rubella vaccine (expected standard 90%).

Childhood immunisation rates for children aged under five years were in line with local CCG and national averages:

- 94% of children aged five years had received the MMR dose 1 vaccine (CCG average 93%, national average 94%).
- 93% of children aged five years had received the MMR dose 2 vaccine (CCG average 91%, national average 88%).

Patients had access to appropriate health assessments and checks which included health checks for new patients and NHS health checks for patients aged 40–74. The practice had conducted 129 NHS health checks since April 2016. However, the practice was below average in relation to performing reviews for patients with poor mental health, and they had only performed 13 annual care reviews for patients with a learning disability. Of health assessments and checks conducted, appropriate follow-ups were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, and they could offer them a private room to discuss their needs. This facility needed to be requested by patients as it was not advertised.

We received and reviewed three Care Quality Commission patient comment cards, all of which contained positive comments about the service. We were not able to speak with any patients during the inspection.

Results from the national GP patient survey published in July 2016 showed that the majority of patients felt they were treated with compassion, dignity and respect. The practice was in line with local Clinical Commissioning Group (CCG) averages for its satisfaction scores on consultations with nurses, but was below average on some experiences with GPs, the helpfulness of reception staff, and overall satisfaction. For example, of 105 patients surveyed:

- 66% described their overall experience of the service as good (CCG average 79%, national average 85%).
- 60% would recommend the practice to someone who had just moved to the local area (CCG average 74%, national average 79%).
- 73% said they found the receptionists at the practice helpful (CCG average 85%, national average of 87%).
- 82% said the last GP they saw or spoke to was good at listening to them (CCG average 85%, national average 89%).
- 85% said they had confidence and trust in the last GP they saw or spoke to (CCG average 88%, national average 92%).
- 75% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 89% said the last nurse they saw or spoke to was good at listening to them (CCG average 85%, national average 91%).
- 95% said they had confidence and trust in the last nurse they saw or spoke to (CCG average 94%, national average 97%).
- 85% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).

The practice manager was aware of these results; they informed us that following the unexpected departure of a previous GP partner, the practice had relied heavily on locum GPs to provide sufficient clinical sessions for patients, and that this may have impacted adversely on patient satisfaction. They told us that they were actively trying to recruit an additional salaried GP in order to improve continuity of care for patients. They also showed us evidence that they had discussed the importance of providing good customer service during a staff meeting in January 2017, and staff had received customer service training in September 2016. The practice's NHS Friends and Family test (FFT) results collated between April and December 2016 showed that 72% of patients would recommend the practice. The practice had set themselves an improvement target of 85%, and they had sent a text message to every patient encouraging them to complete the next FFT survey.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Feedback from the three Care Quality Commission patient comment cards we received and reviewed indicated that patients felt they were listened to and supported by staff was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in July 2016 showed that the majority of patients responded

positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local Clinical Commissioning Group (CCG) and national averages for consultations with nurses, but below average on some experiences with GPs. For example, of 105 patients surveyed:

- 73% said the last GP they saw or spoke to gave them enough time (CCG average 82%, national average 86%).
- 74% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 82%, national average 86%).
- 70% said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 77%, national average 82%).
- 92% said the last nurse they saw or spoke to gave them enough time (CCG average 86%, national average 92%).
- 85% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 82%, national average 90%).
- 84% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 80%, national average 85%).

The practice manager was aware of these results; they informed us that following the unexpected departure of a previous GP partner, the practice had relied heavily on locum GPs to provide sufficient clinical sessions for patients, and that this may have impacted adversely on patient satisfaction. They told us that they were actively trying to recruit an additional salaried GP in order to improve continuity of care for patients. They also showed us evidence that they had discussed the importance of providing good customer service during a staff meeting in January 2017.

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

- Staff told us that translation services were available for patients who did not speak or understand English as a first language. There were no notices in the waiting or reception areas informing patients this service was available, but the practice ensured that a notice was displayed prominently at the reception desk in 14 different languages shortly after our inspection.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified approximately 2% of their practice list as carers; however, we reviewed the carer's list and found that some patients (such as mothers looking after children that did not have enhanced needs) had been incorrectly Read Coded as carers. The practice conducted an audit of the carer's register very shortly after our inspection; after this audit, the patients recorded as being carers reduced to 1%. The practice manager informed us that they were in the process of updating their new patient registration form to make questions about caring responsibilities less ambiguous. The practice's computer system alerted GPs if a patient had caring responsibilities, and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer their condolences and to offer them advice on how to find a support service. The practice had condolence books that they gave patients that were familiar to them, which staff and other patients could sign.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in a local scheme that included improving smoking cessation support for smokers, performing ambulatory blood pressure monitoring (ABPM) checks, performing NHS health checks, and conducting holistic health assessments (HHAs) to improve outcomes for older patients (HHAs are assessments of a patient's physical, emotional and social needs, following which customised care plans are created and patients can be referred to the relevant services). The practice was able to demonstrate that they had achieved the following since April 2016:

- Supported 13 out of 37 patients to stop smoking within a four week period (March 2017 target nine).
- Performed 129 NHS health checks (March 2017 target 178).
- Conducted 82 HHAs (March 2017 target 124).
- Created 12 care plans linked to HHAs (March 2017 target 21).
- Conducted 77 ABPM checks (March 2017 target 85).

The practice also participated in Southwark CCG's Extended Primary Care Service scheme whereby patients with non-complex needs that were not able to get appointments from the practice could be referred to a local GP access hub (Lister Primary Care Centre, Peckham). A GP access hub is a GP practice that offers additional appointments from 8am to 8pm Monday to Saturday, including bank holidays.

- The practice offered extended hours opening from 6.30pm to 8pm with GPs only on Tuesdays, and with GPs and nurses on Thursdays for working patients who could not attend during normal opening hours.
- There were online facilities available such as appointment booking and repeat prescription ordering. The practice needed to update its website as it still contained old contact details for its previous location.
- There were longer appointments available for patients with a learning disability. Only 55% of patients with a learning disability had received an annual review of their care.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS.
- Patients were able to access ambulatory blood pressure monitoring at the practice, which enabled them to avoid lengthy waits for this service from secondary care. Seventy-seven patients had used this service since April 2016.
- There was wheelchair access throughout the practice. Translation services were available but not advertised; the practice ensured relevant posters were displayed in the waiting area shortly after our inspection. There was no hearing loop available for patients that had hearing difficulties but practice staff were able to demonstrate how they would support these patients.
- Clinical and non-clinical staff had received customer service training in September 2016 with an aim to improve patients' experience of the service.

Access to the service

The practice was open from 8am to 6.30pm on Mondays, Wednesdays and Fridays, and from 8am to 8pm on Tuesdays and Thursdays. Morning appointments with GPs were available from 8am to 12pm Monday to Friday. Afternoon appointments with GPs were available from 3.30pm to 6pm on Mondays, Wednesdays and Fridays, and from 3.30pm to 7.30pm on Tuesdays and Thursdays.

Appointments with practice nurses were available from 9am to 5pm on Mondays, Tuesdays, Wednesdays and Fridays, and from 9am to 8pm on Thursdays.

Appointments could be pre-booked up to four weeks in advance, and daily telephone and urgent appointments were available. The practice was closed at weekends and on bank holidays, but patients with non-complex clinical needs that were unable to get an appointment at the

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice could make pre-bookable appointments at a local GP access hub (Lister Primary Care Centre, Peckham) from 8am to 8pm Monday to Sunday, including bank holidays (a GP access hub is a GP practice that offers additional appointments for patients referred from other local practices, from 8am to 8pm Monday to Saturday, including bank holidays).

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local Clinical Commissioning Group (CCG) and national averages in relation to telephone access and getting appointments. For example, of 105 patients surveyed;

- 57% said they could get through easily to the practice by phone (CCG average 73%, national average 73%).
- 58% were able to get an appointment to see or speak to someone the last time they tried (CCG average 72%, national average 76%).
- 44% felt they did not normally have to wait too long to be seen after arriving for their appointment (CCG average 46%, national average 58%).
- 77% were satisfied with the practice's opening hours (CCG average 74%, national average 76%).

The practice manager told us they were aware of these results, and that they had made arrangements for an upgraded telephone system with a queueing facility to be installed; this was completed in January 2017 shortly after our inspection, but was yet to go live due to technical problems. They had also increased telephone consultations from one to two sessions per day, and were actively recruiting for another salaried GP and practice nurse in order to improve access for patients.

The practice had a system in place to assess:

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

The GPs telephoned the patient or their carer in advance of the home visit, to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The assistant practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that a complaints leaflet was available in the waiting area to help patients understand the practice's complaints system.

The practice had received 14 complaints over the previous 12 months. We reviewed five of these complaints and found they were handled with transparency; however, two of the complaints had not been responded to in a timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint regarding the attitude of a member of clinical staff during a consultation, the practice investigated the incident, discussed it with the clinician, and responded to the patient with apologies given where needed.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement, the values of which staff we spoke with understood.
- The practice had a strategy to improve clinical performance, continue recruitment efforts and complete refurbishment of the practice.
- There were documented refurbishment and development plans in place, but there was no business plan in place to ensure the strategy, vision and values were regularly monitored. The practice manager told us they were in the process of drafting a new business plan to incorporate recent changes to various governance processes.

Governance arrangements

The practice had a governance framework in place, but there were some areas for improvement.

- Practice-specific policies were implemented and available to all staff; however, the practice did not always follow its recruitment policy. We found that they had not obtained references for a recently recruited member of staff (these were in place shortly after our inspection) and there was no evidence to demonstrate that they had used scoring cards for candidate interviews.
- The majority of staff had received training but there were no training records for information governance training for a member of staff, or fire safety training for another. Training was completed shortly after our inspection.
- Staff demonstrated an understanding of the practice's performance. We found that there were deficiencies which resulted, in particular, in health outcomes for patients with long-term conditions, poor mental health being below local and national averages. Outcomes for patients with learning disabilities were also low. The practice's leaders described possible contributing factors. For example, they had identified that their quota of nursing staff was not sufficient to meet patients' needs and the practice manager had begun recruiting for a permanent nurse to join the practice. They also mentioned that disruptions caused by a recent change of premises had impacted adversely on the practice's governance. At the time of our inspection they told us that it was too early to assess the impact of actions they had taken to improve patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, there was no effective system in place to ensure that safety alerts received form external organisations were actioned.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

Staff we spoke with said they felt supported by management and told us that the partners were approachable and always took the time to listen to them.

- Staff told us the practice held regular team meetings and these were documented. They also held regular documented clinical meetings.
- Staff said there was an open culture within the practice; they said that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they felt respected, valued and supported, particularly by the partners and managers. They were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through its patient participation group (PPG) of eight active members and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice's management team.
- Data from the national GP patient survey published in July 2016 showed that patients were not always able to get appointments when they needed them, and they had experienced difficulties reaching the practice by telephone. These concerns had also been raised by the PPG and staff members. The practice had responded to this feedback by arranging for their telephone system to be upgraded. This installation was completed in January 2017, shortly after our inspection, but was yet to go live due to technical problems. They were actively trying to recruit a permanent nurse and an additional salaried GP to improve access to care for patients. Staff had completed customer service training in September 2016 in an effort to improve patient satisfaction with regard to the helpfulness of receptionists, consultations with GPs, and their overall experience of the service. At the time of our inspection it was too early to assess the impact of these changes on patient satisfaction.
- The practice had gathered feedback from staff through informal discussions, meetings and appraisals. Staff told us they felt involved and engaged to improve how the practice was run, and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was proactive at participating in local pilot schemes and incentives to improve outcomes for its patients. This included smoking cessation support for smokers, performing ambulatory blood pressure monitoring checks, performing NHS health checks, and conducting holistic health assessments for older patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not do all that was reasonably practicable to assess, monitor, and improve the quality of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). • Published data showed that the practice was below local and national averages for health outcomes relating to diabetes, hypertension, and poor mental health. Outcomes for patients with learning disabilities were low. Published data also highlighted that patients rated the provider below local and national averages for consultations with GPs, and general satisfaction with the service. Although the provider had implemented some mitigating actions, they were not sufficient to secure improvements at the time of our inspection. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.