

Landywood Lane 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Landywood Lane Surgery on 22 September 2016. Overall the practice is rated as inadequate.

Following the inspection we sent a letter to the provider, which required them to provide the Care Quality Commission with information under Section 65 of the Health and Social Care Act 2008 and Regulation 10 Care Quality Commission (Registration) Regulations 2009. This related to the rationale behind prescribing subcutaneous fluids to patients in care homes without visiting them to carry out a clinical review or access to recent blood results. We also requested information on the action the provider was going to take to ensure that the clinical care of these patients was safe. We received a response from the practice to our Section 65 letter.

Our key findings were as follows:

- Patients told us during the inspection that they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment. However, the GP survey results did not reflect these findings.
- Patients told us that they were able to get appointments when they needed them.
- Patients were not protected from risks because the GPs prescribed fluids for a number of patients without a clinical assessment, including recent blood monitoring.
- There was an inconsistent approach to risk management. For example, Disclosure and Barring Service checks hadn't been obtained, safety checks on electrical equipment hadn't been completed and there was a lack of planning and monitoring of staff numbers to meet the needs of patients.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

Summary of findings

- Ensure that there is an effective process in place to guide staff on the reporting, recording and managing of significant events.
- Ensure that there is access to all the recruitment information required under Schedule 3 of the regulations when recruiting staff, including locum GPs.
- Assess whether there is a risk to patients of being cared for or treated by members of staff without Disclosure and Barring Service checks.
- Ensure that all electrical equipment and clinical equipment is safe to use and/or calibrated.
- Assess the risks of not keeping a full range of emergency medicines at the practice and mitigate the risks to patients.
- Provide appropriate sharps bins for the disposal of sharps contaminated with s
- The practice must ensure there are adequate numbers of appropriately skilled staff to cover sickness and absence.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Develop a clear leadership structure, including designated roles and responsibilities for staff.

In addition the provider should:

- Introduce a system which demonstrates that medicines and equipment alerts issued by external agencies are acted upon.
- Implement a system to monitor the use of prescription stationery.
- Introduce effective systems for monitoring the collection of prescriptions.
- Provide written evidence to demonstrate that all new staff are provided with, and complete an induction programme.

- Evaluate the reasons for poor performance in the national GP patient survey regarding patient satisfaction with their interactions with GPs and nurses in respect of their involvement in planning and making decisions about their care and treatment.
- Make information about how to make a complaint more accessible to patients.
- Review and update all policies and procedures.

On the basis of the ratings given to this practice at this inspection I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- The management of patients prescribed medicines under a shared care agreement between the practice and secondary care provider was well managed.
- The process for recording, investigating and learning from incidents that might affect patient safety had weaknesses. For example, there was no policy and procedure to guide staff on the reporting, recording and managing of significant events, and not all incidents had been recognised and reported.
- The recruitment of staff, including locum GPs, did not meet legislative requirements.
- Systems were not in place to monitor the use of prescription stationery or the non-collection of prescriptions.
- Not all equipment had been checked for electrical safety or calibrated for accuracy.
- The practice did not stock a full range of emergency medicines, including injectable anti-histamine, steroid, anti-emetic or any form of diazepam.
- Appropriate sharps bins were not provided for the disposal of sharps contaminated with cytotoxic and/or cytostatic medicinal products and their residues. For example, contraceptive injections.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes was comparable or below the national average.
- Staff did not always assess needs and delivered care in line with current evidence based guidance and best practice.
- Clinical audits demonstrated limited quality improvement.
- Limited multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- There was evidence of appraisals for staff.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, the GP treating them with care and concern, and involving them in decisions.
- 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 treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- There was no evidence that the practice had reviewed the needs of its local population.
- Patients told us that they were able to get appointments when they needed them, with urgent appointments available the same day.
- The earliest GP appointment was 9.30am and the latest was 6pm depending on the day of the week. Extended hours GP appointments were available until 7pm one day a week.
- Information to help patients understand the complaints procedure was not available. The practice had not received or recorded any complaints in the last 12 months.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well led.

- The practice did not have a vision or values that were shared with staff and patients, although all staff worked towards providing the best care they could.
- The practice did not have a business plan in place to support any forward planning for the business, including any succession planning.
- There was a lack of clear organisational leadership to enable sufficient monitoring systems and process oversight.
- The practice did not hold regular governance meetings and any significant events that may have occurred were discussed at twice yearly meetings.
- There was a lack of oversight of the staffing needs of the practice or forward planning for planned absences.

Inadequate



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice was rated as inadequate in safe and well, requires improvement in effective and responsive and good in caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Care and treatment of older people did not always reflect current evidence-based practice. For example, prescribing subcutaneous fluids to patients without a clinical review or recent blood monitoring.
- The practice participated in the hospital admission avoidance scheme. The care of these patients was managed using care plans. It was not clear if there was a follow up procedure in place following discharge from hospital.

Inadequate



People with long term conditions

The practice was rated as inadequate in safe and well, requires improvement in effective and responsive and good in caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- One of the practice nurses was involved in chronic disease management.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in two of the five diabetes related indicators were below the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 62%, compared with the CCG average of 76% and national average of 77%. However, the exception reporting for all five indicators was below the CCG and national averages.

Inadequate



Families, children and young people

The practice was rated as inadequate in safe and well, requires improvement in effective and responsive and good in caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify children who were at risk, for example families with children in need or on children protection plans.

Inadequate



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed that 82% of women aged 25-64 had received a cervical screening test in the preceding five years. This was comparable to the national average.
- The practice offered routine contraception services.

Working age people (including those recently retired and students)

The practice was rated as inadequate in safe and well, requires improvement in effective and responsive and good in caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The age profile of patients at the practice is mainly those of working age and the recently retired but the services available did not fully reflect the needs of this group.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended consultation hours with the GP were offered one evening a week. However the earliest appointment time with a nurse was 9am and with a GP was 9.30am.

Inadequate



People whose circumstances may make them vulnerable

The practice was rated as inadequate in safe and well, requires improvement in effective and responsive and good in caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice carried out annual health checks and offered longer appointments for patients with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice was rated as inadequate in safe and well, requires improvement in effective and responsive and good in caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

- The practice identified patients who were experiencing poor mental health or those living with dementia.
- Eight three percent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%.

Summary of findings

What people who use the service say

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and eighty survey forms were distributed and 103 were returned. This gave a return rate of 37%. The practice was comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses, with the exception of being treated with care and concern by the GP. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw, which was the same as the CCG and national average.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Patients expressed lower than average satisfaction rates to questions about their involvement in planning and making decisions about their care and treatment, with the exception of nurses involving patients in decisions. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Thirty-two out of the 35 cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The comment cards also reflected these views.

Areas for improvement

Action the service MUST take to improve

Ensure that there is an effective process in place to guide staff on the reporting, recording and managing of significant events.

Ensure that there is access to all the recruitment information required under Schedule 3 of the regulations when recruiting staff, including locum GPs.

Access whether there is a risk to patients of being cared for or treated by members of staff without Disclosure and Barring Service checks.

Ensure that all electrical equipment and clinical equipment is safe to use and/or calibrated.

Assess the risks of not keeping a full range of emergency medicines at the practice and mitigate the risks to patients.

Summary of findings

Provide appropriate sharps bins for the disposal of sharps contaminated with s

The practice must ensure there are adequate numbers of appropriately skilled staff to cover sickness and absence.

Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.

Develop a clear leadership structure, including designated roles and responsibilities for staff.

Action the service SHOULD take to improve

Introduce a system which demonstrates that medicines and equipment alerts issued by external agencies are acted upon.

Implement a system to monitor the use of prescription stationery.

Introduce effective systems for monitoring the collection of prescriptions.

Provide written evidence to demonstrate that all new staff are provided with, and complete an induction programme.

Evaluate the reasons for poor performance in the national GP patient survey regarding patient satisfaction with their interactions with GPs and nurses in respect of their involvement in planning and making decisions about their care and treatment.

Make information about how to make a complaint more accessible to patients.

Review and update all policies and procedures.

Landywood Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Landywood Lane Surgery

Landywood Lane Surgery (known as Dr K Desai's surgery) is registered with the Care Quality Commission (CQC) as a GP partnership provider in Great Wryley, Cannock. The practice is part of the NHS Cannock Chase Clinical Commissioning Group. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of lower deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 19,45 patients.

The practice staffing comprises of:

- Two GP partners (one male and one female).
- Two part time practice nurses.
- A practice manager and reception staff.

The practice was open between 8am and 1pm, and 3.30pm and 6.30pm Monday to Thursday and from 8am to 1pm on Fridays. GP appointments were available Monday to Friday from the earliest time of 9.30am to the latest time of 6pm, depending on the day of the week. Extended appointments hours with a GP were offered between 5.30pm and 7pm on a Wednesday.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care via NHS 111.

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.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before inspecting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 22 September 2016.

We spoke with a range of staff including the GP, the practice nurse, the practice manager and reception staff. We spoke with patients, looked at comment cards and reviewed survey information.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events however, it was not sufficient.

- The practice did not have a policy in place to guide staff on the reporting, recording and managing of significant events.
- Staff told us they would inform the practice manager of any incidents and record them in the significant incident book. The information was then transferred onto a recording form. 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 an instance whereby staff had not recognised when an incident should have been reported as a significant event. For example the practice had been informed that a cervical cytology specimen had been taken 48 months too early. There was no evidence to support that this had been raised as a significant event or investigated.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records and incident reports and the minutes of meetings where these were discussed. Staff told us significant events were discussed as they arose. However, the significant event form did not reflect this. We saw there were inconsistencies in the level of detail recorded regarding significant events in the minutes of meetings. However, the minutes did not always contain the details of the discussion and lessons learnt.

The practice did not have a formal process in place to act upon and follow up on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were shared by email with clinical staff, although the practice did not have an accountable / lead clinician who ensured that alerts had been acted on appropriately. However, we saw evidence in

patient records that demonstrated appropriate action had been taken in response to alerts, but the practice did not always record the actions they had taken. We spoke with the practice about this during the inspection.

Overview of safety systems and processes

The practice had adapted some systems used to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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. Staff demonstrated they understood their responsibilities and all had received the appropriate level of training in safeguarding children and vulnerable adults relevant to their role.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. There were no formal meetings with the health visitor to discuss patients. Staff told us that the health visitor contacted the practice manager weekly to ask if they had any concerns about children. We saw that the practice manager had notified the health visitor when children had not attended for their immunisations or they had not attended appointments at the hospital.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. Staff had completed infection prevention and control training which was available on the on line training system. We saw that an infection control audit had been undertaken.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

However we identified areas where the practice did not have systems in place to keep people safe. These included:

- We saw that subcutaneous fluids had been prescribed for patients living with dementia at the request of care home staff. There was no evidence in the patients' notes to support that the GPs had visited the care homes to review these patients prior to the prescription being

Are services safe?

issued. In addition, there were no recent blood results on file. One patient had a 'do not resuscitate' plan in place. There was no evidence in this patient's notes of any decision with the family regarding rehydration.

- A notice in the waiting room and in the consultation/treatment rooms advised patients that chaperones were available if required. The practice nurses, practice manager and reception staff acted as chaperones and received training for the role. Not all staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. The practice had not carried out risk assessments to assess the need for staff who chaperone to be subject to DBS checks. (DBS)
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep 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. Blank prescription forms and pads were securely stored although the practice did not have systems in place to monitor their use. The practice did not have an effective system for managing non collection of prescriptions, as we found prescriptions dated December 2015, March 2016 and June 2016 that had not been collected.
- Recruitment procedures were not effective. We reviewed five personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, satisfactory evidence of conduct in previous employment and the appropriate checks through the Disclosure and Barring Service, or record of information regarding any physical or mental health conditions that applicants may have.
- We looked at the personal file for a locum GP. We saw the required information was on file. However, staff told us that other locum GPs were also used, and the only information supplied was the GMC number. The practice was unable to demonstrate that these locum GPs had indemnity insurance in place.

Monitoring risks to patients

The practice did not have an effective system for assessing and managing risks to patients.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice was located within a building owned by the NHS Trust,

which was responsible for maintaining the building. The Trust had procedures in place for monitoring and managing risks to patient and staff safety. There were up to date fire risk assessments and records confirmed that the fire alarm system had been serviced. However, the landlord did not carry out weekly fire alarm tests or hold fire drills. The Trust had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had carried out its own risk assessment for the areas within the building that they used.

- Staff told us the landlord was responsible for checking that electrical equipment they supplied was safe to use. The landlord had not carried out these checks for a number of years. The practice had not carried out any checks on the equipment that they owned. For example, the weighing scales, refrigerators and aura scopes.
- The practice was responsible for checking that clinical equipment was calibrated. We saw evidence to support that some equipment had been tested. However, we noted that some equipment had not been calibrated. For example, one set of weighing scales, pulse oximeters and electronic thermometers.
- We noted that the practice did not have a supply of suitable sharps boxes for the disposal of sharps contaminated with cytotoxic and/or cytostatic medicinal products and their residues. For example, contraceptive injections. The practice was disposing of these items in sharps boxes for sharps contaminated with medicinal products and their residues.
- Arrangements were not in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice employed three part time members of reception staff, who covered each other for sickness and holidays. Staff told us they were able to do this with support from the practice manager, but were unable to cover short term sickness if a member of staff was on holiday. One of the practice nurses had been away from work for a period of time, and their hours had not been covered.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

Are services safe?

- 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. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not always assess 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.
- Clinical staff told us that they used the templates on the electronic system to assist with the assessment of patients with long term conditions.
- However, the GPs prescribed medicines to a specific group of patients without carrying out a clinical review or having access to current blood monitoring.

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 showed the practice achieved 94.2% of the total number of points available (which was 0.7% above the local Clinical Commissioning Group (CCG) average and 0.6% below the national average), with 4.2% clinical exception rate (which was 6% below the CCG average and 5% below the national average). (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 an outlier for one QOF (or other national) clinical targets. The percentage (61%) of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was considerably lower than the CCG average (79%) and national average (80%).

Data from 2014/15 showed:

- Performance in two of the five diabetes related indicators were below the CCG and the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test

was recorded was 62% compared with the CCG average of 76% and the national average of 77%. However, the exception reporting rate for all of the diabetes related indicators was below the CCG and national averages.

- Performance in the three mental health related indicators was comparable to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 87% and the national average of 88%. The exception reporting rate for mental health indicators was below the CCG and national averages.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 94%, which was comparable to the CCG average of 77% and national average of 75%.
- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 85% and national average of 84%.

There was limited evidence of quality improvement including clinical audit.

- We saw evidence on two ongoing clinical audits. One audit identified patients with a body mass index of over 30 and invited them for a specific blood test related to diabetes. The first audit had identified five newly diagnosed diabetics and a number of patients with pre-diabetes. All of these patients had been offered life style advice and would have their bloods retaken after 12 months. It was hoped that this intervention would reduce the number of patients who went on to develop diabetes.
- The practice participated in the hospital admission avoidance scheme and had identified patients who were at high risk of admission. The care of these patients was proactively managed using care plans, which were developed and co-ordinated by the practice manager. It was not clear if the GPs contacted patients on the hospital admission avoidance scheme following any discharge from hospital and carried out a review of their care if require, or that these patients were discussed with the multidisciplinary team.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- Staff told us there was an induction programme for all newly appointed staff. We did not see evidence to support this in the staff file for the most recently appointed member of reception staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of staff were identified through appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included for reception staff e-learning modules and for nursing staff, protected learning time sessions through the Clinical Commissioning Group as well as e-learning modules.
- Staff had access to and made use of e-learning training modules and were expected to complete training that included: safeguarding, fire safety awareness, basic life support and information governance. It was not clear if staff were provided with protected learning time in which to complete their e-learning training.

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 ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. The practice had identified patients with palliative care needs and held three monthly meetings attended by the GPs and the palliative care nurse and community nurses.

The practice did not include all patients in the last 12 months of their lives on the palliative care register. For example, patients with end stage dementia or chronic diseases. This was discussed with the practice at the time of the inspection.

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.
- The GPs and nursing staff had completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- One of the GPs was unaware that all deaths of patients with a DoLS authorisation in place must be referred to the coroner.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet and smoking. The practice nurse offered smoking cessation advice and referred patients to local organisations for weight loss advice. Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable.

The practice had identified 11 patients who required additional support with their mental health needs. These patients were offered an annual physical health check, and care plans had been developed for each of these patients. The practice had identified 18 patients living with dementia. Patients and families were referred to the local dementia clinic.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. (Exception reporting for cervical screening was 3%, which was below the CCG and national averages). The

Are services effective?

(for example, treatment is effective)

practice offered family planning and routine contraception services. Chlamydia screening kits were available at the practice. Thirteen patients had been screened for chlamydia during the previous 12 months.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was above the local and national averages:

- 77% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months. This was above the CCG average of 74% and national average of 72%.

- 58% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months. This was the same as the CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 94% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. Thirty-two out of the 35 cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. Two hundred and eighty survey forms were distributed and 103 were returned. This gave a return rate of 37%. The practice was comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses, with the exception of being treated with care and concern by the GP. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw, which was the same as the CCG and national average.

- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. Almost everyone 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. Patient feedback from the comment cards we received was positive and generally aligned with these views. However, one patient told us they sometimes felt rushed during the consultation, and one comment card said that the patient didn't always feel listened to.

The results from the national GP patient survey showed patients expressed lower than average satisfaction rates to questions about their involvement in planning and making decisions about their care and treatment, with the exception of nurses involving patients in decisions. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas informing patients this service was available.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. Staff told us that when they sent out care plans to patients on the hospital admission avoidance register,

they asked about carers. The practice had identified 90 patients as carers (1.1%% of the practice list). All carers were offered the annual health check and flu vaccination. 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, the practice sent them a sympathy card.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was no evidence to support that the practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The GPs and practice nurses attended the monthly protected learning time events organised by the CCG.

- There were longer appointments available for patients with a learning disability or those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under the age of one year and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and privately.
- There were disabled facilities, a hearing loop and translation services available.
- Midwife and health visitor clinics were held at the practice.

Access to the service

The practice was open between 8am and 1pm, and 3.30pm and 6.30pm Monday to Thursday and from 8am to 1pm on Fridays. The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and a small number of telephone triage appointments.

- Patients contacting the practice by telephone between 1pm and 3.30pm and from 1pm on a Friday were advised to contact the practice mobile telephone if their call was urgent.
- GP appointments were available Monday to Friday from the earliest time of 9.30am to the latest time of 6pm, depending on the day of the week.
- Extended appointments hours with a GP were offered between 5.30pm and 7pm on a Wednesday.
- General practice nurse appointments were available on Mondays and Tuesdays from 9am to 1pm, and on Wednesdays from 5pm to 7pm.
- Appointments with the practice nurse who managed patients with chronic diseases were available on Thursdays from 1.30pm to 5.30pm.

The results from the national GP patient survey showed patients' satisfaction rates with their experiences of contacting, or making appointments at the practice were broadly in the line with the national averages.

- 78% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the national average of 79%.
- 77% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to the CCG and national averages of 73%.
- 73% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the national average of 76%.
- 64% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 62% and national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The comment cards also reflected these views.

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.

On the day appointments were offered at the beginning of each morning and afternoon surgery. There were also two telephone triage appointments at the end of morning surgery. If patients indicated they needed to see or speak with the GP urgently, then reception staff would transfer the call to the GP. Routine home visits were recorded in a book and passed to the GP at the end of morning surgery. If the patient was unable to wait until the end of surgery, again the reception staff transferred the call to the GP to make a clinical decision. 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.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We did not see any information available to help patients understand the complaints system. Some of

the patients spoken with were aware of the complaints procedure and a number of them had made complaints in the past. One patient told us they felt their complaint had been handled appropriately.

The practice had not received or recorded any complaints during the previous 12 months. We spoke with the practice manager about complaints. They told us that any issues were handled as they arose and usually resolved straight away.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a vision or values that were shared with staff and patients, although all staff told us they worked towards providing the best care they could. The practice did not have a business plan in place to support any forward planning for the business, including any succession planning.

Governance arrangements

We found that governance arrangements were not supported by the necessary management infrastructure and leadership and the governance processes and systems were not operated effectively or were applied inconsistently.

- The practice manager and lead GP did not hold any formal meetings to discuss governance and the lead GP had limited oversight of areas such as health and safety.
- The practice did not have a policy in place to guide staff on the reporting, recording and managing of significant events. We saw an instance whereby staff had not recognised when an incident should have been reported as a significant event.
- Although policies and procedures were in place, it was not clear whether they were up to date, as they did not all have implementation dates and review dates.
- The practice did not have a formal process in place to act upon and follow up on alerts that may affect patient safety, or an accountable / lead clinician who ensured that alerts had been acted on appropriately.
- The practice demonstrated limited use of clinical audit to improve quality in some areas, and the approach to audit needed to be strengthened.
- The practice had some arrangements for identifying, recording and managing risks; however we did not see evidence of a consistent approach to risk management which ensured patients, staff and others were protected against harm. For example, the management of prescription stationary, recruitment procedures and Disclosure and Barring Service checks, oversight of checking that electrical equipment was safe to use and who was responsible for undertaking the work.

Leadership and culture

We were not assured that there was adequate capacity of leadership available to run the practice in a manner which ensured high quality care. The GP did not fully engage in

the inspection process. They chose not to take the opportunity to meet with the inspection team at the start of the inspection or share any information about what the practice did well and/or areas for improvement. In addition there was no established clear vision or direction to influence staff in the activities required toward achievement of safe patient care.

We noted that the practice manager took the lead role in a number of areas that were usually clinically led. For example:

- Ensuring that blood monitoring was completed for patients on disease modifying medicines, including obtaining the blood results and inputting them into the electronic patient notes.
- Liaising with the health visitor regarding children of concern, including those who did not attend for their immunisations.
- Referring patients to the local hospice.

There was no evidence of planning and monitoring the number of staff and mix of staff needed to meet patients' needs, or forward planning to cover planned sickness. The partners were aware that the practice manager would be taking planned sick leave in the near future, and no arrangements had been put in place to cover this period of time. The expectation was that one of the existing reception staff would pick up some of the work load as well as doing their own role. Arrangements had not been put in place to cover practice nurse's planned sickness.

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

The practice encouraged feedback from patients. It had gathered feedback from patients through surveys and the NHS Friends and Family Test. The practice had an established Patient Participation Group (PPG) and held three monthly meetings. During the most recent meeting, the PPG had discussed concerns relating to the local pharmacy and telephone access at 8am. The members had assisted the practice to develop a patient satisfaction questionnaire which included these issues. The questionnaire was due to given to patients at the end of September 2016. The findings would be evaluated and discussed at the next meeting.

Are services well-led?

Inadequate 

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

The practice gathered feedback from staff through appraisals and informal discussion. Staff told us they would give feedback and discuss any issues with the practice manager.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of a staffing needs assessment which included adequate cover arrangements for sickness and absence.</p> <p>Formal governance arrangements were not in place including systems for assessing and monitoring risks and the quality of the service provision.</p> <p>There was a lack of a clear leadership structure, including designated roles and responsibilities for staff.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice was prescribing subcutaneous fluids for patients without a clinical review or recent blood monitoring.</p> <p>The practice did not have a policy and procedure to guide staff on the reporting, recording and managing of significant events.</p> <p>The practice had not carried out risk assessments regarding non clinical staff acting as chaperones and Disclosure and Barring Service checks.</p> <p>The practice had not carried out checks on all electrical equipment and clinical equipment to ensure that it was safe to use and/or calibrated.</p>

Requirement notices

The practice did not stock a full range of emergency medicines, including injectable anti-histamine, steroid, anti-emetic or any form of diazepam, and had not carried out a risk assessment to consider the risks of this.

Appropriate sharps bins were not provided for the disposal of sharps contaminated with sharps contaminated with cytotoxic and/or cytostatic medicinal products and their residues.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The required information as outlined Regulation 19 and Schedule 3 (Information Required in Respect of Persons Seeking to Carry On, Manage Or Work For The Purposes of Carrying On, A Regulated Activity) was not available. This included;

Satisfactory evidence of conduct in previous employment, disclosure and barring service (DBS) checks and a record of information regarding any physical or mental health conditions that applicants may have.

The practice had not assured themselves that any of the required recruitment checks were in place for locum GPs.

The practice had not assured themselves that appropriate indemnity cover was in place for all locum GPs.

This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.