Laburnum Surgery

Inspection report

Laburnum Medical Group
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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 location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Inadequate

Overall summary

This practice is rated as inadequate overall. (Previous comprehensive rating – July 2015 – Good).

The key questions are rated as:

Are services safe? inadequate

Are services effective? requires improvement

Are services caring? – good

Are services responsive? – good

Are services well-led? - inadequate

We carried out an announced comprehensive inspection at Laburnum Surgery on 05 and 08 June 2018 due to risks identified through our internal monitoring processes and as part of our planned inspection programme.

At this inspection we found:

- Staff demonstrated a very caring approach to their patients and it was clear they treated them with compassion, kindness, dignity and respect.
- The practice had some systems in place to manage risk, so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved processes to keep patients safe. However, the practice's protocol for responding to safety alerts was not always implemented effectively. Significant events were not routinely shared externally, using the local safeguarding, incident and risk management system, to promote system-wide learning. There were some gaps in the practice's arrangements for identifying, assessing and managing risk.
- Clinicians assessed patients' needs and delivered person-focussed care and treatment. However, they did not routinely review the effectiveness of the care provided to ensure it was in line with current legislation, standards and guidance. The practice did not have a structured system in place which helped ensure clinicians kept up-to-date with current evidence-based practice. The practice was unable to demonstrate it was actively following the latest National Institute for Health and Care Excellence (NICE) sepsis guidance.
- Most patients found the appointment system easy to use and reported they could access care when they needed it.
- There was some evidence the practice engaged with their patients and used the feedback to improve services. However, patient engagement was limited and the practice did not have an active patient participation group.
- Overall, staff had the skills, knowledge and experience to carry out their roles. However, appropriate arrangements had not been made to monitor the continuing competency of the long-term locum nurse practitioner operating in an advanced role. Also, appropriate records had not been maintained of the induction provided to locum staff.
- Appropriate recruitment checks had not always been carried out.
- There was some evidence of business planning, and risk and performance management. However, some of the practice's governance systems and processes did not work effectively. Business planning had taken place but this did not sufficiently address the challenges faced by the practice and areas for improvement.
  Multi-disciplinary team meetings, to review the needs of patients with complex and end-of-life needs, had not been held on a regular basis in line with the practice's meeting programme. Although the practice had a meeting structure, this was not always followed in practice.
- Some quality improvement activity had been undertaken. However, clinical audit activity was limited.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance, in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The areas where the provider should make improvements are:

Overall summary

- Act to improve uptake rates for cervical, breast and bowel cancer screening in line with local clinical commissioning group averages. Continue to take action to improve childhood immunisation rates.
- Review and improve patient engagement.
- Review and improve reception staff training for their role in the management of patients with severe infections, such as sepsis.
- Arrange for the practice's CQC rating to be displayed on the practice's website.
- Reduce those exception reporting rates which are higher than the local clinical commissioning group and England averages.

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

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

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

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

Background to Laburnum Surgery

Laburnum Surgery provides care and treatment to 2389 patients of all ages, based on a Primary Medical Services (PMS) contract. The practice is part of NHS Northumberland clinical commissioning group (CCG) and covers Ashington and the surrounding areas. The practice has one location which we visited as part of the inspection:

- Laburnum Surgery, 14 Laburnum Terrace, Ashington, Northumberland, NE63 0XX.

Information taken from Public Health England placed the area in which the practice is located in the second most deprived decile. This shows the practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages. The percentage of patients with a long-standing health condition is above the England average, and the percentage of patients with caring responsibilities is below the England average. National data shows that 1.6% of the population are from an Asian background.

The practice is located on a main street at the end of a row of shops. The premises have been adapted over the years and provide patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice team consists of two GP partners who both work five clinical sessions each (one female and one male); a practice manager; and a small team of administrative and reception staff. A long-term locum nurse practitioner (female) was also in post at the time of our visit. Two locum practice nurses were covering shifts, until the practice could recruit their own practice nurse.

When the practice is closed, a message on the telephone answering system redirects patients to out of hours or emergency services as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare Limited, known locally as Northern Doctors Urgent Care Limited.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for safe because:

- The practice's systems and processes for keeping patients safe did not always operate effectively.
- The practice's systems for assessing, monitoring and managing risks to patient safety were not always satisfactory.
- The practice's systems for appropriate and safe handling of medicines were not always effective or reliable.

Safety systems and processes

Most of the practice's systems and processes helped to keep patients safe and safeguarded from abuse. However, we found there were gaps in the practice's arrangements.

- We received assurances that all staff working at the practice were up-to-date with their safeguarding and safety training. However, documentary evidence confirming this was not available for some staff.
- Staff knew how to identify and report concerns. Reports arising from safeguarding incidents, and information about significant events, were available to staff. Meetings were held to review each significant event that had occurred at the practice, to enable staff to discuss what could be learnt from these.
- Two members of staff carried out chaperone duties. Both staff had completed training to carry out this role and had undergone 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had not carried out the
- The practice was visibly clean throughout, and there were some systems and processes in place to manage infection prevention and control. However, there were some gaps in the practice's arrangements.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The practice's systems for assessing, monitoring and managing risks to patient safety were not always satisfactory.

- Arrangements were in place for planning and monitoring the number and mix of staff required to meet patients' needs, including planning for holidays, sickness, and busy periods. The business continuity plan identified what steps would be taken should one of the GPs be absent for an extended period.
- Staff had been provided with an induction. However, documentary evidence confirming this was not available for those staff working in a locum capacity.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, we were not assured that all clinicians knew how to identify and manage patients with sepsis in line with the latest guidance. Also, non-clinical staff were not familiar with the 'red flag' sepsis symptoms that might be reported by patients, or how to respond in such a situation. The practice manager took immediate action to begin the process of improving their sepsis arrangements.
- When there were changes to how the service was delivered, we were told leaders at the practice assessed and monitored the impact on safety. For example, the GPs and practice manager had considered the potential impact of providing additional extended access on the practice's systems and processes, and the workload of clinical and non-clinical staff. Action had been taken to help the GPs cope with the extra demands they faced.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Inadequate

Are services safe?

- The care records we saw showed that information required to deliver safe care and treatment was available to staff. There was a documented approach to managing test results, which staff usually followed in practice.
- The practice had systems for sharing information with staff and other agencies, to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice's systems for appropriate and safe handling of medicines were not always effective or reliable.

- The practice had taken some action to support good antimicrobial stewardship, in line with local and national guidance. However, we were not assured that this improvement would be sustained over time.
- Most of the practice's systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, helped to minimise risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines, in line with current national guidance.
- Most patients' health was monitored in relation to the use of medicines and followed up on appropriately, and they were involved in regular reviews of their medicines. However, the practice's arrangements for monitoring patients prescribed high-risk medicines, had lapsed during the previous six months.

Track record on safety

The practice's track record on safety was not consistent.

- Although risk assessments relating to safety issues were in place, there were some gaps. For example, none of the risk assessments we looked at covered clinicians lone-working. Also, there was no evidence that the risk assessments been reviewed in the light of recent significant events, which could have threatened the safety of staff and other people.
- The practice monitored and reviewed activity and this had helped it to understand risks. However, the gaps in their arrangements for assessing risks meant they did not always have an accurate understanding of safety issues, to help drive safety improvements. The practice had not identified the issues we identified during this inspection.

Lessons learned and improvements made

The practice's systems and processes for supporting staff to learn from and, where necessary, make changes or improvements when things went wrong, were not always effective.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Some of the practice's systems and processes required strengthening to promote consistency.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons within the practice, and acted to improve safety. Significant events were not routinely shared externally, to promote system-wide learning.
- The practice's system for responding to safety alerts was not always implemented effectively.
- The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was usually shared with other agencies in a timely way. However, multi-disciplinary safeguarding team meetings had not always taken place, in line with the practice's meetings schedule. For example, the practice manager told us that sometimes the GPs had to prioritise home visits, and because of this, some meetings had not taken place.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

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

The practice was rated as requires improvement for effective because:

- The practice did not have a structured system in place which helped ensure clinicians kept up-to-date with current evidence-based practice. Also, the practice was unable to demonstrate it was actively following the latest National Institute for Health and Care Excellence (NICE) sepsis guidance.
- Multi-disciplinary team meetings, to review the needs of patients with complex and end-of-life needs, had not been held on a regular basis in line with the practice's meetings schedule.
- The practice did not have a structured, comprehensive approach to monitoring care and treatment. There was limited evidence of the use of clinical audits, to help drive improvements and improve patient care.
- The practice had not taken appropriate action to assure themselves of the continuing competence of the long-term locum nurse practitioner they employed in an advanced role. Also, appropriate records had not been maintained of the induction provided to this member of staff and the two locum practice nurses.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. The QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

Overall, there was evidence that clinicians assessed individual needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols. However, there were very high exception reporting levels for some of the Quality and Outcomes Framework clinical indicators.

Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. The practice manager told us they used the e-frailty tool that came with their IT system, to identify patients who were living with frailty.

Those identified were invited to attend for a review and an emergency healthcare plan was set up where required. However, the senior GP was unaware of the process the practice used to identify patients who were frail.

We saw no evidence of discrimination when staff made decisions about patients care and treatment.

Staff used technology to help them provide a better service to their patients. A new telephony system had been installed, to enable the practice to participate in a local scheme to provided extended access.

Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients could access 15-minute appointments with one of the GPs.
- There were suitable arrangements in place to ensure that, when older patients were discharged from hospital, their care plans and prescriptions were updated, to reflect any extra or changed needs.
- Staff knew how to meet the needs of older patients, including their mental health and social needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review, to check their health and medicines needs were being met.
- Staff who were responsible for the reviews of patients with long-term conditions, had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions such as diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Publicly available Quality and Outcomes Framework data, for 2016/17, showed the practice was below the clinical commissioning group (CCG) and national averages for one of the diabetic clinical indicators. The provider reviewed their data which demonstrated all patients on the register had been invited to attend for review on three occasions and, where no response was received, the QOF system had been updated to show the patient had declined.

Families, children and young people:

Requires improvement

Are services effective?

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, the practice was below the national averages for vaccinations given to children under two years of age. The practice manager told us that the data included in the CQC Evidence Table was inaccurate. Evidence obtained during this inspection, demonstrated the numbers of children who had been immunised, during 2017/18, was in line with the relevant targets. The practice manager told us all staff worked very hard to make sure all relevant children received their immunisations. Staff told us there was a rigorous process in place for following up all children who failed to attend for their immunisations.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The practice manager told us patients would be referred to the midwife attached to the practice, so appropriate tests could be carried out and support provided. We were told that should there be any concerns, the midwife would share these with the practice.
- The practice had arrangements for following up children who failed to attend planned secondary care appointments.

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

- The practice's uptake for cervical screening was 68.8%, which was below the 80% coverage target of the national screening programme. Also, the practice's uptake for cervical screening was below the local CCG and national QOF averages.
- The practice's uptake for breast cancer screening was below the local CCG, but above the national average.
- The practice's uptake for bowel cancer screening was below the local CCG average, but above the national average.
- We spoke to the practice about the action they were taking to improve patient uptake of these screening initiatives. The practice manager told us systems were in place, to make sure reminder invitations were sent out to all patients who failed to attend for screening. Reception staff told us they monitored failure to attend and took action to invite patients in for screening regularly throughout the year.
- The practice had systems to inform eligible patients, such as those attending university for the first time, to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks, including NHS checks for patients aged 40-74. There were appropriate follow-ups on the outcomes of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Overall, end-of-life care was delivered in a coordinated way, which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition, according to the recommended schedule. Regular searches were carried out to identify these patients and ensure they were offered appropriate vaccinations.

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

- The practice assessed and monitored the physical health of people with mental illness, including those with dementia, by providing access to health checks and interventions for diabetes, heart disease and cancer. Patients could access longer appointments with one of the GPs. Referrals were made to the local 'Talking Matters' service, where this was considered appropriate. Access to smoking cessation services had been suspended, until the practice could employ a new practice nurse.
- Publicly available Quality and Outcomes Framework data, for 2017/18, showed the practice's performance in relation to the mental health indicators was lower, when compared to some of the local CCG and national averages.
- Patients at risk of dementia were identified and offered an assessment, to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Requires improvement

Are services effective?

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity. Over the past two years staff had carried out:

- Completed two clinical audits, to help the practice address their significantly higher than average rate of antibacterial prescribing. Another clinical audit had been completed, to help the practice reduce the practice's prescribing of an expensive analgesic. The clinical audits that had been carried out were relevant and clearly linked to areas where staff had identified improvements were needed. However, the practice did not have a planned and structured programme of quality improvement and clinical audit activities.
- Regular searches to identify patients at risk of frailty, unplanned admissions into hospital and those who had attended the local accident and emergency department. We were told action had been taken in response to these searches.
- Participated in local improvement initiatives. For example, they had contributed to a demand and access review carried out by their local CCG, to help improve appointment availability in and outside of normal surgery hours. The practice was participating in a local hub arrangement, to help provide patients with extended access to out-of-hours care and treatment.
- Monthly checks of the practice's performance against the Quality and Outcomes Framework clinical and public health indicators, to help identify priorities and areas for improvement.

Effective staffing

There was evidence in place to confirm that most staff had the skills, knowledge and experience to carry out their roles. However, arrangements had not been made to assess the continuing competency of a clinician working in an advanced role.

- Staff had appropriate knowledge for their role. For example, staff who carried out reviews for patients with long-term conditions and older people had received appropriate training.
- Staff whose role included administering immunisations and taking samples for the cervical screening programme, had received specific training.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged, and given opportunities, to develop.
- The practice provided the staff they employed with ongoing support. This included an induction, day-to-day support and an annual appraisal. However, the practice had not made arrangements to assure themselves of the continuing competency of the nurse practitioner, who had been employed as a locum on a long-term basis to carry out an advanced role.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Clinical staff collaborated with other healthcare professionals to assess, plan and deliver care and treatment.
- The practice shared information with relevant professionals, when making decisions about how the needs of patients with long-term conditions should be met. Also, staff usually shared information about risk with local health and social care professionals, where this was considered appropriate. However, there were occasions when planned multi-disciplinary meetings, to review patients who had complex needs or who were vulnerable, had not taken place in line with the practice's meetings schedule. For example, on one occasion, when the practice manager took leave, the meeting was not held in their absence.
- Patients received coordinated and person-centred care. This included when they were referred to, or were discharged from, hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. Emergency healthcare plans were in place for those who needed them.

Helping patients to live healthier lives

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

Requires improvement

Are services effective?

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and patients who were also carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- The practice manager told us the local CCG promoted and encouraged the use of the 'Care Navigation' approach. Reception staff actively helped patients to get the right support, by connecting them with the most appropriate source of help. We asked the senior GP partner to tell us about how the practice was utilising 'social prescribing' (i.e. the practice of referring patients to non-medical care to help improve physical, emotional and mental wellbeing). However, they told us they were not aware of the term 'social prescribing'.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- One of the GPs provided 15-minute appointments for older patients, or patients with mental health needs, as they felt this helped them to provide much better care and treatment.

Consent to care and treatment

- The practice obtained consent to care and treatment in line with legislation and guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to decide.
- Although clinicians sought consent in line with their consent policy, for example, in relation to minor surgery, audits of the practice's consent process had not been carried out.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was very positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Data from the NHS National GP Patient Survey of the practice, published in July 2017, showed patient satisfaction levels regarding the quality of GP and nurse consultations, were comparable to the local clinical commissioning group (CCG) and the national averages.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (AIS) and had acted to comply with this. (The AIS requires providers to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand. For example, staff could access easy read materials for use with patients who needed this.
- The practice had identified patients who were also carers. Patients who were carers were referred to the local carers' group for extra help and support, and were offered access to annual immunisations.
- The results from the National NHS GP Patient Survey of the practice showed patient satisfaction levels, regarding involvement in decision-making and how clinical staff explained tests and treatments, were comparable to the local CCG and the national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues, they could offer them a private room to discuss their needs.
- Staff recognised the importance of respecting people's privacy and dignity.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, by providing online services which allowed patients to request repeat prescriptions and book appointments in advance. Extended opening hours were provided on a Saturday, twice a month, to offer patients greater flexibility when booking appointments. Extended access had recently been introduced in collaboration with other local practices.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were vulnerable or had complex needs. They supported them to access services both within and outside the practice.
- Overall, care and treatment for patients with multiple long-term conditions and patients approaching the end-of-life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients and offered home visits, longer appointments and urgent appointments for those who needed them.
- All older patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.

People with long-term conditions:

- The performance data indicators monitored by the Care Quality Commission, indicated that the practice ensured patients with long-term conditions (LTCs) received effective, high quality care, that was comparable to other practices. The delivery of care and treatment for this group of patients had, until very recently, been delivered by the practice nurse, with the support of the healthcare assistant and the GPs. In the absence of the practice nurse, locum nursing staff were providing care and treatment to this group of patients on a short-term basis. The practice had an effective patient recall system, which helped to ensure patients had their needs reviewed on a regular basis.
- End-of-life care was delivered in a coordinated way, and this considered the needs of those whose circumstances may make them vulnerable. However, multi-disciplinary meetings to review the needs of patients requiring palliative care, were not always held in line with the practice's own review schedule.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Women could access midwife-led, ante-natal care, with support from the GPs.
- Children could be seen outside of school hours, to minimise any impact on their school attendance.
- The practice premises were suitable for children and babies. Dedicated breast-feeding facilities were not provided, but staff told us that a room would be found for any mother wishing to breast-feed.
- Family planning and contraceptive services were provided.

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

- The needs of this population group had been identified and the practice had adjusted the services they offered, to ensure these were accessible, flexible and offered continuity of care.
- Working age patients could be seen outside of normal working hours, to minimise any impact on their employment. Telephone consultations were also provided.
- NHS health checks were offered to eligible patients.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Patients with learning disabilities had access to an annual healthcare appointment where their needs were reviewed, to ensure they were being met.

Good

Are services responsive to people's needs?

- All consultation and treatment rooms were accessible to patients with physical disabilities. Staff had access to a telephone translation service and interpreters, should they be needed. A hearing loop was not available for patients with a hearing impairment.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs, including patients living with dementia. Members of the team had completed 'dementia friends' training, to help them provide patients with an improved service.
- Clinical staff actively carried out opportunistic dementia screening, to help ensure patients were receiving the care and support they needed to stay healthy and safe. Alerts had been placed on the clinical system to 'flag' patients with dementia, so clinicians could take this into account during a consultation. Longer appointments were provided to this group of patients when requested.
- Patients experiencing poor mental health had access to information about how to access various support groups and voluntary organisations. Patients could access on-site talking-therapies, which enabled them to receive care and treatment in a local setting.

Timely access to care and treatment

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

- Overall, patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients we spoke with reported that the appointment system was easy to use.

Results from the NHS GP Patient Survey of the practice, published in July 2017, showed that patient satisfaction levels with appointment access were comparable to the local clinical commissioning group (CCG) and national averages.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- Where appropriate, the practice learned lessons from complaints.
- We reviewed one complaint in greater detail and noted the final response letter that went out to the patient did not include details of what to do if they were dissatisfied with the practice's response. However, this information was included in the initial acknowledgement letter sent to patients.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well led because:

- The arrangements for governance and performance management did not always operate effectively and, because of this, there were some breaches in legal requirements.
- Leaders were not always aware of the risks, issues and challenges facing the service.
- The practice's strategy and business development plan had some significant weaknesses. The plan did not fully reflect local performance issues and national health priorities. Progress against the plan was not always consistently or effectively reviewed, to demonstrate improvement.

Leadership capacity and capability

- The GPs and the practice manager demonstrated high levels of commitment and dedication to providing their patients with the best possible care. However, whilst they showed that they understood the challenges facing them, we were not assured they had the capacity to actively address them and sustain improvements.
- Nevertheless, staff told us the leadership team was visible and approachable. They worked closely with staff to make sure they could carry out their duties within a compassionate, inclusive and caring setting.
- The practice did not have effective processes in place to develop leadership capacity and skills, and had not undertaken any succession planning, to help assure the future delivery of care and treatment.

Vision and strategy

The practice did not have a sufficiently clear vision to deliver high quality, sustainable care.

- There was evidence the practice had planned its services to meet the needs of the practice population.
- The practice had developed a mission statement which provided a summary of the core goals underpinning the care and treatment they provided. A summary of goals and objectives had also been devised. Information about the mission statement and the goals and objectives statement was available throughout the surgery, including in the patient waiting area.
- The practice also had an up-to-date supporting business development plan. However, when we reviewed the plan, we found there some of the key challenges faced by the practice, such as the need to address their significantly higher than average level of antibacterial prescribing, were not covered. The plan did not detail how the practice intended to improve and sustain their performance, against some of the activity targets set by the local clinical commissioning group, such as the practice's higher than average referral rates.
- Staff knew where they could access the practice's business development plan. However, not all staff were able to confirm they had contributed to its development.
- The practice manager told us they monitored progress against the delivery of the practice's business development plan. However, there was limited evidence of this.
- The practice's business continuity plan outlined the short-term arrangements that would be put in place, should one of the GPs take leave of absence. However, there was no evidence that succession planning activity had taken place, to help ensure the future delivery of services.

Culture

Overall, the practice had a culture that helped staff to provide high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and proud of the role they played in delivering patient care.
- All staff were very patient-focussed.
- Leaders listened to feedback from staff regarding concerns they had about discharging their roles and responsibilities, and acted to address these concerns.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that anything they raised would be addressed.
- There were processes for providing all staff with the development they needed. Most staff had received an appraisal during the last year which included work related development plans. Staff were supported to meet the requirements of professional revalidation. The

long-term locum nurse practitioner told us they were considered a valued member of the practice team and received appropriate support to carry out their duties effectively.

- There was a strong emphasis on the safety and well-being of all staff. However, there was no evidence the practice's overall health and safety risk assessment had been reviewed, following two significant events which could have threatened the safety of staff and patients. Reviewing the risk assessment would have identified whether the control measures that were in place before these significant events were still adequate or needed to be strengthened.
- Most staff had completed equality and diversity, to help ensure patients received equitable care and treatment. Clinical staff ensured patients with a learning disability received equal access to care and treatment, by providing them with an annual, structured healthcare review.
- There were very positive relationships between the GPs and practice manager and their staff members.

Governance arrangements

The governance arrangements did not always operate effectively.

- Policies and procedures had been put in place to help assure safety. However, the arrangements for making sure that these were being followed in practice, were not always effective. For example, leaders had not carried out an audit to ascertain whether staff were following the practice's safety alerts protocol.
- Leaders did not have sufficiently rigorous arrangements in place for assuring themselves that the agency supplying the locum staff to the practice had carried out all appropriate checks and that these staff were suitable for the duties they were carrying out.
- Staff were clear about their roles and responsibilities and how the practice's systems and processes operated, including in respect of safeguarding and infection prevention and control.
- The practice did not have a structured system in place which helped ensure clinicians kept up-to-date with current evidence-based practice. Also, the practice was unable to demonstrate it was actively following the latest National Institute for Health and Care Excellence (NICE) sepsis guidance.

Managing risks, issues and performance

The processes for managing risks, issues and performance, were not always effective.

- The practice had some processes which helped them to identify, understand, monitor and address most current and future risks, including those relating to patient safety. However, we noted that the practice had not assessed risks to clinical staff when undertaking home visits when there was an identified risk of violence. The practice had also not assessed risks associated with the threat of infection and security at the premises.
- The practice had in place some processes to monitor performance. For example, regular checks of the Quality and Outcomes Framework data were undertaken, to help make sure patients were receiving appropriate care and treatment. However, although arrangements had been made to monitor and reduce antibiotic prescribing, we were not assured the monitoring arrangements were sufficiently rigorous and would be sustained in the face of workload demands.
- The practice had plans in place, and had trained staff to respond to, potential emergencies.

Appropriate and accurate information

Overall, the practice acted on appropriate and accurate information. Quality and operational information was used to improve performance. Performance information such as Quality and Outcomes Framework data was considered alongside feedback received from patients via the practice's own survey, to help improve the services they delivered.

- Performance data and notifications were usually shared with external bodies, so the practice's performance against local and national priorities could be monitored. However, learning was not always shared outside of the practice to promote system-wide improvement.
- There was some evidence that quality and safety were discussed in relevant meetings. However, meetings were not always carried out in line with the practice's meetings schedule, which could make it difficult for the GPs and practice manager to assure themselves of the quality, safety and sustainability of the care and treatment they provided.
- There was no evidence to suggest that accurate information was used to monitor performance and the delivery of quality care.

Inadequate

Are services well-led?

- The practice used information technology, to monitor and improve the quality of care they provided.
- There were appropriate arrangements for ensuring the confidentiality of patient identifiable data, patient records and data management systems.

Engagement with patients, the public, staff and external partners

Arrangements were in place to support engagement with staff and external partners. However, engagement with patients was less structured.

- The practice did not have an active patient participation group.
- The practice had displayed their CQC rating in the reception area, but they had not displayed their rating on their website.
- The practice had carried out their own survey to obtain the views of patients in relation to access to appointments and the quality of care and treatment they received. Comment boxes were available in the reception area.
- The practice manager told us they worked with external partners, to improve their performance. They said performance information was made available to the local clinical commissioning group (CCG) in relation to, for example, medicines management and appointment access.
- The practice had worked collaboratively with other local practices and the local CCG to provide improved access to appointments for their patients.

Continuous improvement and innovation

There was some evidence of systems and processes which supported learning and continuous improvement.

- Continuous learning and improvement was important by the GPs, the practice manager and staff. The practice encouraged staff to attend the monthly educational sessions that were held. The practice used an electronic learning package, to help deliver staff mandatory training.
- The practice made use of internal reviews of significant events and complaints, and learning was shared with staff and used to make improvements.
- Since our last visit in September 2017, the practice had collaborated with other GP practices, to provide extended access across their local hub. A recent audit had shown a reduction in antibiotic prescribing for one of the GPs.

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care. The provider had not put effective arrangements in place to: Assess, monitor and improve the quality and safety of the services provided. In particular, the provider: • Did not have suitable arrangements for assuring themselves that the agency supplying locum staff to the practice had carried out all appropriate checks and that these staff were suitable for the duties they were carrying out. • Did not have a satisfactory system in place for responding to safety alerts for this service. Did not have an effective recruitment process. • Had not made arrangements to ensure the delivery of a programme of structured quality improvement activity. • Had not kept up-to-date and accurate records of the training completed by staff working at the practice. • Did not have an active patient participation group. • Did not have effective arrangements in place to monitor progress against their business development plan, to help improve the quality and safety of services. • Did not have an effective system in place to review nationally recognised guidance. • Did not routinely share information about significant events and incidents occurring within and outside of the practice, using the local safeguarding, incident and risk management system.

This section is primarily information for the provider

Requirement notices

- Did not have an effective meetings structure schedule.
- Did not have effective antimicrobial stewardship systems in place.
- Did not have satisfactory systems in place to: produce an annual infection control statement; ensure re-usable privacy curtains were regularly decontaminated in line with best practice guidance; obtain evidence of staff's relevant immunisation history.

Assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. In particular:

- There were some gaps in the practice's arrangements for monitoring and addressing some current and future risks.
- The provider did not have an effective system in place to ensure that patients prescribed high-risk medicines were appropriately monitored.
- The provider had not carried out an appropriate risk assessment to identify a list of emergency medicines that were not suitable for the practice to stock.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider had not ensured that all persons employed in the provision of the regulated activity received appropriate professional development and appraisal to enable them to carry out their duties. In particular, the provider had not: • Made arrangements to assess the continuing competency of the long-term locum nurse practitioner working in an advanced role.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

How the regulation was not being met:

The provider had not ensured that suitable recruitment procedures had been established and were operating effectively.