

Dr Peter Ayegba

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

GOOD

We had previously inspected Dr Ayegba in January 2016 and had found serious concerns. As a result the practice was rated as inadequate and placed into special measures. The inspection report was published in March 2016. Specifically, we found the practice inadequate for providing safe, effective, caring, responsive and well led services. Following the inspection the practice sent us an action plan of how they were going to address these issues. We carried out an announced comprehensive inspection at the practice on 17th August 2016. This was to review two warning notices served for Regulation 12 and Regulation 17 and to consider whether sufficient improvements had been made by the provider, and whether the concerns we had at the previous inspection had been addressed. The practice had made significant improvements. We have rated the practice as good for providing safe, effective, caring responsive and requires improvement for well led services. Overall the practice is rated as good.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- An improved recruitment process had been implemented since our last inspection and this had been followed when recruiting new staff.
- Staff training needs had been addressed so that staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their treatment. Patients were positive about their interactions with staff.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said there had been improvements at the practice and it was easier to make an appointment, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make further improvements are:

- Review recent improvements and consider how the practice can ensure the sustainability of improvements made and have effective succession planning in place.
- Update training records for all staff.

- Revise the documentation and storage in relation to PGDs and PSDs
- Review the need to document decisions made in discussions with multi-disciplinary teams.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Letter from the Chief Inspector of General Practice

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support and a written apology.
- The practice had improved systems in place to keep patients safe and safeguarded from abuse.
- Infection control procedures were well managed.
- Medicines management was well organised. There were improved processes in place with continued working with the local CCG medicines management team.
- Patient Group Direction (PGD) and Patient Specific Direction (PSD) documentation needed reviewing.

Good



Are services effective?

The practice is rated as good for providing safe services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We looked at a range of audits the practice had completed since our last inspection, two of which were completed audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and training was improved with on-going training being developed and organised for new staff.
- There was evidence of appraisals for most staff.
- Staff worked well with multi-disciplinary teams including health visitors and other relevant organisations such as the local CCG medicines management team.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Results from The National GP Patient Survey for 2015 and 2016 and showed improvements for overall patients' experience of the practice and consultations with GPs, and nurses.
- Information for patients about services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and confidentiality.
- Nearly 2.5% (98) of patients from the practice list had been identified as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Most patients said they had found improvements in how easy it was to make an appointment, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- There was a leadership structure and most staff felt supported by the management team. The practice had to manage staffing through locums and agencies but hoped to be fully staffed within the next few months.
- The practice had a number of policies and procedures to govern activity and held regular structured team meetings with all staff.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group worked with the practice to develop the service to patients.
- There was a focus on continuous learning and improvement at all levels with further developments for training for all newly recruited staff.

Requires improvement



Summary of findings

- Although we could see the practice had made numerous improvements. We were still not fully assured that the level of improvement could continue to be sustained. In particular we were concerned about the sustainability of the practice and the continuing capacity for management support.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had two designated staff who acted as direct contacts for carers, who liaised with the patients named GP, and who could interrupt the named GP between consultations when circumstances required this.
- The practice promoted screening such as bowel screening and had worked on increasing the uptake of screening with patients who initially do not take part in these public health initiatives .
- The practice offers joint injections to help reduce the waiting times for secondary care and to offer a convenient service to their patients.

People with long term conditions

Good



- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had access for referrals to the smoking cessation service and to a consultant for COPD clinics which were delivered to patients from the practice building. ECGs and spirometry tests could be delivered to patients at the practice premises.
- The practice offered an anti-coagulation service on site.
- Indicators for the care of diabetic patients were in line with local and national averages. 100% of patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) compared with the CCG average of 95% and the national average of 94%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- The percentage of women aged 25-65 whose notes record that a cervical screening test has been performed in the last five years, was 85% which was higher than the local clinical commissioning group (CCG) average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Priority appointments were made available for children.
- The practice held immunisation clinics, post natal baby checks and ante natal clinics with a midwife, and eight week child development clinics.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours each Wednesday evening up to 8.30pm. Patients were offered telephone consultations when appropriate, rather than patients having to visit the practice.
- Health checks were offered to patients who were over 40 years of age to promote patient well-being and address any health concerns.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients who had special needs such as patients with learning disabilities, palliative care patients, and patients who were carers.
- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

- The practice had a number of patients from different backgrounds who could also be vulnerable, for example, refugees or economic migrants. Staff used translation services to help communicate with these patients and usually booked double appointments to accommodate the use of interpreters.

People experiencing poor mental health (including people with dementia)

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The practice worked closely with the local, 'Improving Access to Psychological Therapies' (IAPT) service to offer self-referrals for patients.
- The lead GP is the clinical lead for mental health for Knowsley CCG and promotes up to date standards of care for patients with dementia.
- The practice gave guidance and support to patients experiencing poor mental health, and information on how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Results showed the practice scores were comparable with or slightly lower than local and national averages. 366 survey forms were distributed and 110 were returned. This represented the views of 2% of the practice's patient list. The practice had shown improvements in areas that they had taken action in improving such as helpfulness of their reception staff and accessing appointments. The practice scored higher in some areas of the survey for example, for patients being involved in decisions about their care with their GP and nurse.

87% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 88%.

83% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

78% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the national average of 85%.

95% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 96% and the national average of 97%.

The practice achieved scores in line with local and national averages, for patients opinions about opening hours and appointments. For example

- 89% of patients said the last appointment they got was convenient compared to the national average of 91%.
- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards and we spoke with six patients and two members of the patient participation group (PPG) during this inspection. The majority of patients were positive about the practice and some patients had noticed improvements. Patients indicated that they found the staff were helpful and caring, they described their care as very good. Five patients offered their opinions and suggestions about various aspects of the service they felt still needed improving for example in changes in staff and waiting for appointments. The provider was confident that once all vacancies had been filled the practice would be able to deliver services effectively with a skilled workforce. They produced audits, which detailed how they managed demand for appointments and how they had improved management of telephone traffic.

Areas for improvement

Action the service SHOULD take to improve

- Review recent improvements and consider how the practice can ensure the sustainability of improvements made and have effective succession planning in place.
- Update training records for all staff.
- Revise the documentation and storage in relation to PGDs and PSDs
- Review the need to document decisions made in discussions with multi-disciplinary teams.

Dr Peter Ayegba

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a CQC pharmacist inspector, a GP specialist advisor, a practice manager specialist advisor and an expert by experience. (Experts work for voluntary organisations and have direct experiences of the services we regulate.) They talked to patients to gain their opinions of what the service was like.

Background to Dr Peter Ayegba

Dr Peter Ayegba's practice is based in a purpose built facility in a residential area of Huyton, Knowsley close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 77 years compared with the CCG averages of 76 years and the national average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 80 years and the national average of 83 years.

The building is shared with three other GP practices and has a community pharmacy on site. There were 4060 patients on the practice list at the time of inspection. The practice has one lead male GP. A permanent salaried female GP had recently relocated and left the practice in July 2016. The provider has recruited a new GP due to start 22/08/16 and was using locum GPs in the interim. The practice is in the process of recruiting a permanent practice nurse and nurse practitioner and is using agency staff in the interim until permanent staff are in place. The practice has

one healthcare assistant, a reception supervisor, a data manager, reception and administration staff and an interim practice manager employed for two days a week to assist the development of the practice until a permanent practice manager is in post. The provider had recruited two practice managers who did not take up their posts.

The practice opening times are Monday to Friday from 8am to 6.30pm with extended opening hours each Wednesday 6.30-8.30pm. Appointments are from 8.00am to 6pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hour's service called Options. Liverpool Community Health delivers the Options GP service for residents in Knowsley.

The practice has a General Medical Services (GMS) contract. The practice offers enhanced services such as health assessments for patients with learning disabilities and minor surgery.

Why we carried out this inspection

This inspection took place under Section 60 of the Health and Social Care Act 2008 and was in response to concerns identified at an inspection in January 2016. The purpose was to check whether the provider was 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.

Knowsley CCG and NHS England (NHSE) had carried out a joint visit to the practice on 14 July 2015. Knowsley CCG had issued an improvement plan to the practice as they found performance in several areas was below that required. The CCG have provided support and monitoring

Detailed findings

of the practice including medicines management support and have met with the lead GP on a regular basis. We had inspected Dr Ayegba in January 2016 and had found serious concerns. As a result the practice was rated as inadequate and placed into special measures. We found the practice inadequate for providing safe, effective, caring, responsive and well led services. Following January 2016 inspection we took enforcement action issuing the provider with two warning notices for medicines management and governance of the practice. Knowsley CCG carried out a detailed governance visit to the practice 5 August 2016 and found considerable improvements with their improvement plan being met.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 August 2016.

During our visit we:

- Spoke with a range of staff including spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in January 2016 we found that there were concerns relating to the safety of the service. There was a lack of systems and processes in place to mitigate risks relating to the health, safety and welfare of patients and others. This included a lack of a systematic process for recording events according to type such as accidents, near misses or significant events. There was a lack of review, investigation and learning from these events. At this follow up inspection we found improvements had been made.

Staff told us they would report all types of incidents. The incident recording form supported

- the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received support and an apology.
- The practice carried out a detailed analysis of significant events. We reviewed a sample of safety records and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We reviewed an incident report regarding an error with a change in medication. This was identified by staff through their internal systems and appropriate actions were taken in response to the error.

Overview of safety systems and processes

At the previous inspection we had concerns that the practice did not have appropriate systems to manage and review risks to vulnerable children, young people and adults.

At this inspection we found that:

- Systems had improved. 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. The GP was the lead member of staff for safeguarding.

- The lead GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities to raise and report concerns and most sGP was trained in child safeguarding level 3.
- Minutes of meetings were available that showed joint working and sharing of information between the practice and other agencies in relation to safeguarding adults and children from the risk of harm. We saw that individual patient care was reviewed and records updated following the discussions.
- At the previous inspection, there was a lack of systems or processes in place to mitigate risks relating to the health, safety and welfare of patients and others. At this inspection we found improvements had been made.
- The arrangements for managing medicines, repeat prescribing, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, and reviews of safety alerts with the support of the local CCG medicines management teams to ensure prescribing was in line with best practice guidance. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One audit for prescription security verification had been carried out in February 2016 and then in April 2016 and showed that the practices prescription security policy was being adhered to and was being safely managed.
- Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber. A PSD is a written instruction to administer a medicine to a named patient after the prescriber has assessed the patient on
 - an individual basis. The practice used a table on a sheet of paper to list patients that had been reviewed as being suitable for a PSD. We saw a list without patient names that had been electronically signed by the prescriber. The practice told us that the prescriber would only sign the PSD list when the list had been completed and reviewed by the prescriber.
- The practice had used Patient Group Direction (PGD) paperwork where a HCA was able to administer a

Are services safe?

medicine under a PSD. The documentation for the PGDs and PSDs was unsuitable and needed to be revised. The practice told us the paperwork would be changed accordingly.

- At our previous inspection we found that not all required recruitment checks were in place. At this inspection we reviewed a sample of personnel files for newly employed staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- **Monitoring risks to patients**

Risks to patients were assessed and well managed. The building was leased and had a maintenance person acting on behalf of the landlord to ensure facilities were safely managed and maintained. The practice was purpose built and fully accessible to all 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 had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice staff acknowledged that continuity of care had been an issue for some patients, due to recruitment issues. They had managed to recruit a further salaried GP who was due to start at the practice the 22nd August 2016. In the interim the practice secured the use of locum GPs and agency staff to ensure they had enough clinical staff to meet the patients' needs. They were also in the process of recruiting their own full time practice nurse and nurse practitioner.
- **Arrangements to deal with emergencies and major incidents**
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in one of the clinical rooms. Staff knew of their location. All the emergency medicines we checked were in date and fit for use. A first aid kit and accident book were available. We noted a lock to the emergency drugs cabinet was jammed and staff were unable to remove it, although they were able to lock the cabinet. Following this inspection the provider had immediately repaired this.
- The practice had a defibrillator and oxygen available on the premises which was available for use for all four of the GP practices within the shared building.
- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP and nursing staff we spoke with described the rationale for their treatment approaches. They were familiar with current best practice guidance from the National Institute for Health and Care Excellence and from local commissioners. The provider had plans to develop the practice further once his newly recruited GP commenced work at the practice in August 2016.

The practice reviewed any unplanned admissions of patients.

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 recently published results showed the practice achieved 93.8% of the total number of points available.

The overall exception reporting rate was 5.6% which was lower than the CCG or national averages of 9.2%. The exception rate had fallen year on year which exceeded both CCG and National levels for 2014 – 15 and 2015 - 16. (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). Although the practice did not have a permanent practice nurse they had effectively managed their QOF performance. The practice had managed the care of patients with long term conditions with effective use of their data manager, their own health care assistant and with the use of a long term agency practice nurse.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 97% which was higher than the national average of 88%.

- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding (01/08/2014 to 31/03/2015) was 100% and the national rate was 94%.

There was evidence of quality improvement including clinical audit:

There had been two clinical audits, with two fully completed cycles in the last six months. One audit included the monitoring of non-steroidal anti-inflammatory drugs (NSAIDs.) (A medication which is an analgesic used to reduce pain, fever and inflammation). Following the second phase of the clinical audit it showed a slight reduction in use.

Monitoring of Domperidone (medication used to treat stomach disorders) was in place to help ensure compliance with recommended guidelines. The audit showed that 33 patients received this medication. Following the second phase of the clinical audit it showed a reduction in use, with just five patients receiving this medication in January 2016. The full audit cycle including the re audit showed improvements in the care management of these patients. The practice intended to commence further clinical audits once their newly recruited GP commenced in post.

The lead GP was the lead specialist in mental health for the local CCG.

The Clinical Commissioning Group (CCG) medicines management teams had worked with the practice to undertake a number of clinical audits. The practice participated in other local audits, national benchmarking and accreditation.

Effective staffing

At our last inspection we had concerns about staff having the skills, knowledge and experience to deliver effective care and treatment. At this inspection we found that improvements had been made. Staff had the skills, knowledge and experience to deliver effective care and treatment.

The practice had provided training opportunities for all staff, with access to specific courses and online e-learning courses.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff including detailed locum packs for clinical staff working at the practice. This covered safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 agency practice nurse had provided long term support to the practice and could evidence how they had received clinical updates in all areas of practice nursing. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The training needs of staff were subject to constant review as further staff were being recruited, for example a practice

- nurse and advanced nurse prescriber. Staff were provided with clinical supervision from the lead GP. On-going support was also provided through, one-to-one meetings, coaching and mentoring. There was evidence that staff had received appraisals within the last 12 months, although one member of staff told us they had not received an appraisal in the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, health and safety, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Learning events were discussed at team meetings. The provider acknowledged the need to develop training in the use of in-house IT systems, to enable staff to use these systems to effectively support all areas of work.

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. NHS information leaflets were also available. The practice had an interim practice manager and data manager who effectively reviewed administrative processes and ensured that all correspondence, patient test results and hospital letters were processed in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, when they were referred, or after they were

discharged from hospital. Patients told us they had been referred promptly and appreciated the information the GPs and nursing staff had provided.

Staff told us about the numerous meetings and correspondence they had with members of multi-disciplinary teams. We reviewed minutes of various meetings, for example, with health visitors. However we noted discussions were sometimes informal with other members of multi-disciplinary teams and did not always document minutes of the meetings.

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 provider had plans to formally develop this training for all clinical staff once all staff were recruited to their permanent posts. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent, in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to relevant services. Some of the services were available on site. The practice website had been developed and access was available for all patients. This included links to various health conditions, which

patients could access through the practice website.

Health checks were carried out by the GP, practice nurse, or HCA for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS Health Check programme was designed to identify patients at risk of

developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. Patient comments were very positive about the support and advice given to them when attending the practice.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme through sending personalised reminders. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 88% to 98%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed how staff engaged with patients throughout the inspection. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 30 comment cards from patients and spoke with six patients. The majority of patients were positive about the practice and some patients had noticed improvements. Patients indicated that they found the staff were helpful and caring, they described their care as very good. Five patients offered their opinions and suggestions about various aspects of the service they felt still needed improving, for example, changes in staff and waiting for appointments. The provider was confident that once all vacancies had been filled, the practice would be in a position to offer a permanent and stable team to patients.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

They felt there had been marked improvements in the standard of courteousness and manners displayed especially from newly recruited staff. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. They told us they and their families had been with the practice for many years. The PPG were working with the practice to develop a monthly visit from PPG members to

speak to patients attending the practice to ascertain their views on the service provided. They met with the practice staff on a regular basis and felt they were always listened to, especially with any suggestions they had.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

91% of patients say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the National average of 88%.

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82% of respondents who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care compared to the national average of 81%.

The practice provided facilities to help patients to 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 saw notices in the reception areas informing patients this service was available. Information leaflets were available in easy read format.
- **Patient and carer support to cope emotionally with care and treatment**

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

Following our previous inspection the staff had built up a register of those patients who were also a carer. The practice had identified just under 2.5% (98) patients as carers. The practice had designated staff to ensure faster access for care and advice for those patients who were carers. On the day of the inspection patients described good support from staff and how it was invaluable to have the direct number to the designated staff. They valued the personal care the lead GP provided for bereaved patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

At our last inspection, the local Clinical Commissioning Group (CCG) was working closely with the practice to improve services for patients. Over the last seven months this support had been provided through meetings with the practice and by monitoring the practice's improvement in line with an action plan to support improvement.

The practice offered a range of enhanced services such as avoiding unplanned admissions to hospital and joint injections.

We found the practice had made improvements in meeting patients' needs and had systems in place to support the level of service provided. The practice was located in an area that experienced high levels of deprivation, and they understood the needs of their practice population.

- There were longer appointments available for patients with a learning disability.
- 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 and those patients with medical problems that require same day consultation.
- The building was purpose built and had disabled facilities and allocated parking spaces for disabled drivers close to the entrance of the building. The practice was located in a shared, managed building with three other GP practices. Dr Ayegba's practice was located on the second floor of the building, which was accessed by a lift or stairs.
- Translation services were available.
- The practice had other services onsite including: Chronic Obstructive Pulmonary Disease (COPD) clinics, antenatal clinics, smoking cessation via the chemist and the anti-coagulation clinic which was outsourced to an external provider to manage at the practice.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice opening times are Monday to Friday from 8am to 6.30pm with extended opening hours each Wednesday

6.30-8.30pm. Appointments are from 8.00am to 6pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. The provider was confident that once all vacancies had been filled that the practice would be in a positive position to offer a permanent and stable team to patients. Through reviewing demand for appointments and highlighting spikes in demand, the practice had effectively increased their appointment capacity. The audits we reviewed showed they had increased their minimum quota of appointments.

Results from the national GP patient survey showed improvements from our last inspection to patient's satisfaction with how they could access care and treatment which was comparable to local and national averages.

- 79% of patients were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours compared with the national average of 79%.
- 89% of patients said the last appointment they got was convenient compared to the national average of 91%.
- Most people told us on the day of the inspection that they were able to get appointments when they needed them. However some patients still found difficulties accessing the phone for appointments.
- 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.
- Comprehensive information was available to patients about appointments, on the practice website and in the practice leaflet. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Daily urgent and routine appointments were available. Online appointments were available with all clinical staff and all patients were offered online access. In addition, daily telephone consultation appointments were available with GPs.

Listening and learning from concerns and complaints

At our last inspection we found that the practice did not have an effective system in place to respond to concerns and complaints they had received and could not provide evidence to demonstrate listening and learning from complaints.

Are services responsive to people's needs? (for example, to feedback?)

During this inspection we saw that a complaints policy and procedure had been implemented. This was now being followed for all complaints and concerns received by the practice. We saw that:

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system within reception areas or via the practice website.

- We looked at complaints received in the last 12 months and found these were handled in line with the practice complaints policy. Staff also documented verbal complaints. The practice encouraged openness and transparency when dealing with complaints, focussing on lessons learnt from individual concerns and complaints, and from the analysis of any trends. We saw that action was taken as a result to improve the quality of care for patients and apologies were given to patients when required. Where learning had been identified from complaints this had been shared with staff in team meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had developed their Statement of Purpose. They told us that their aims were to provide the best possible standards of health care for their patients.

The practice had a vision to deliver high quality care and promote good outcomes for patients. Following our previous inspection the practice had gone through a major process of substantial change to recruit new staff and were continuing to recruit. Not all staff understood the practice mission statement and some were unclear about their responsibilities were in relation to these. However, the staff team were new and still familiarising themselves with the practice values and goals and with how their work contributed to this. Whilst we recognise that improvements have been made we acknowledged the need for further developments and improvements to continue.

Governance arrangements

At our previous inspection we found that the practice had policies and procedures in place but they did not have a system in place to assure them that these policies and procedures were being followed.

During this inspection we found that significant improvements had been made. A review of the management team had taken place and new staff had been appointed. The practice had been supported by other agencies to drive through improvements to the management of the practice. At the time of the inspection there was an interim, part-time practice manager in post supported by the practice's own data manager. The provider had tried to recruit a new practice manager and had offered the post to two staff over the last seven months. Unfortunately they did not take up their posts and the provider has continued with the recruitment drive. The practice had a management structure in place that supported the daily running of the practice.

The practice had a governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their roles and responsibilities. The provider was clear that once they recruited to all vacancies they would have a full team offering the stability and continuity of care required for patients.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The CCG medicines management team continued with their support of the practice.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The provider was confident that once their newly appointed full time GP took up their post, the remaining areas for improvement would be met.

Leadership and culture

Although we could see the practice had made numerous improvements, it will take time for them to demonstrate that the level of improvement could continue to be sustained. In particular, we were concerned the wider responsibilities of the lead GP could impact on the management support available to the practice and therefore the sustainability of the improvements already made. There was also a risk to the practice being able to maintain adequate levels of staffing, and the practice should consider how they can robustly manage the risks associated with staffing levels and have effective succession planning in place.

At the previous inspection staff gave us mixed views about whether they felt they could approach the management in the practice. The practice had recruited several new staff and continued to recruit to vacancies.

On the day of inspection, the lead GP told us they prioritised safe, high quality and compassionate care. Communication within the practice had improved with whole team meetings covering a diverse number of topics.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Are services well-led?

Requires improvement 

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

things go wrong with care and treatment). This included support, training for all staff on communicating with patients about notifiable safety incidents. The interim manager had improved the culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was an improved leadership structure which was still being developed. The provider was confident the leadership structure would continue to be improved once they recruited a full time practice manager and clinical staff to current vacancies.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and the roles and responsibilities of other staff within the practice. Staff told us they felt supported by the interim management team. Staff told us the practice held regular team meetings.
- The staffing structure had been streamlined so that supervision and appraisal of staff was more manageable. However we noted one long standing member of staff had still not received their appraisal.
- The management team had prioritised safe, quality and compassionate care. The GP and the interim practice manager were visible in the practice. Original plans by the provider were to recruit a full time practice manager earlier in the year with plans to develop the practice with the support of the interim manager. Due to limited success in recruiting a practice manager, the provider was not able to develop the service as quickly as they had originally anticipated.

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

- At the previous inspection the practice was unable to provide any evidence that they had actively sought the views of patients, the public or staff. At this inspection we found that the practice had sought their views. The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, had plans to carry out patient surveys and submitted proposals for improvements to the practice management team. For example, they had previously assisted with the interview process for a practice manager and were included in the interview panel.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. We saw that staff had contributed to ideas on how to better manage telephone traffic into the practice. For example, the staff had found phone calls meant for other practices in the building, were initially being directed through their telephone lines. This had since been addressed by the practice and telephone access to the practice had improved.

Continuous improvement

The practice had introduced key changes and planned to continue to work proactively with the CCG. The provider had embraced all necessary changes required of the practice following their previous inspection. They had encountered a number of difficulties in recruiting permanent staff which they were addressing. The provider remained optimistic in their vision for improvements and developments of the practice.