

Dr Alan M Campion

Inspection report

New Mill Street Surgery
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. The practice was previously inspected on 9 November 2017 and rated as inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Requires Improvement

We carried out an announced at Dr Alan M Campion on 26 June 2018. The purpose of the inspection was to follow up concerns which were identified during our last inspection which we carried out on 9 November 2017. At that inspection we found that the registered person had not done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. There was a lack of effective policies procedures and governance to enable effective management of risks associated with fire, legionella, infection control, patient safety alerts, the management of medicines, emergency procedures, urgent referrals and recruitment. There was a lack of effective systems in place to monitor staff training and appraisal and there was no action plan in place to address areas of clinical performance which was below local national averages. There had been no documented internal meetings from the previous 12 months and the systems for managing complaints and significant events were lacking. Governance arrangements around chaperoning and safeguarding were also not effective.

The practice was placed into special measures and issued with two warning notices for breaches of regulations 12 (Safe care and treatment) & 17 (Good governance). The provider was asked to submit an action plan and provide periodic updates about their progress.

At this inspection we found:

- The practice had systems to manage most risks so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, the system for reporting incidents was not embedded and some staff did not know the established process for documenting significant events.

- Recruitment and training systems and processes had been revised. Most staff had the required recruitment checks undertaken and had completed essential training.
- The practice had produced a comprehensive action plan related to clinical performance targets. While the most up to date published data indicated the practice was performing below local and national averages in some areas; unverified data from 2017/18 showed that the practice had improved performance in these areas.
- Most systems and processes for the management of medicines were effective and safe, the most recently available published data indicated that prescribing of some antibiotics was above the local and national average. We saw that prescribing of these antibiotics deviated from national guidelines without evidence based justification, though in the first quarter of 2018 the level of prescribing was in line with the national average.
- There was evidence of quality improvement activity aimed at improving performance.
- Patient feedback data was mixed. While the information collected from patients via comment cards and interviews undertaken during the inspection was positive, national patient survey scores, based on data collected in early 2017, were below local and national averages for questions related to GP consultations. The results for 2017/18 showed improvement in this area.
- Feedback from patients on the day of the inspection indicated that they could access care when they needed it and that the online appointment system was easy to use. However national patient survey data indicated dissatisfaction with the process for making appointments and access. The practice had acted to address this concern prior to our last inspection but had not undertaken an assessment of patient views to see if satisfaction had improved in response to these changes. Data from the 2017/18 national patient survey, published after our inspection but based on data collected before our inspection, showed that the practice scored below local and national averages in relation to access.
- We saw evidence of staff training and learning and that action had been taken to improve performance against national targets.

The areas where the provider **Must** make improvements are:

Overall summary

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Consider ways to advertise support for bereaved patients.
- Review recruitment systems to ensure appropriate checks are completed.
- Review the amount of clinical time available to meet the needs of the practice population.
- Improve systems and processes to support the identification and record keeping of patients with caring responsibilities to enable appropriate support and signposting to be provided.

- Continue to develop and act on the quality improvement programme.
- Continue with planned work to provide a suitable environment to deliver the service which ensures that all patients can access the service.
- Explore ways to improve the uptake of cervical and breast cancer screening.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser, a practice manager adviser and a second CQC inspector.

Background to Dr Alan M Campion

Dr Alan M Campion is a GP practice located at New Mill Street Surgery 1 Wolseley Street, London, SE1 2BP. The practice website can be found at www.newmillstreet.com

The practice provides GP practice services to approximately 5800 patients. The practice is located in an area ranked among the third least deprived in the country on the index of multiple deprivation scale. The practice has an ethnically diverse patient population with 28% being from a black or minority ethnic background.

Out of hours services are provided by South East London Doctors on Call (SELDOC)

The practice is operated by a single-handed GP who employs a salaried GP and a locum GP. The practice provides 14 GP sessions in total. The practice employs two nurses, including one locum, and a healthcare assistant. The practice also receives support from a clinical pharmacist who is employed by the local GP federation.

Dr Alan M Campion is registered to provide the following regulated activities Diagnostic and screening procedures, Maternity and midwifery services and Treatment of disease, disorder or injury.

Are services safe?

At our last inspection we rated the practice as inadequate for providing safe services as there was no clear system in place to ensure patients with safe and safeguarded from abuse and the systems used to assess and mitigate risks associated with recruitment, emergencies and the premises were ineffective. The practice did not have a working system to monitor urgent referrals, medicines were not managed safely and the systems for responding to significant events were not effective.

At this inspection we found that most of these concerns had been addressed. However non-clinical staff were not clear on the process for reporting significant events and there were some gaps in files for recruitment and monitoring. The most recently available published data from NHS Business Service Authority showed that the practice's prescribing for certain antibiotics was almost double the national average. Although this appeared to have reduced in the first quarter of 2018 some prescribing decisions were not supported by current guidelines. The practice was not consistently using alerts to identify adults who may be safeguarding risks. For these reasons, the practice is now rated Requires Improvement for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse though staff were not routinely placing alerts for vulnerable patients on the clinical record system.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their 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.) One clinical member of staff discussed

two vulnerable patients and we saw evidence of information appropriate response to the concerns. However, the service did not have alerts on the system to highlight these potential vulnerabilities.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The practice had employed a practice manager since the last inspection and there was no photographic identification on file for this staff member, though we saw this on the day of the inspection. There was a locum nurse who began undertaking regular shifts in April 2018 who did not have references taken and the provider did not have adequate systems in place to ensure these checks had been completed. All other checks had been completed.
- There was an effective system to manage infection prevention and control.
- 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

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods. The new practice manager told us that they intended to a review of current staffing a skill mix to ensure this remained appropriate to the needs of the practice.
- We saw locum packs for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, a member of non-clinical staff was unclear on where the practice's emergency medicines were kept and not all staff at the practice were aware of the location of the paediatric pulse oximeter.

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- The service had a business continuity plan.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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 had reliable systems for appropriate and safe handling of medicines. However, the rate of prescribing of certain antibiotics was almost double the national average and a recently completed clinical audit showed that national guidelines for prescribing these medicines were not being consistently followed.

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks. Staff told us that they were now checking prescription boxes weekly and contacting patients who had failed to collect their prescriptions. However, we found two prescriptions for one patient for the same medicines which had been issued in June 2018 and not collected. Staff at the practice were unsure why this had happened.
- Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones between July 2016 and June 2017 was 17.9% compared with 8.3% locally and 8.9% nationally. The practice provided data from Public Health England which indicated that the percentage of these items prescribed had gradually been reducing and that prescribing was now in line with

local average in the first quarter of 2018 – 8.9% compared with 6.4% in the CCG and 8.1% nationally. However, we examined an audit in reviewing the prescribing of antibiotics for the first quarter of 2018 we found instances where prescribing had deviated from guidelines. A GP at the practice informed us that they were following the guidelines from a local hospital though they were not able to provide us with a copy of these.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Some non-clinical staff were not aware that they were required to document incidents using a form and told us that they would document concerns directly into the patient's notes. However, all staff knew who to report incidents to. We saw examples where incidents reported by non-clinical staff had been reviewed and learned from.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

At our last inspection we rated the practice as requires improvement for providing effective care and treatment as there was a lack of effective systems in place to monitor staff training and appraisal and no action plan in place to address areas of clinical performance which was below local national averages.

At this inspection we found that the practice was actively monitoring and had taken action which had improved clinical performance against local and national targets. We also saw appropriate training and appraisals had been completed by most staff. Consequently, the practice is now rated as Good for providing effective services overall and for all population groups with the exception of working age people which is rated as requires improvement.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that, except in relation to the prescribing of some antibiotics, clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

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

Older people:

- The practice had created 13 care plans for frail elderly patients against a target of 16.
- The practice administered influenza immunisations to 77% of patients over 65.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was above in line with local and national averages. Although there were some indicators which were lower than local and national average according to published data for 2016/17 the practice provided unverified data for 2017/18 which showed improvement in all areas which brought them in line with local and national averages. Data provided by the local federation also indicated the practice was effectively managing patients with long term conditions. For example, the practice was the third highest performer in respect of a combined target for diabetes monitoring and had achieved their target for completing all eight diabetic care processes.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had drafted a protocol for following up failed attendance of children's appointments.

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

- The practice's uptake for cervical screening was 55%, which was below the 80% coverage target for the national screening programme. The practice provided unverified QOF data from 2017/18 which showed that the percentage of women who had received screening within the last five years was 74%. Although this was still below the national target of 80% the practice told us that they undertook a monthly check to see which eligible women had not undergone screening and would contact them to remind them that they were due for screening.

Are services effective?

- The practice's uptake for bowel cancer screening was comparable to the national average. However, the percentage of females, 50-70, screened for breast cancer within 6 months of invitation was 36% compared to 54% in the CCG and 62% nationally.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. In 2017/18 the practice had completed 229 health checks against a target of 130.

People whose circumstances make them vulnerable:

- 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. In 2017/18 the practice had reviewed in person 17 of the 18 patients on their register with a learning disability. Homeless patients were able to register with the service.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and directed them to local 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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 had screened 169 patients for dementia in the last 12 months and reviewed 90% of the patients on their list with dementia.

Monitoring care and treatment

The practice had a programme of quality improvement activity in place. Though there had been no completed two cycle audits undertaken since our last inspection there were a number of single cycle audits and we were told that second cycles would be completed shortly including the second cycle of an anticoagulation audit which was currently in progress. The practice had also created a comprehensive action plan to improve clinical performance against national quality targets. While published data for 2016/17 indicated that there were some areas where performance was below local and national averages, unverified data for 2017/18 showed that performance had significantly improved in these areas and was in line with the average performance for other practices. For example:

Data from 2016/17 showed that the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 77% compared with 92% in the CCG and 90% nationally. However, the exception reporting rate for this indicator was 1.7% compared with 5% in the CCG and 11% nationally. Unverified data from 2017/18 showed that 88% of these patients had an assessment during this period.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 68% compared with 92% in the CCG and 91% nationally. The practice had not exception reported any of these patients compared with 6% in the CCG and 10% nationally. Unverified data from 2017/18 showed that 97% of these patients had an assessment during this period.

Data from 2016/17 showed that exception reporting was higher in a number of domains compared to the local and national average. For example:

- The percentage of patients with dementia who had been exception reported was 31% compared with 12% in the CCG and 10% national. The practice provided unverified data which showed that they had not exception reported any patients with dementia in 2017/18.
- The percentage of patients with Osteoporosis who had been exception reported in 2016/17 was 50% compared with 7% in the CCG and 14% national. The practice

Are services effective?

provided unverified data which showed that they had exception reported only one patient in 2017/18 as this patient had started receiving treatment for osteoporosis six months before 31 March 2018 and therefore would automatically be treated as an exception.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes. The practice had trained a member of the reception team who could direct patients to some local schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

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 make a decision.

Please refer to the evidence tables for further information.

Are services caring?

At the last inspection the practice was rated as requires improvement for providing a service that was caring as national patient survey scores were below local and national averages.

The practice had not collected more recent data on patient satisfaction. However, data from 2017/18 indicated that satisfaction had improved. The practice had only identified 0.7% of patients as having caring responsibilities. Consequently, the practice is now rated as good for providing a service which is caring.

Kindness, respect and compassion

Evidence collected during our inspection indicated that staff treated patients with kindness, respect and compassion. National GP patient survey results published at the time of our inspection were below local and national averages particularly related to satisfaction with GP consultations. Data from 2017/18 published after our inspection but collected before our inspection indicated that patient satisfaction had improved.

- Feedback from comment cards and patients we spoke with was positive on the day of the inspection about the way staff treat people.
- Patients told us that staff provided them with support and information and understood patients personal, cultural. Social and religious needs.
- GP patient survey results available at the time of our inspection were below local and national averages for questions relating to kindness, respect and compassion. The practice had taken action prior to our last inspection having attributed the poor feedback to lack of clinical time. For example, they had recruited a long-term locum GP, increased the hours of their healthcare assistant and received support from a pharmacist employed through the federation. Reception had been provided with customer service training. However, the practice had not undertaken an assessment of patient views since our last inspection to see if there had been improvement in patient satisfaction as a result of these actions.

The results of the 2017/18 national patient survey were published after our inspection indicated improved satisfaction in relation to the compassion and kindness displayed to patients by staff in the practice. For example:

82% say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment compared to 83% in the CCG and 87% nationally.

80% say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment compared with 86% in the CCG and 89% nationally.

71% describe their overall experience of this GP practice as good compared to 79% in the CCG and 84% nationally.

Involvement in decisions about care and treatment

Staff spoken to were able to outline ways in which they helped patients be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.) Patients we spoke with on the day of the inspection and comment cards indicated that they were involved with decisions about care and treatment and that information was provided in a clear manner which they could understand. GP patient survey results available at the time of inspection which related to patient involvement in decisions was below local and national averages. Data for 2017/18 published after our inspection showed improved satisfaction in this area.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment. One of the reception staff had been trained as a primary care navigator to direct patients to local support services including those aimed at tackling social isolation.
- The practice encouraged carers to identify themselves. There was an LED screen in reception which encouraged patients who acted as carers to inform reception who would provide them with information about flu and pneumococcal vaccines.
- Data from the 2016/17 GP patient survey showed satisfaction for involvement in decisions relating to care and treatment were below local and national averages.

Are services caring?

The national patient survey data for 2017/18 indicated that there had been an improvement in patient satisfaction related to staff involving patients in decisions around care and treatment. For example:

95% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment compared to 91% in the CCG and 93% nationally.

94% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment compared with 95% in the CCG and 96% nationally.

82% felt the healthcare professional recognised or understood any mental health needs during their last general practice appointment compared with 83% locally and 87% nationally.

Privacy and dignity

The practice did respect patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect and would challenge behaviour that fell short.
- The practice did not display any information for patients in the reception area who had suffered bereavement. However, members of the reception staff could direct patients to local support services if patients informed these staff members.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our last inspection we rated the practice as requires improvement for providing responsive services as the practice could not provide evidence of complaint responses for all complaints, the premises were not easily accessible for all patients and national patient survey feedback was below local and national averages.

At this inspection we found that the practice had an effective system in place for handling complaints. However patient survey scores related to access were still below local and national averages. The practice had taken steps to improve patient satisfaction but had not assessed whether this had improved patient satisfaction. Data from the 2017/18 national patient survey showed that patient satisfaction related to access remained below local and national averages. In addition the premises were still not suited to those with mobility needs although the practice had secured funding to make the building more accessible. The practice remains rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. However, the premises were still not easily accessible in some areas for patients who used a wheelchair and there were no designated baby changing facilities.

- There were no baby changing facilities in the practice and patients would be directed to a free consultation room to change their baby if one was available. The corridor to access clinical rooms was narrow but we were told that this was wheelchair accessible. However, there were no disabled toilets and the patient toilets did not appear to be accessible to those with mobility needs. There was a small hump at the entrance of the practice which would have made it difficult for patients who used a wheelchair to access. The practice was aware of these issues and had obtained an improvement grant to upgrade the premises but was waiting for outcome of this inspection before undertaking any improvement work. In the interim the practice had made adjustments to the service to accommodate these patients. For example, patients who could not access the premises would be offered a home visit, modification had been made to a clinical

room to facilitate access and those patients with mobility problems would be allowed to use the staff toilets which were more spacious than the patient toilets.

- Staff at the practice had access to translation services and staff spoke French, Spanish, Italian, polish and Urdu.

The practice had facilities to deliver care and treatment but the premises were not appropriate for the services delivered. For example, the practice provided enhanced services for violent patients. This service was previous held at another location. We were told that the practice now had to accommodate these patients on the premises. The area behind reception could be accessed easily by patients if desired. We asked staff about this and were told that none of the patients treated under this contract had attempted to access reception. A security officer was available onsite when these patients attended.

- Again, the practice had plans to modify the reception area.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Clinical staff also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

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

Families, children and young people:

Are services responsive to people's needs?

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

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

- The practice had introduced a contraception protocol to enable prescribing of contraceptives to women for period of up to 12 months without the need for a review.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and e consultations.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However, the service was not consistently using alerts to flag vulnerable adults on their system. Discussions with staff at the practice indicated that these patients were well known to the staff who worked at the service.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice offered an enhanced service for patients with challenging behaviour.
- The nurse offered relaxation sessions to patients who had experienced trauma who were required to undergo intimate examinations.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice attended a community mental health multi-disciplinary meeting with the support of a consultant geriatrician.

- The practice hosted a local counsellor who patients at the practice could pay to see privately.
- The practice worked with a local charity

Timely access to care and treatment

Patients we spoke with, and all but one comment card received on the day of the inspection, indicated that there was good access to care and treatment. However national patient survey scores related to access were below local and national averages. Data from the 2017/18 showed that satisfaction related to access remained below local and national averages.

Comment cards and feedback from patients spoken to on the day of the inspection indicated that:

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us the appointment system was easy to use. Three comments cards expressed a wish for an increased number of appointments within the surgery but did say that if there were no appointments staff would arrange for them to be seen at the local extended access service. The two PPG members we spoke with told us that they used the online appointment system or walked into the surgery to book appointments. They said that they had heard of other patients who had difficulties with the phone system but that the practice had discussed this with the PPG and taken action to address this issue. We were told by the PPG members that those members who had raised the concerns had reported an improvement in the phone system.

The practice's GP patient survey results available at the time of our inspection were below local and national averages for questions relating to access to care and treatment.

The practice had analysed and taken some action to attempt to improve this feedback. Some changes had already been undertaken before our last inspection. For instance, opening at 7.30 am every morning, increasing the number of phonelines and the introduction of telephone triaging and telephone consultations. Since our last

Are services responsive to people's needs?

inspection the service had implemented an email consultation service. The practice had not undertaken their own internal survey to assess the extent to which patient feedback had changed in response to these improvements.

The national GP survey data for 2017/18 which was published after our inspection visit showed that satisfaction related to questions around access remained below local and national averages in some areas.

45% are satisfied with the general practice appointment times available compared with 61% in the CCG and 66% nationally.

66% were satisfied with the type of appointment they were offered compared with 66% in the CCG and 74% nationally.

55% described their experience of making an appointment as good compared with 62% in the CCG and 69% nationally

73% find it easy to get through to this GP practice by phone compared with 73% in the CCG and 70% nationally.

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. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our last inspection we rated the practice as inadequate for providing well led care. This was due to the lack of effective leadership and management within the organisation, poor governance and some staff reported as feeling overburdened. There was a lack of risk management activity and no formal mechanism for communicating changes and learning to staff.

At this inspection we found that additional staff had been recruited which had enabled governance structures to be established. However, in some areas these were not embedded which had the potential to undermine patient safety. The practice had also not acted since our previous inspection to analyse and respond to poor national patient survey scores related to GP consultations however the 2017/18 survey results, published after our inspection, indicated improvement in this area. For these reasons, the practice is rated as requires improvement for providing a well-led service.

Leadership capacity and capability

Although the service had taken action to address the concerns raised on inspection it was evident that in some areas leadership and oversight had not been fully embedded.

- Leadership within the service understood most of the challenges they faced and had either taken action to address concerns raised during the previous inspection or had plans in place to do so. However, there were some areas where leadership and oversight were still lacking. For example, there was no assurance that references had been taken for locum staff and we found an instance where two prescriptions for the same medicine had been issued for a patient without any explanation. Not all staff were aware of the person who acted as the lead for infection control and alerts were not used by all staff flag adult safeguarding concerns.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The GP principal informed us that they intended to take on the salaried

GP as a partner which would provide clinical leadership support. The practice manager also advised us that they were in the process of recruiting additional managerial support.

Vision and strategy

The practice had a vision and strategy and were in the process of implementing this ensure that the care delivered to patients was of a high standard.

- There was a clear vision and set of values. The practice had plans in place to achieve their priorities for example the practice was planning to develop the premises to ensure that areas were accessible and met the needs of all patients who used the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The practice had a culture which aimed to deliver high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers took action on behaviour and performance which was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management in most areas. Some areas like recruitment systems had yet to be fully embedded and some staff were still unclear about lines of accountability and processes within the practice.

- Structures, processes and systems to support good governance and management were clearly set out and most were understood and effective. The practice had established a comprehensive new policy framework since our last inspection and most staff were aware of how things operated. However, we found that non-clinical staff were not aware of how to report significant events, alerts were not always being used to highlight concerns about vulnerable adults, some recruitment checks had not been completed and there was not consistent oversight of uncollected prescriptions.
- The governance and management, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding but some did not know the lead for infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance in most areas.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of

action to change practice to improve quality although we only saw a single two cycle audit which demonstrated an improvement in quality. The practice had completed a number of single cycle audits.

- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice had reviewed information related to their clinical performance and had devised a strategy for improvement. Unverified data for 2017/18 indicated improvement in clinical performance and a reduction in levels of antibiotic prescribing. Yet we saw examples where antibiotic prescribing deviated from local and national guidelines and no clear evidence which supported these decisions.
- Quality and sustainability were discussed in relevant meetings.
- The practice used performance information which was reported and monitored and management and staff were held to account. For example, the practice was monitoring the number of women who had not had a cervical screening test and were proactively contacting these women each month to encourage them to attend.
- The information used to monitor performance and the delivery of quality care was accurate and useful. In respect of poor feedback from the national patient survey there was evidence that the practice had taken action to improve access to care and treatment. However there had been little done to assess and improve feedback around consultations with GPs. Data from the 2017/18 survey indicated that satisfaction in respect of feedback related to clinical consultations had improved but some results related to access were still below the local and national averages.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice had engaged with the patient participation group but had taken little action to improve or assess patient perceptions around GP consultations

- There was an active patient participation group and the practice actively engaged with these patients but the practice had not taken action to engage with their patient population to establish why patient feedback around GP consultations was lower than local and national averages and if related to appointments had improved patient perception around access.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for continuous improvement.

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

- Prescribing of some classes of antibiotic deviated from guidelines without evidence of adequate clinical justification.
- One member of non-clinical staff did not know where the practice's emergency medicines were stored and another did not know where the practice's pulse oximeter was located.

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

- The service had not acted on national patient survey feedback related to GP consultations and had not gathered feedback in respect of the impact of the changes made.
- The practice did not have adequate oversight of uncollected prescriptions, non-clinical staff did not know the process for recording and reporting significant events.
- Not all staff knew who acted as the lead for infection control. Alerts were not placed on the note of all adult patients who were vulnerable.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014