Ramanathan Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 14 December 2015, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, and well-led services and requires improvement for providing effective services, caring and responsive services. As a result of the inadequate rating overall the practice was placed into special measures for six months.

Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report so we carried out an announced comprehensive inspection at Ramanathan Surgery on 16 August 2016 to check whether sufficient improvements had been made to take the practice out of special measures.

On the day of this inspection we rated the practice as requires improvement overall.

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

- There was a system in place for reporting and recording significant events. The practice had an open and transparent approach to dealing with incidents; however not all staff who were responsible for investigating when mistakes occurred were aware of the duty of candour.
- There was no effective system in place to ensure that patient safety and medicines alerts were received or actioned to protect patient safety.
- There was no effective system in place to review patients to ensure safe prescribing.
- Risks relating to health and safety, fire, infection control and legionella were assessed and well managed.
- The practice had emergency oxygen and medicines available.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. One GP told us that they would not prescribe to patients under the age of 16, attending without a parent or guardian. Other staff were unaware of this GP's views.
- Data showed patient outcomes were comparable to local and national averages. A programme of clinical audits had been commenced since our last inspection.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment; however data from the national GP patient survey, published in July 2016, showed patients rated the practice lower than others for many aspects of care.
- 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 they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had only identified 0.3% of their patient list as carers; however there was information and support available for these patients.

The areas where the provider must make improvements are:

- Implement an effective system to ensure all safety and medicines alerts are received and actioned.
- Implement an effective patient review system to ensure patient's health and medicines needs are being met
- Ensure that GPs understand the current guidance for assessing the competency of patients under the age of 16 attending without a parent or guardian.
- Ensure relevant staff are aware of the duty of candour.
- Respond to low levels of patient satisfaction as reflected in the national GP patient survey.

In addition the provider should:

- Implement change to improve patient feedback within the national GP patient survey
- Continue the newly implemented programme of clinical audit to drive improvement.
- Increase the identification of patients with caring responsibilities.

This service was placed in special measures in February 2016. Insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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?

Requires improvement

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

- There was a 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 reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. Most staff understood the duty of candour and their responsibilities in relation to this; however, one GP partner had not heard of the duty of candour and did not understand what it meant.
- There was no effective system in place to ensure safety and medicine alerts were actioned to protect patient safety.
- There was no effective system in place to ensure patients were consistently reviewed to ensure the safe prescribing of medicines.
- The practice had clear systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was visibly clean and tidy, staff received infection control training. Due to a recent change in staff, there was some confusion over who the infection control lead was.
- Risks to patients, including fire, health and safety and legionella were assessed and well managed.
- Since our last inspection, the practice had improved their emergency equipment and medicines.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was an outlier for a prescribing indicator relating to the number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items; however we saw updated data to demonstrate an improvement in this data.

Summary of findings

- Clinical audits had been commenced and had started to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Staff sought patients' consent to care and treatment in line with legislation and guidance. One GP did declare that they would not prescribe to patients aged less than 16 years old. Gillick Competency is a test in medical law to decide whether a child of 16 years or younger is competent to consent to medical examination or treatment without the need for parental permission or knowledge.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey, published in July 2016, showed patients rated the practice lower than others for many aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- The practice had only identified 0.3% of their patient list as carers; however information was available for these patients and the practice had engaged with external support groups.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Since our last inspection, practice staff had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the national GP patient survey, published in July 2016, showed patients were satisfied with the access to appointments.
- The practice provided early morning appointments for patients unable to attend during normal opening hours.
- The practice had good facilities and was equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver good quality care for patients. The practice had compiled a list of aims for the following two years; however there was no strategy to demonstrate how this would be achieved.
- There had been an improvement in the leadership demonstrated by the partners, although their staff acknowledged this could still be improved.
- The practice had a number of policies and procedures to govern activity. Due to a recent staff change, the infection control policy was out of date.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk; however there were ineffective systems in place to action safety or medicines alerts or to ensure patients were reviewed to ensure safe prescribing.
- Most staff were aware of and complied with the requirements of the duty of candour; however one GP partner had not heard of the duty of candour. Since our last inspection, there had been an increase in the openness and honesty within the practice. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as inadequate for caring, requires improvement for safe and well-led and good for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care and a flexible approach 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 held a register of patients at risk of hospital admission.
- The practice utilised the Single Point of Referral (SPOR) services to access social and clinical care for patients at risk of hospital admission.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as inadequate for caring, requires improvement for safe and well-led and good for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients with long-term conditions, such as diabetes, were comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP.
- We could not be assured that there was a robust system in place to review patient's with long-term conditions to check their health and medicines needs were being met.

Summary of findings

- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as inadequate for caring, requires improvement for safe and well-led and good for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- Whilst most staff assured us that children and young people were treated in an age-appropriate way and were recognised as individuals, one GP partner told us they would not prescribe to anyone under 16 years old even if they were Gillick competent. Gillick competency is a test in medical law to decide whether a child of 16 years or younger is competent to consent to medical examination or treatment without the need for parental permission or knowledge.
- Other staff were unaware of this decision so there were no arrangements in place to offer young people an appointment with an alternative GP.
- Cervical screening rates were comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice engaged with external organisations to support families, children and young people.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for caring, requires improvement for safe and well-led and good for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning appointments twice a week for patients unable to attend during normal opening hours.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for caring, requires improvement for safe and well-led and good for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice supported a number of patients with learning disabilities who lived in a local supported living complex.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for caring, requires improvement for safe and well-led and good for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 80% and the national average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, this was above the CCG average of 83% and the national average of 90%
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice supported a number of patients experiencing poor mental health live within a local supported living environment.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 239 survey forms were distributed and 107 were returned. This represented a 45% completion rate.

- 58% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and 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 six comment cards which were all positive about the standard of care received and access to services.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought all staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Implement an effective system to ensure all safety and medicines alerts are received and actioned.
- Implement an effective patient review system to ensure patient's health and medicines needs are being met
- Ensure that GPs understand the current guidance for assessing the competency of patients under the age of 16 attending without a parent or guardian.
- Ensure relevant staff are aware of the duty of candour.
- Respond to low levels of patient satisfaction as reflected in the national GP patient survey.

Action the service SHOULD take to improve

- Continue the newly implemented programme of clinical audit to drive improvement.
- Increase the identification of patients with caring responsibilities.

Ramanathan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ramanathan Surgery

Ramanathan Surgery is located in a residential area in Rayleigh, Essex. It is located within a large converted house over two floors. There is very little allocated parking although there is restricted street parking available. At the time of our inspection the list size was 4303. The practice has a smaller than average population aged 20 to 34 years old. The practice has a General Medical Services contract.

The practice has two partner GPs; one male and one female. There are two long-term locums, two practice nurses, a practice manager and a team of reception staff.

The practice is open between:

• Monday 6.45am to 6.30pm.

• Tuesday 8am to 6.30pm.

• Wednesday 8am to 2.30pm. An on-call GP is available for emergencies after 2.30pm.

• Thursday 8am to 6.30pm.

• Friday 6.45am to 6.30pm.

When the practice is closed patients are signposted to NHS 111 for out of hours care, both of which are provided by Integrated Care 24.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 16 August 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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?

Detailed findings

- 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.

Requires improvement

Are services safe?

Our findings

When we inspected in 2015, the following concerns were identified regarding the provision of safe services:

- Staff were not clear about reporting or recording incidents, near misses and concerns.
- Recruitment checks were incomplete, for example not all personnel files contained proof of identification or disclosure and barring checks (DBS). (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).
- Emergency medicines were incomplete. The practice did not have an adequate emergency oxygen supply. The practice did not have a defibrillator and the need for this had not been risk assessed.
- During our inspection we found out of date needles in a treatment room.
- The practice did not have adequate arrangements in place to cover staff shortages.

Safe track record and learning

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

- Since the last inspection, the significant event policy had been reviewed.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available. 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). Most staff understood these responsibilities; however one GP partner had not heard of the duty of candour.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and this was a standing item on the agenda of staff meetings.

We saw evidence of some safety alerts being received but not medicine alerts or safety updates. We did not see any evidence of an effective system being in place to action these alerts to protect patient safety.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to safeguarding level 3.
- A notice in the waiting room and in clinical rooms 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. The practice nurse and practice manager were joint infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place, however this required updating as the infection control lead named in the policy no longer worked at the practice. Staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always ensure patients were kept safe (including obtaining, prescribing, recording, handling, storing,

security and disposal). Processes were in place for handling repeat prescriptions including those for high risk medicines, however we did find evidence of some patients who had not been adequately reviewed or monitored; we were assured that immediate action was taken to address this. The practice carried out medicines audits, with the support of the local CCG medicines management teams, to promote best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use.

- Since our last inspection, two new vaccine fridges had been provided with data loggers to ensure the safe storage of vaccines. We saw that staff monitored fridge temperatures appropriately and were aware of the cold-chain policy.
- We reviewed six personnel files 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment available with a poster in the reception office which identified local health and safety representatives. The practice had a fire safety policy, up to date fire risk assessments and had carried out a fire drill since our last inspection. The practice had recently been inspected by the Fire and Rescue Service who were satisfied with their findings. 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 (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. New nursing staff had been recruited since our last inspection and whilst the staffing levels for nursing were still low, this was being monitored and there were plans to increase the hours offered to nursing staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and non-clinical staff received this training every three years.
- Since our last inspection the practice had ensured there was adequate emergency oxygen available with adult and children's masks. A first aid kit and accident book were also available.
- The practice did not have a defibrillator available and, since our last inspection, had written a statement to explain that a defibrillator had not been required in the last 30 years and that very few patients had been taken seriously ill within the practice. The practice acknowledged that this was not a risk assessment but a statement to explain their decision not to purchase a defibrillator.
- Emergency medicines were available in the nurse's room and were easily accessible to staff. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected in 2015, the following concerns were identified regarding the provision of effective services:

- Flu vaccination rates were low when compared to national averages.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- The practice had not ensured staff received all basic training.
- Multidisciplinary working was taking place, record keeping was limited but patient records were updated.

Effective needs assessment

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

- Clinical staff accepted responsibility for keeping up to date with new, best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2014/2015 showed the practice achieved 99% of the total number of points available, this was above the CCG average of 90% and the national average of 95%.The practice recorded exception reporting of 9% which was comparable to the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For example; 87% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), this was comparable to the CCG average of 85% and the national average of 88%.
- Performance for mental health related indicators were mixed in comparison to local and national averages. For example; of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2014 to 31/03/2015), this was above the CCG average of 83% and the national average of 90%. However, 71% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the CCG average of 80% and the national average of 84%.

The practice was an outlier for a prescribing indicator:

- The number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed (01/07/2014 to 30/06/2015) was 49% in comparison to the CCG average of 77% and the national average of 77%.

We saw prescribing data from 2015/2016 which showed significant improvements in this data.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.

QOF data, prescribing data and the national GP patient survey was being monitored and used to focus the practice efforts to drive improvement.

Effective staffing

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

- The practice had an induction and training policy for all newly appointed staff. The induction covered such topics as safeguarding, basic life support, infection control, fire safety and information governance.

Good

Are services effective?

(for example, treatment is effective)

- Since out last inspection, recruitment and induction checklists had been introduced for locum and agency staff to ensure they were familiar with practice policies and procedures prior to commencing their employment.
- The practice held records of role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 attending training sessions, access to on line resources and discussion at peer review and practice meetings.
- 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. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, apart from those very recently recruited.
- Staff received training that included: safeguarding, infection control, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and monthly training days held by the CCG.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, these had been sporadic due to difficulties in planning, we saw documented discussions to show that care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff had an understanding of Gillick competency and there was a practice policy outlining the guidelines for the consent for treatment under the Children's Act 2006. However, one GP told us they would not prescribe to anyone less than 16 years old without a guardian present even if Gillick competent.
- There were appropriate consent forms available to staff.
- 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, those at risk of developing a long-term condition, patients with learning disabilities and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 87% and the national average of 82%. There was a policy to offer three reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

The practice screening rates for bowel and breast cancer screening were mixed in comparison to local and national averages. For example:

• 75% of females, aged 50-70, were screened for breast cancer in last 36 months (3 year coverage, %); this was comparable to the CCG and national average of average of 72%

• 54% of patients, aged 60-69, were screened for bowel cancer in last 30 months (2.5 year coverage, %), this was below the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for some vaccinations given were comparable to CCG averages. For example:

• The percentage of childhood PCV vaccinations given to under one year olds was 97% which was the same as the CCG percentage of 97%.

• The percentage of childhood Men C Booster vaccinations given to under two year olds was 100% which was above the CCG percentage of 97%.

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

Inadequate

Are services caring?

Our findings

When we inspected in 2015, the following concerns were identified regarding the provision of caring services:

- Data showed that patients rated the practice lower than others for several aspects of care.
- The practice had only identified 0.2% of patients as carers; there was no system in place to actively identify carers.

Kindness, dignity, respect and compassion

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

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs, notices were displayed to offer this service.

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring, treated them with dignity and respect and felt confident in the care that was provided.

We spoke with five members of the patient participation group (PPG). They also told us they were very happy with the care provided by all staff in the practice and said their dignity and privacy was respected. Comment cards highlighted that clinical and non-clinical staff responded compassionately when they needed help and provided additional support when required.

Results from the national GP patient survey published in July 2016, showed patients did not all feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 65% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 68% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice were aware of the data published in the national GP patient survey and we saw evidence of this being discussed and an action plan was in place and had been implemented since our last inspection to try to improve patient satisfaction; however the practice performance in this patient survey was lower than when we inspected in December 2015.

Care planning and involvement in decisions about care and treatment

Patients we spoke to told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by all staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, published in July 2016, showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 58% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

Inadequate

Are services caring?

- 55% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Again, the practice was aware of this data and had implemented an action plan since our last inspection to address areas of poor performance; however the results were lower than when we inspected in December 2015.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language. Staff knew how to access this service and we saw notices in the waiting area informing patients this service was available.
- Since our last inspection, additional information had been made readily available to patients telling them how to get additional advice or support. This information was available in an easy to 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 local and national support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified 11 patients as carers which represented 0.3% of the practice list. Since our last inspection, the practice had engaged with a local carer charity group who agreed to promote and attend the annual flu clinics. Written information was available in the waiting area to direct carers to the various support groups available, especially those in the local area.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. This call was either followed by a patient consultation or advice was provided on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected in 2015, the following concerns were identified regarding the provision of responsive services:

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- The practice was equipped to treat patients and meet their basic needs, however translation services were not available.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff, and verbal complaints were not being recorded.

Responding to and meeting people's needs

Since our last inspection the practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were required.

- The practice offered early morning appointments on Mondays and Fridays from 6.45am for patients who could not attend during normal opening hours.
- There were longer and flexible 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.
- Patients were able to receive travel vaccinations available on the NHS.
- There were translation services available.
- Whilst there was no access to the first floor for patients with restricted mobility, staff would relocate to the ground floor when needed.

Access to the service

The practice was open from 6.45am on Monday and Friday and 8am Tuesday to Thursday. The practice was open until 6.30pm Monday to Friday, with the exception of Wednesdays when the practice closed at 2.30pm. On a Wednesday afternoon an on-call GP would respond to any urgent requests. Appointments were available at various times throughout the opening hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.

Patients we spoke with on the day of the inspection, told us they were able to get appointments when they needed them and we received positive feedback regarding the ability to book appointments online.

The practice had a system in place to offer home visits. The GPs would call and speak to the patient to determine if the visit was clinically necessary and, if so, the urgency of the visit.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements, such as an emergency ambulance, were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The practice had reviewed its complaints policy since our last inspection and this was 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; there was a patient information leaflet available as well as information in the waiting area and on the practice website.

We looked at seven complaints received in the last 12 months and found they were satisfactorily handled, and

Good

Are services responsive to people's needs?

(for example, to feedback?)

there was openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints; these were discussed at staff meetings to encourage learning and to drive improvement.

Are services well-led?

Requires improvement

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

Our findings

When we inspected in 2015, the following concerns were identified regarding the provision of responsive services:

- It did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure and staff did not feel supported by the partners.
- The practice had a number of policies and procedures to govern activity, but these were not all being implemented, not all had review dates in place and not all staff knew how to access them.
- There was evidence of bullying and harassment in the workplace which had not been acted on by the partners.
- Previous concerns regarding the safety of the practice had been investigated but measures had not been put in place to ensure this didn't happen again.
- The practice held regular clinical governance meetings but did not meet as a whole practice to discuss issues or learn from events.
- The practice had proactively sought feedback from staff or patients and did have a patient participation group but had not always acted on this feedback.

Vision and strategy

The practice had a vision to deliver high quality, safe and effective care.

- The practice had a statement of purpose which outlined key aims and objectives which staff understood.
- The practice had a two year business plan in place; however this only stated the aims and did not outline how the practice intended on achieving these aims. Since our last inspection the practice had implemented a succession planning policy to monitor staffing levels.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. Since our last inspection we saw an improvement in some areas; however the clinical governance did not always ensure patient safety.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The only exception to this was some confusion over who was the infection control lead due to a recent change in nursing staff.
- Practice specific policies were implemented and were readily available to all staff.
- An understanding of the performance of the practice had been increased since our last inspection, prescribing data, QOF data and data from the national GP patient survey was being used to drive improvement, some data had been updated since our last inspection and showed some improvement.
- A programme of clinical and internal audit had been commenced to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions relating to health and safety, fire and legionella.
- There was no effective system in place to ensure medicine and safety alerts were received, analysed and actioned to protect patient safety.
- There was no effective patient review system to ensure patients were adequately monitored to ensure safe prescribing.

Leadership and culture

Since our last inspection the partners in the practice had demonstrated an improvement in their leadership skills and their capability to run the practice. Staff told us there had been an improvement in staff morale and in the openness between the GPs and other staff.

The practice manager was aware of and had put systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, not all staff were aware of these requirements; one GP partner did not understand, and had not heard of, the duty of candour.

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.

Are services well-led?

Requires improvement

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

- We saw evidence of these systems being used.

Since our last inspection the leadership structure had improved and staff felt better supported by management.

- We saw evidence of clinical, non-clinical and whole practice meetings to encourage discussion.
- Staff told us that since our last inspection there was a more open culture within the practice and they had the opportunity to raise any issues at practice meetings and that they felt confident in doing.
- Staff told us that the GPs were more approachable since our last inspection but still felt that the GPs did not always listen.

One GP told us they would not prescribe to anyone under 16 years old, even if they demonstrated Gillick competency. Other staff in the practice were not aware of this decision so there were no alternative arrangements in place for another clinician to deal with patients in these circumstances.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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 data and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had compiled a health promotion video to be played on the television in the waiting room to promote services such as the winter flu clinic.
- The practice had gathered feedback from staff through staff meetings, appraisals and on-going discussion. Staff told us they felt more confident to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt more involved and engaged to improve how the practice was run since our last inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. There was no robust clinical governance to ensure safe prescribing and to action safety and medicines alerts. There was insufficient understanding of the duty of candour. There were insufficient arrangements in place to treat patients under the age of 16 who were Gillick competent. There was insufficient action taken to address and improve poor patient feedback in the national GP patient survey. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. There was no robust system in place to ensure safety and medicines alerts were received and actioned to protect patient safety. There was no robust patient review system in place to ensure patients were adequately reviewed or monitored to ensure safe prescribing. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.