Dogsthorpe Medical Centre

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?	Good
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement. This is the first inspection for Dogsthorpe Medical Centre under the current provider McLaren Perry Limited. The practice had been inspected three times previously under the provider First Health (Peterborough) Limited in May 2015, June 2016 and November 2016. At our June 2016 inspection the practice was rated as inadequate and placed into special measures. At our inspection in September 2016, the improvements required had not been made and the practice was rated as inadequate and the CQC registration of the provider First Health (Peterborough) was suspended.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people Requires Improvement

Working age people (including those 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

We carried out an announced comprehensive inspection at Dogsthorpe Medical Centre on 4 December 2017. This inspection was undertaken following the period of special measures. Overall, the practice is now rated as requires improvement. The practice is no longer in special measures.

At this inspection we found:

Summary of findings

- The provider McLaren Perry Limited took over the management of the practice in September 2016; the practice team had developed an action plan and had made significant improvements to the safety and culture within the practice. The management team from McLaren Perry, consisting of a GP medical director and a GP clinical lead and practice manager, had involved the practice staff and made changes to encourage improvement.
- Practice staff we spoke with told us they were proud of the improvements the practice had made and that they enjoyed working in the practice, but understood that further improvements were required and had a plan to address this.
- The practice had reviewed the needs of their local population and changes made reflected the diverse cultural groups.
- A significant number of staff had left the practice; the management team had reviewed the skill mix and recruited new team members.
- The practice performance in relation to the quality and outcome framework 2016/2017 was significantly low when compared to the local clinical commissioning group (CCG) and national averages. The practice was aware of this and shared their performance data for 2017/2018 (unverified) and their plans to improve this.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Results from the national patient GP Survey published in July 2017 were generally below and in some areas significantly below the CCG and national averages. The practice had made changes to drive improvements to patient satisfaction. Patient feedback was gathered at every opportunity including that of children and young people.
- There were policies and procedures in place and but these needed improvement. Not all were practice specific and some staff were not able to access them easily.
- We saw evidence that patients and members of the PPG were supportive of the changes made and they had reported better patient experiences.
- Staff involved and treated patients with compassion, kindness, dignity, and respect.
- Some patients found it difficult to use the appointment system and reported that they experienced difficulties in obtaining pre booked appointments with the GP of their choice. The practice had reviewed the appointment system and had made changes.
- There was innovation and service development and improvement was a priority among staff and leaders.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure the plan to drive improvement through clinical audit is embedded and changes monitored to sustain improvement.

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

- Continue to monitor the National Patient Survey data and continue to make changes to improve the experience of patients.
- Continue to develop systems and processes to identify carers to ensure they receive appropriate support.

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

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?	**Good** 
Are services effective?	**Requires improvement** 
Are services caring?	**Requires improvement** 
Are services responsive to people's needs?	**Requires improvement** 
Are services well-led?	**Requires improvement** 

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**
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**

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure the plan to drive improvement through clinical audit is embedded and changes monitored to sustain improvement.

Action the service SHOULD take to improve

- Continue to monitor the National Patient Survey data and continue to make changes to improve the experience of patients.
- Continue to develop systems and processes to identify carers to ensure they receive appropriate support.

Dogsthorpe Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser.

Background to Dogsthorpe Medical Centre

Dogsthorpe Medical Centre is in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area. The practice has been run McLaren Perry Limited since September 2016 and two directors, who hold overall managerial and financial responsibility for the service oversee it. There is a GP clinical director, a GP clinical lead, who works in the practice and a project manager who is fulfilling the role of practice manager.

The practice had been inspected three times previously under the provider First Health (Peterborough) Limited in May 2015, June 2016 and November 2016. At our June 2016 inspection, the practice was rated as inadequate and placed into special measures. At our inspection in September 2016, the improvements required had not been made and the practice was rated as inadequate and the CQC registration of the provider First Health (Peterborough) was suspended.

The practice is situated to the north of Peterborough and is contracted to provide alternative primary medical services to approximately 4,800 registered patients. There is also branch surgery; the two sites are operated as one practice, with patients being seen, and staff working across both sites.

The male GP clinical lead is supported by two male and one female GP locums who provide regular sessions each week to enhance the continuity of care offered to patients. The practice also has a locum Nurse Practitioner and a locum practice nurse supports the employed practice nurse. A number of administrative staff support them including a deputy practice manager, receptionists and a medical secretary.

The main practice is open between 8am and 6.30pm Monday to Friday, the branch site has similar opening times, the branch surgery closes on Wednesday and Friday at 12.30pm. The practice is able to book appointments for patients who wish to be seen at the Peterborough GP Network extended hours Hub which is held nearby. This hub offers routine appointments which are pre bookable each evening and weekend.

Outside of practice opening hours, a service is provided by Herts Urgent Care and is accessed by calling NHS 111.

According to Public Health England information, the practice's population has a higher than average number of patients aged 0 to 39 years, and a lower than average number of patients aged 40 to 64, and over 65 compared to the practice average across England. There are high levels of deprivation in the local area, and high levels of co-morbidity.

Good

Are services safe?

Our findings

We rated the practice, and all of the population groups good safe services.

Safety systems and processes

The practice had some clear systems to keep patients safe and safeguarded from abuse. However, some policies required review.

- The practice conducted safety risk assessments. It had a suite of safety policies but we found that some of these policies were not practice specific and not all staff found them easy to access.
- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. We saw evidence that the practice were proactive in identifying patients at risk and ensuring that records were flagged. In relation to the safeguarding policy some staff we spoke with had difficulty in locating the most updated policy but they were knowledgeable about the procedures that they would undertake in the event of a concern. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an on going basis. Disclosure and Barring service (DBS) checks were undertaken where required. (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.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control with a clinical lead and the practice was clean and tidy.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. As part of the improvement mapping process the practice reviewed access data and performance and had agreed the minimum staff levels and skill mix for each site.
- There was an effective induction system for temporary staff tailored to their role.
- 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, for example, sepsis. The practice had taken lessons from a significant event where a patient had been delayed in receiving emergency treatment and implemented systems to ensure patients were identified and accessed by a GP in a timely manner.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. We reviewed a sample of referrals and found that they had been processed and sent in a timely manner.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- We reviewed a sample of records of patients that were on high risk medicines such as Methotrexate, Lithium, and Warfarin. We found that all patients had been appropriately monitored and followed up.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues including fire safety and a risk assessment undertaken by a staff member assessing the risks due to unauthorised access during opening hours. This risk assessment included managing confidential waste and unauthorised access through the fire doors into the building.
- The practice monitored and reviewed activity through an electronic risk registered. This helped it to understand risks and gave a clear, accurate, and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were clear 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. For example, the practice recognised that there was a delay in a patient receiving emergency treatment. The practice reviewed the incident, discussed it with the persons involved, and invited them to attend a staff meeting to share learning and experience.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement providing effective services overall and across all population groups except people experiencing poor mental health which is rated inadequate for proving effective services.

The practice was rated as requires improvement for providing effective services because:

The practice performance in relation to the Quality and Outcomes Framework for 2016/2017 was significantly lower than the local clinical commission group (CCG) and the national averages. Data the practice shared with us for 2017/2018 showed there may be a small improvement but insufficient to assure that all patients would receive appropriate follow up in a timely manner. This data affects all patients in all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was in line with local and national average prescribing of hypnotics.
- We saw no evidence of discrimination when making care and treatment decisions in the records that we viewed.
- Staff advised patients on what to do if their condition got worse and where to seek further help and support. Recent training events had supported the reception staff to monitor and follow up on patients whose wellbeing may decline.

Older people:

- Nationally reported Quality and Outcomes Framework (QOF) data showed that some outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, and dementia, below the local and national averages. For example the practice performance for rheumatoid arthritis was 15% this was 80% below the CCG and national average. The practice performance for heart failure was 100% which was 4 % above the CCG and national average. Exception reporting for this indicator was 5% below the CCG and national average.
- GPs provided home visits to patients who could not attend the practice.
- The GPs worked closely with the management at staff of a care home where some patients lived.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital and ensured that their care plans 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; however, the practice's performance was below the CCG and national averages for indicators relating to the quality and outcomes framework. For example the practice performance in relation to asthma was 81% this was 16% below the CCG and national average, exception reporting for this indicator was significantly below the CCG and national average. The practice performance in relation to diabetes was 56% this was 35% below the CCG and national average and exception reporting for this indictor was significantly below the CCG and national average.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. For example, the practice employed a specialist diabetic nurse one full day a month to see and review patients with complex diabetes related needs.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Each month the practice held healthy living talks. Patients were invited along to understand more about lifestyle choices and self-management.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice recognised there were a significant number of families with children in need, these were known to the multi-disciplinary team and discussed regularly. Records were flagged to ensure that any locums working in the practice had easy access to the information.

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

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme. The practice was aware of the cultural challenges to some patients attending for these appointments. Practice clinical staff spoke many of the languages of their patients and patients who did not attend were telephoned to encourage uptake of appointments for the national screening programmes.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Due to staffing levels the practice had only just been able to implement regular appointments for patients to access 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.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability. The practice had completed 100% of annual reviews for patients with learning disabilities.
- The practice had a hearing aid loop fitted at the main practice and the branch surgery.

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

- 14% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous year 2016/2017. This is significantly lower than the CCG and the national average of 84%. Unverified data the practice shared with us for 2017/2018 showed had completed 26% of face to face reviews so far.
- 8% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is significantly lower than the CCG average of 91% and the national average of 90%. Unverified data the practice shared with us for 2017/2018 showed the practice performance at 7%.

Monitoring care and treatment

The practice had developed a programme of quality improvement activity and implemented a plan to routinely review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 70% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 96% The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice). Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

We discussed the significantly low results with the practice and they shared their unverified data for this current year 2017/2018 and their plans to increase the practice performance. The unverified data indicated that the practice performance should have improved on 2016/2017 having achieved 65% overall total so far. The practice explained the difficulties they had faced in taking over the practice when the provider had been suspended and where patient trust and satisfaction was so low. They explained that their focus in the past 12 months had been to regain patients trust and to improve the access and culture within the practice to meet the patients' needs in a way that they could understand. There had been significant staff changes, and the practice had used this opportunity to review the skill mix available. The practice had recognised that the nursing team resource was low and had trained a new health care assistant. This staff member was now able to undertake phlebotomy and offer NHS health checks and

Requires improvement

Are services effective?

(for example, treatment is effective)

this would release clinical time for the practice nurse team to undertake nurse led clinics to improve the service for patients with long term conditions to access reviews in a timely manner.

The practice told us and records we viewed showed that patients received appropriate reviews for their medicines and these were undertaken in a timely manner; however, not all the checks such as foot checks and those relating to the quality and outcome framework were addressed or recorded at this time. The practice shared their plans to address this in the future.

The practice used information about care and treatment to make improvements. The practice was active in translating the information they gathered into responding to the needs of their population.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. For example, 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. Although most of the staff at the practice were locum or bank staff that provided regular sessions, the practice ensured that their training needs were provided for and met.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear systematic approach for supporting and managing staff when their performance was poor or variable.

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, services and organisations, were involved in assessing, planning and delivering care and treatment.
- 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice held regular meetings with other professionals such as health visitors and community nurses to ensure there was a co-ordinated multidisciplinary team approach to patient who may be vulnerable.

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 health. Monthly healthy living talks were held in the practice. For example, in October 2017 a talk on antibiotics was held and in November 2017 a talk on the signs of Sepsis was held.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvements for providing caring services.

The practice was rated as requires improvement for providing caring services because:

The patient satisfaction as shown in the National patient survey data published July 2017 was in most areas significantly below the local and national averages.

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion.

- Staff understood patients' personal, cultural, social, and religious needs. The practice had reviewed the negative feedback from patients and staff on the poor attitude people had experienced in relation to culture and race. Where appropriate some staff no longer worked at the practice. Staff and patients we spoke with told us that the practice was now a place they enjoyed coming to, they felt respected and cared for.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 31 of the 35 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- The practice recognised they served a diverse population and wanted to share and raise awareness by celebration the different traditions. In October this year they celebrated Diwali, the practice put up posters including where to find further information, lights, and bunting reflecting Diwali. Practice staff arranged for traditional foods to be served during a lunch time and all patients were invited to attend. The practice notice board gave details of all the events through the year. Other events planned throughout the year included Christmas and Eid-ul-Adha.
- To further engage the community in the practice, the practice staff formed a walking group. Each Wednesday lunchtime the members of staff join patients of varying levels of mobility, including wheelchair users to enjoy some light exercise and social interactions.

Results from the July 2017 annual national GP patient survey showed patients reported mixed feelings when asked if they were treated with compassion, dignity, and respect. We noted that these results were collated whilst the practice was under the management of the previous provider. 381 surveys were sent out and 83 were returned. This represented a 22% completion rate and under 1% of the practice population. The practice was in line or lower when compared with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 70% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 83% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG and national average of 95%.
- 64% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average and national average of 86%.
- 89% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average 91%.
- 93% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 70% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Requires improvement

Are services caring?

We discussed the results with the practice and they explained to us that the had quickly recognised when they took over the practice that there was an immediate need to change the culture and attitude towards patients. They had addressed many of the issues and continuously sought feedback from their patients including going into the waiting room and speaking with patients and children. For example, a survey was undertaken in the waiting room on a face to face basis. A report we saw showed 10 patients had been spoken with an age range from 3 years to 37 years old and from patients who had been newly registered at the practice to a patient who had been registered for 37 years. Comments received from the patients included a change in staff attitude. Things to improve further included a request for staff photos, this was implemented by the practice, and all staff had a photo with their role on a board in the waiting room.

Results from the Friends and Family test for the period September 2017 to November 2017 showed of the 56 responses 53 patients were extremely likely or likely to recommend the practice and three were neither likely nor unlikely to recommend the practice.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Many of the practice population did not have English as their first language. To ensure patients received information in a way they could understand members of the practice team clinical and non clinical spoke many of the languages of their diverse population. This included Urdu, Pashto, Russian, Punjabi, and Hindi and in addition interpretation services were available.
- We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients 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.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (approximately 1% of the practice list).

- All staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. The practice had invested in training to understand the different culture and carers needs of their community.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey July 2017 showed patients generally responded below the CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. We noted that these results were collated whilst the practice was under the management of the previous provider.

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 67% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average and the national average of 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG and the national average of 85%.

The practice was aware of these results and had made changes to where possible use regular locums to ensure continuity of care and knowledge of patients. The practice was aware of the language barriers with patients whose first language was not English and had employed clinical staff who were able to speak the languages of their patients.

Requires improvement

Are services caring?

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, requires improvement for providing responsive services.

The practice was rated as requires improvement for providing responsive services because: patient feedback from the GP Patient Survey data 2017 showed the satisfaction of patients was below the CCG and national averages.

Responding to and meeting people's needs

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

- The practice improved services where possible in response to unmet needs and the challenges they faced in that many of their patients did not speak English as a first language. The practice had worked hard to remove any barriers for patients to access clinicians of choice, staff who spoke their language or who wished to use the interpreter services.
- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests were available, advanced booking of appointments, and telephone device services for those that wished to seek advice this way. The practice was able to book appointments with the local GP hub who offered routine appointments in the evenings and at weekends.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice recognised that social isolation was large factor in their population and that this had a negative effect on the mental health of some of their patients. The practice staff had undergone training to ensure that patients were welcomed to the practice and made adjustments to appointments times, encouraging patients to engage with the social events they arranged in the waiting room. The GPs led talks each month on promoting wellbeing to their patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients could choose to be seen at the location most convenient to them. However, patients reflected these were more difficult to book in advance and with the GP of their choice.

People with long-term conditions:

- The practice had recognised that the resources they had available within the nursing team had not been sufficient. They had trained a staff member to be a health care assistant and to undertake phlebotomy. This released time for the practice nurse to utilise their skills to provide more nurse led long term condition clinics.
- 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:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice gathered feedback from children by talking with them and their parents in the waiting areas.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice worked with the local GP hub and extended opening hours and weekend routine appointments were available. This included appointments for cervical screening and phlebotomy.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice ensured that all patients nearing the end of their lives had two named GPs to ensure they received continuity of care during this difficult time.
- The practice was aware of the needs of the local traveller community and ensured that they were able to access information in a way they could understand.

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 held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from practice staff and including a GP.

Timely access to the service

Patients did not always report that they were able to access care and treatment from the practice within an acceptable timescale for their needs. However the practice had taken actions to address this.

- The practice had recognised that patients had not been able to have timely access to initial assessment, test results, diagnosis, and treatment. They had introduced a new appointment system and reviewed the skill mix within the practice.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was below to local and national averages. 381 surveys were sent out and 83 were returned. This represented a 22% completion rate and under 1% of the practice population. We noted that these results were collated whilst the practice was under the management of the previous provider.

- 57% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and the national average of 76%.
- 20% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.
- 48% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 36% of patients who responded said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 26% of patients who responded described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

The practice were aware of these poor results but were confident that the improvements they had made would improve these. For example, some of the practice staff had changed and the management team had motivated the reception team to be responsive to their patient's needs. The staff told us that they now worked as a cohesive team and were proud the service the practice now delivered. They recognised that the appointment system they had been operating compounded the difficulties patients had in getting through on the telephone, the practice were implementing a new system to help reduce this. The system was also designed to give greater flexibility of time needed in the appointment; it would offer patients with

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

more complex needs more time. Since the provider took over the service, the practice had gathered feedback from patients which reflected a greater satisfaction and comments we received on our comment cards aligned to this. They are confident that the new system will enhance this further.

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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. 16 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the practice had received complaints relating to the attitude of reception staff; changes included training and motivation techniques for staff to understand the needs and culture of their patients and to follow up actions they have agreed to take. For example, staff recorded the details of patient in order to contact them if a cancellation became available. From the Family and Friends test report we saw comments from patients who had appreciated this action.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for providing well-led services because there were areas where the practice systems and processes to ensure good governance and quality improvements need to be further improved and embedded.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care but recognised that they had not achieved the improvements planned in some areas such as the performance in relation to the quality and outcome framework.

- Leaders had the experience, capacity, and skills to deliver the practice strategy and address risks to it.
- The provider took over the management of the practice at short notice following the urgent suspension of the previous provider. The practice had been placed in special measures in September 2016, and with the practice team had developed an action plan and had made significant improvements to the safety and culture within the practice. The management team from McLaren Perry consisting of a GP medical director, a GP clinical lead, and practice manager had involved the practice staff and made changes to encourage improvement.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the significant challenges and were addressing them including a diverse population, changes required to the skill mix, motivation, and culture of the practice staff. They recognised that they had not made the intended improvements in relation to the quality and outcome framework performance but had improved the access and engagement of patients enabling them to attend the practice for their reviews.
- 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.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. However they told us that they knew some aspects of the improvements had not reached the full potential yet.
- The practice developed its vision, values, and strategy jointly with patients, staff, and external partners.The practice worked closely with the Clinical Commissioning Group and NHS England to bring the practice and services offered to patients to a high standard.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy in collaboration with the CCG and the management team from McLaren Perry Ltd.

Culture

The practice had developed a culture of high-quality sustainable care, national data did not reflect this at the time of the inspection but patients we spoke with and comments cards we received aligned to significant improvements made.

- Staff stated they felt respected, supported and valued. Practice staff we spoke with told us that they were proud of the improvements that had been made to the service to patients and to their wellbeing.
- The practice focused on the needs of patients. The practice embraced the diversity of their practice population and held events in the waiting room to celebrate various main festivals such as Christmas, Eid-ul-Adha and Diwali.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. The practice had managed several issues of poor performance to ensure the practice delivered safe, honest, and sustainable healthcare to patients.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. For example, a complaint was received from

Are services well-led?

Requires improvement

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

a patient regarding a delay in being referred to secondary care. The practice arranged a meeting between the patient, GP and practice manager. The practice undertook an audit of GP consultations to establish if any training needs were required. 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 now able to raise concerns with the new management team and were encouraged to do so. They had confidence that these would be addressed.
- Because the practice had a fixed term contract with NHS England and offering permanent posts was difficult most of the staff employed were locums. There were processes for providing all staff including the locums 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.
- Clinical staffs, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. 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 responsibilities, roles, and systems of accountability to support good governance and management.

- Structures, processes, and systems to support good governance and management were clearly set out, and understood, however some needed further improvement.
- Practice leaders had established some policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. The practice recognised these needed to be improved further to ensure they were practice specific and that staff could access them easily.
- The governance and management of partnerships, joint working arrangements, and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were processes for managing risks, issues, and performance.

- There was an effective process to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The practice had planned to implement processes to manage current and future performance including the practice performance in relation to the quality and outcome framework results; however these needed to be embedded to drive improvement in performance. The practice performance in relation to the quality and outcome framework 2016/2017 was significantly below the CCG and national average. Unverified data shared we us for 2017/2018 showed improvements and they shared their plans to further improve this.
- Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- There was a plan for clinical audit to improve and sustain the quality of care and outcomes for patients; however this had not been fully implemented at the time of our inspection.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example the practice had reviewed the skill mix within the practice and had a focus on providing GP lead care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Are services well-led?

Requires improvement

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. The management team had a focus on improving the quality and outcome framework performance, they told us this was now possible as they had the skill mix and resource available. Additional resources had been identified with the clinical teams to ensure that patients were reviewed in a timely manner for example; a health care assistant had been trained to undertake phlebotomy services instead of the practice nurse.
- 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.
- 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 involved patients, the public, staff, and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, and acted on to shape services and culture. Patients had access to staff who spoke their own language and staff used this to gather feedback from patients who may have been marginalised previously.
- There was an active patient participation group. The practice had invited patients to form a group and had been successful. The group met six weekly and have nominated a chair person. The PPG were keen to support the practice to continue to make and sustain improvements.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice was working closely with the commissioners to ensure that their patients received appropriate healthcare in a timely manner and in the place close to their homes. However the practice told us that the short fixed term contract impacted negatively on their ability to employ staff.
- There was a focus on continuous learning and improvement at all levels within the practice; however, the practice recognised that there were still improvements to make and sustain.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. • The practice were unable to demonstrate that they had assurance around patient recall systems to ensure patients received appropriate follow up in a timely manner. • Not all of the practice policies and procedures in place were practice specific and staff were unable to demonstrate they had easy access to them. • The plan to drive improvement through clinical audit needed to be embedded and changes monitored to drive improvement.