Dr Hamilton-Smith And Partners

Quality Report

Chadwell Heath Health Centre
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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?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement.
(Previous inspection June 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – 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 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.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 5 May and 16 June 2016 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Health and Social Care Act 2014. Breaches of legal requirements were found and requirement notices issued in relation to patient safety, fit and proper persons employed and staffing. The full comprehensive report can be found on our website at: http://www.cqc.org.uk/sites/default/files/new_reports/AAAF1838.pdf

As a result, we undertook a comprehensive inspection on 5 June 2017 to follow up, but not limited to, whether action had been taken to address the breaches outlined in the notices as well as to look at the overall quality of the service. At this inspection we found insufficient improvements had been made which resulted in inadequate ratings for safe, effective and well led and requires improvement for caring and responsive. Overall the practice was rated inadequate. We issued warning notices for breaches of Regulation 12 Safe care and treatment and Regulation17 good governance and the practice was placed into special measures for a period of six months. We undertook a focused follow up inspection on 17 October 2017 to check that the practice had addressed the issues in the warning notices and found

Summary of findings

that they had met the legal requirements. The full comprehensive report for the 5 June 2017 inspection can be found on our website at: http://www.cqc.org.uk/location/1-609934909

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 12 March 2018 February. Overall the practice is rated as requires improvement.

At this inspection we found:

- The practice had systems to manage most risks so that safety incidents were less likely to happen.
- There were no systems in place to monitor patients on high risk medicines such as lithium.
- Care and treatment for those on high risk medicines were not delivered according to evidence- based guidelines and their effectiveness and appropriateness was not monitored appropriately.
- There were systems and processes in place to keep patients safe and safeguarded from abuse.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Twenty two of the 24 completed patient Care Quality Commission comment cards we received were positive about the service experienced.
- Complaints handling had improved since our last inspection, however better oversight was required to ensure all complaints are responded to in a timely manner.

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

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

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

- Record discussions of patient safety alerts.
- Review and take action to improve the practice's performance for the management of long term conditions such as diabetes and take step to address areas of high exception reporting, for example, depression.
- Continue to initiate and arrange multi-disciplinary team meetings with other healthcare professionals.
- Continue to review patient's feedback in relation to telephone access and waiting times and see what further improvements can be made.
- Consider changing the days meetings are held to accommodate the practice nursing team.
- Consider introducing an induction pack for locum clinical staff.

The service was placed in special measures in August 2017. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe services. The service remains in special measures and 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 take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Dr Hamilton-Smith And Partners

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 and an expert by experience.

Background to Dr Hamilton-Smith And Partners

Dr Hamilton-Smith and Partners Practice, Chadwell Heath Health Centre, is located in the London Borough of Barking and Dagenham and provides primary medical services to approximately 6,881 patients. The premises is owned and maintained by an external organisation and is located on the first floor in a purpose built building providing GP services. Access is available via the communal lift and stairs. The building accommodates two other GP practices as well as other local services including phlebotomy.

Services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Havering Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). Patients living in Havering, Redbridge and Barking and Dagenham can register with the practice. Dr Hamilton-Smith and Partners is registered as a partnership to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning, diagnostic and screening procedures from Chadwell Heath Health Centre, Ashton Gardens, Chadwell Heath, Romford, Essex, RM6 6RT.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population age/sex distribution is similar to that of other practices in England. The life expectancy for males and females is 79 years and 84 years respectively.

The clinical team is made up of three male GP partners and a female locum GP collectively working 32 weekly sessions. There is also a full-time female practice nurse, a part-time female practice nurse and a female health care assistant (HCA). They are supported by a practice manager, trainee practice manager, administrative manager, secretary and six reception/administrative staff.

The practice is open between 8.30am and 8pm Monday to Friday with the exception of Thursday and Friday when the practice closes at 6.30pm and 7.30pm respectively. Extended hours appointments are available on Monday, Tuesday and Wednesday between 5.30pm and 8.00pm. Pre-bookable appointments can be booked up to two weeks in advance, urgent appointments as well as telephone consultations are also available. The practice telephone lines closes between 12.30 and 2.30pm daily, during this time calls are diverted to the Out of Hours service.

Patients who are unable to make an appointment at the practice can make appointments at local GP hubs where same day GP appointments are available. Out of hours

Detailed findings

services are delivered by another provider which is detailed in the practice leaflet, posters at reception, website and can be directly accessed by calling the practice's local rate telephone number.

Inadequate

Are services safe?

Our findings

At our previous inspection on 5 June 2017 we found the arrangements for safe services were inadequate in relation to reporting and recording significant events, staff safeguarding, patient chaperoning, recruitment checks, infection control and safety alerts.

At this inspection on 12 March 2018 we rated the practice inadequate for providing safe services due to the concerns we had relating to the management, monitoring and prescribing of high risk medicines.

Safety systems and processes

At the inspection of 5 June 2017 we found there were gaps in the practice's safety systems. At this inspection we saw steps had been taken to address the issues found during that inspection. The systems and processes in place kept patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- At the inspection of 5 June 2017 the practice could not demonstrate non- clinical staff had received training in safeguarding children. This was completed when we undertook our follow up visit on 12 March 2018. All clinical staff received up-to-date safeguarding and safety training to the right level. They knew how to identify and report concerns.
- At the inspection on 5 June 2017 we found the practice had not requested Disclosure and Barring Service (DBS) checks for those staff who acted as chaperones. (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). At the inspection on 12 March 2018 all relevant staff had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required.
- The arrangements for infection control had significantly improved since the inspection of 5 June 2018. At our previous inspection on 5 June 2017 we noted that the practice did not have systems in place which ensured fabric curtains used in treatment rooms were cleaned or changed at least once every six months. At this inspection we noted the practice had replaced fabric curtains with disposable curtains and detailed infection control audits were now undertaken.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. At the inspection of 5 June 2017 we found portable appliance testing (PAT) had expired in February 2014. At this inspection we found this had been resolved.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to, sickness, holidays and busy periods.
- There was an induction system for temporary staff tailored to their role; however at the time of inspection the practice did not have an induction pack for locum clinical staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. GPs interviewed knew how to identify and respond to patients with severe infections including sepsis. We also reviewed anonymised clinical records for patients who attended for acute illnesses and saw that the clinicians recorded their vital signs.

Inadequate

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, however there were examples of poor record keeping and monitoring for those patients with shared care agreements (written arrangements between specialist services and general practitioners).

- We had concerns about the way the practice maintained individual care records for patients who were under secondary care services. For example, we reviewed 32 clinical notes for patients who were prescribed high risk medicines such as lithium, methotrexate, warfarin and azathioprine and we found that not all records were written and managed in a way that kept patients safe. For example, one pharmacy and several hospital requests for further action had not been appropriately actioned by GPs. Furthermore, the care records we saw did not demonstrate the GPs took a documented approach to important information received or requested from other services who shared the responsibility for managing and monitoring these patients.
- Referral letters such as two weeks wait included all of the necessary information; these were checked over by the secretary before they were sent.

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of high risk medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- At our inspection on 5 June 2017 we found the practice did not have systems in place to monitor blank prescriptions pads. At this inspection we found this had been addressed satisfactorily. Following the previous inspection, a prescription tracker was implemented and staff used this to record information such as box number, unique number, printer number, room number, date and signature.
- The process in place for handling repeat prescriptions needed improving to ensure patient safety. We checked the box used for repeat prescription and found that it was monitored and cleansed regularly. We were concerned about the management and monitoring of patients on medicines considered high risk namely methotrexate, lithium, warfarin and azathioprine. At the time of our inspection 12 March 2018 we found 32 patients who were prescribed these medicines who were not monitored in line with national guidance or shared care agreement and were at risk of harm. There was no formal process for obtaining test results to monitor these patients. For example, the practice had two patients on lithium. (Lithium is a medicine which is used to treat acute mania and recurrent depression). Patients who take lithium should have three monthly blood tests to monitor the amount of lithium in their blood. During our inspection we found the most recent lithium level recorded for one of the patient was December 2016. However we found scripts which were uncollected by patients were not followed up to find out the reason for this, instead they were destroyed by non-clinical staff members.
- A hospital letter received by the practice in November 2017 advised blood test was required. We saw that the practice sent the patient an invitation letter to attend for venepuncture; however there was no evidence the patient attended the practice during this time. The practice issued another prescription in March 2018.
- We also reviewed all 10 patients on azathioprine (an immunosuppressive medication used for treating severe acute Crohn's disease, rheumatoid arthritis and autoimmune conditions).
- The practice had 38 patients on warfarin at the time of our inspection. Guidelines states that patients treated with warfarin are monitored. International Normalised Ratio (INR) is one way patients are monitored; the measurement of this and an interpretation of the result determine dosage of warfarin and when the next test should be performed.
- The practice had 28 patients on methotrexate . We randomly sampled 10 patients and found seven patients under the care of the hospital had recent blood results letter attached to their clinical notes.
- We received evidence following the inspection that the practice carried out an audit of all patients prescribed high risk medicines and took steps to ensure management and monitoring were in line with national guidance. We also received a copy of the practice's repeat prescribing policy including the process for high risk medicines.

Inadequate

Are services safe?

Track record on safety

When we inspected the practice in June 2017 we found that the practice had a system in place for recording significant events/incidents, however they could not evidence that staff had access to a policy. There was limited evidence to show that significant events were always recorded, investigated and thoroughly reviewed to prevent further occurrences and to make sure improvements were made as a result. At this inspection we found the practice had a significant events policy which was fit for purpose and staff we spoke could access on the practice computers shared drive. A hard copy was also stored in a folder which was kept in the practice manager's office. Significant events were discussed at the practice's practice meetings and we saw learning from incidents was shared with the whole team. At our previous inspection there was evidence to show that significant events were not always reported by staff and acted on accordingly. At this inspection we found that staff were more proactive in reporting significant events. All non-clinical staff had received in-house training on how to identify and report significant events.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy 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 adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we found that the practice took appropriate action when a patient was given incorrect information regarding the availability of a specific vaccine. The practice apologised to the patient and staff were made aware that the specific type of vaccine was available and could be ordered.
- At our inspection on 5 June 2017 the practice could not demonstrate they acted on patient safety alerts. At this inspection we reviewed patient safety alerts and found the practice had a system in place which ensured all patient and safety alerts received were cascaded, however we saw limited evidence these were discussed in clinical meetings. GPs we spoke with on the day of inspection told us these were discussed in clinical meetings and gave us examples of recent alerts. The practice now had an alerts policy and copies of alerts received were printed and stored in a folder as hard copies. We saw that each alert had an attached staff list with signatures which meant that staff read and understood the content of the alert.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 June 2017 we found the arrangements for effective services were inadequate; non-clinical staff had not received training in safeguarding and there was minimal evidence to suggest the practice undertook clinical audits. Furthermore, the practice was failing to act on incoming letters and test results in a timely manner; this back log created risks to patients.

At this inspection, adequate improvements had been made to quality improvement activity and training. At this inspection we rated the practice requires improvement. This was because we were not assured the practice carried out assessments and delivered care and treatment in line with guidance, particularly for those on high risk medicines.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice, but this was not consistently applied. It was apparent on the day of inspection that GPs working in the practice did not always assess needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Although they had access to the necessary tools to enable them to do so, they were not used effectively to manage and monitor those on high risk medicines.

- There was evidence the practice was failing to comply with local protocols and national guidelines as it relates to high risk medicine. For example, all patients prescribed lithium should have regular blood tests to monitor their renal and thyroid function. This is to ensure that the amount of lithium in their blood is within the therapeutic range; lithium has the potential to be toxic.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff we interviewed were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had a direct dial telephone number for patients over 75 years and those on the palliative care register.

People with long-term conditions:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- At our previous inspection the practice's performance for diabetes was below local and national averages. :

Requires improvement

Are services effective?

(for example, treatment is effective)

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was below average at 65% compared to the CCG average of 74% and national average of 80%. This was achieved with an exception rate of 3%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was below average at 65% compared to the CCG average 80% and national average of 78%. This was achieved with an exception rate of 4%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was below average at 66% compared to the CCG average of 75% and national average of 80%. This was achieved with an exception rate of 5%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was below average at 70% compared to the CCG average of 82% and national average of 83%. This was achieved with an exception rate of 2%.
- The GP and practice nurse held specific diabetes clinic five times.

Families, children and young people:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below with the target percentage of 90% or above. We brought this to the practice's attention who disputed the figures and presented us with recent un-validated data which was submitted to the local CCG. This showed the practice was performing in line with national standards.
- The GPs worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Childhood immunisation clinics ran alongside child health and baby clinics to ensure immunisations were offered opportunistically.

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

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The practice's uptake for cervical screening was coverage target for the national screening programme; however information from Public Health England (PHE) stated that coverage had declined in recent years. In 2015/16 coverage was defined at 73%.
- At 71%, the practices' uptake for breast and bowel cancer screening was in line with local national averages of 73% and 79% respectively.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- 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 and those with a learning disability.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the local CCG and national averages.
- 85% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the local CCG and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, all 42 patients (100%) experiencing poor mental health had received discussion and advice about alcohol consumption. This was above the local CCG and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

There were some examples such as clinical audits where the practice demonstrated that they had reviewed the effectiveness and appropriateness of the care provided.

The most recent published QOF results were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 97%. The overall exception reporting rate was 7% compared with the CCG and national averages of 10%. (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.)

- The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who had been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis was 93% compared to the CCG average of 86% and national average of 84%.
- At the inspection on 5 June 2017, there was minimal evidence the practice undertook quality improvement activity, for example, they had one incomplete audit. At this inspection, we saw evidence the practice had developed a programme of quality improvement activity and had undertaken three clinical audits; all were completed audits where the improvements made were evident. For instance, the practice undertook an audit to check if they were managing vitamin D deficiency in symptomatic adults as per guidelines. The audit had three clear criteria and standards were set based on them. In the first cycle 25 patients were identified who had a vitamin D level of less than 30, 22 (88%) were receiving treatment as per guidelines and three (12%) had not received treatment at all. In the second cycle of the audit and using the same criteria 90% of patients were receiving treatment. The practice recommendations stated that improvements and reviews were needed to ensure all patients were monitored in line with guidelines. Other clinical audits related to diabetes and low serum B12.

Effective staffing

At the inspection of June 2017 we found that the practice did not have systems to ensure staff training was monitored. In addition the policy in place to govern recruitment was generic and contained information which was not specific to the practice, for example, reference was made to “catering staff” and ensuring they read the “catering guide handbook”. These had been resolved by the practice when we undertook the most recent inspection.

- 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 using a training log. Staff were encouraged and given opportunities to develop.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- We saw examples the practice supported and managed staff when their performance was poor or variable.

Coordinating care and treatment

- At the previous inspection the practice did not have a safe system in place for monitoring letters and test results. We found 179 incoming letters and 143 test results dated back to 23 May 2017 in one GP's inbox had not been actioned. We also found two boxes of paper notes which were yet to be summarised and added to the patients' electronic records. This unavoidable backlog created risk to patients. Following the inspection, the practice was asked practice to provide us with evidence these had been dealt with adequately. When we undertook our follow up inspection on 12 March 2018 we checked the GPs inboxes and found these were now appropriately managed and in a timely manner. The GPs were allocated 45 minutes daily administration time to action test results. A member of staff was responsible for monitoring GPs workflows and reminded them to check their inboxes where inactivity was noted. The GPs were responsible for monitoring other GPs inboxes during sickness and annual leave and there was a rota in place to support this.
- The practice did not always work collaboratively or effectively with colleagues in secondary services, for example, patients on high risk medicines who were also under the care of the hospital.
- Most 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.
- Staff had access to a bereavement policy and 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.
- At our previous inspection we saw no evidence meetings took place with other health care professionals which would allow for care plans to be reviewed and updated for patients with complex needs. When we raised this with the practice, they told us they had tried to arrange meetings but they were always cancelled. At this inspection, we viewed minutes of meetings held in August, October and December 2017 which indicated the practice had held discussions with other healthcare professionals including the community matron, district nurse and health visitors. Although minutes were brief, we saw evidence the practice discussed specific patients in the December's meeting.

Helping patients to live healthier lives

Staff were 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, for example those with diabetes.
- The health care assistant offered smoking cessation to patients.
- One of the GPs who qualified as a counsellor offered counselling sessions to patients.
- The recently introduced notice board at reception provided patients with different health related subjects. There was forward planning, for example, the practice has already sought the promotion material for Mental Health Awareness month which takes place in the month of May.
- 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.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Clinical staff had received Mental Capacity training.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

At our previous inspection on 5 June 2018 we rated the practice requires improvement for caring. This was because patients responded less favourably to questions about their involvement in planning and making decisions about their care and treatment.

At this inspection, we found the results from the national GP patient survey had improved and patients rated the practice in line or above CCG and national averages. The practice is rated as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- 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.
- A female locum GP was recruited in January 2018 which meant that female patients who would prefer to see a same sex GP now had the opportunity to do so.
- Twenty two of the 24 completed patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the in house survey and other feedback received from patients we spoke with on the day. The two negative comment cards related to inconsistencies about their care and treatment and what patients described as unhelpful receptionists. We saw that the practice had arranged customer care and communication training for all reception staff.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and six surveys were sent out and 109 were returned. This represented about 1.6% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 81%; national average - 86%.
- 91% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 89%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped help 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):

- Interpretation services were available for patients who did not have English as a first language. 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.
- The practice had installed a hearing loop and they also had access to sign language interpreters.
- 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's computer system alerted GPs if a patient was also a carer and a register was maintained. The practice were now proactively identifying patients who were carers. At the last inspection we found that the practice had identified less than 1% of their patient list size as carers. At

Good

Are services caring?

this inspection 94 patients were identified as being a carer which was an improvement (1.5% of the practice list). Eighty four (84) patients who were also carers had received health checks in the last 12 months. Posters were now on display which encouraged patients to identify themselves as carers. In addition, carer's identification was incorporated on the new patient registration form and staff told us they opportunistically identified and coded patients on the clinical system. This information was also available on the practices website.

- One of the GPs acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 89% 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 81% and the national average of 86%.
- 82% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 77%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 89%; national average - 90%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 85%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- All staff had signed copies of confidentiality agreement in their staff files.
- To minimise conversations at reception being overheard, the practice had a queuing system where patients waiting to be seen were required to stand at the waiting point away from the desk.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 June 2017 the national GP patient survey showed patient's satisfaction with how they could access care and treatment was lower than the local and national averages and patients told us they had difficulty getting through on the telephones.

At this inspection, the GP patient survey showed improvements, however patients still had problems getting through on the telephones. We rated the practice good for providing responsive services as they had implemented initiatives to improve access to care and treatment.

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 understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- There were longer appointments available for patients who were carers and those with a learning disability.
- Patients could use the self-operated booking system at reception to check in for appointments.
- More appointments were available to patients compared to six months previous.
- The GPs undertook daily telephone consultations and investigative clinics.
- The facilities and premises were appropriate for the services delivered and it was well maintained.
- The practice made reasonable adjustments when patients found it hard to access services. For example, during winter periods when it got darker earlier, daylight hours appointments were offered to elderly patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Urgent appointments could now be booked at any time of the day; previously patients had to telephone at 8.30am.
- There was a direct dial telephone number which was given to patients receiving palliative care.
- Weekly chronic disease clinics were carried out by one of the GPs for those patients who struggled to comply with treatments.
- The practice offered in-house counselling sessions with one of the GPs.

Older people:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- 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.
- During flu season the nurse undertook regular home visits to administer vaccines.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- Patients with a long-term condition such as diabetes and hypertension 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 had started to liaise with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Longer appointments were available for patients with long term conditions.

Families, children and young people:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- 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.
- There was a dedicated childhood immunisations administrator who was responsible for contacting patients to arrange appointments.
- Staff had access to health visitors who were based in the same health centre.

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

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients could request prescriptions online and specify the pharmacy they wanted to collect from.

People whose circumstances make them vulnerable:

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.

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

The provider is rated as inadequate for safety and requires improvement for effective and well-led and good for caring and responsive. Therefore this population group is rated requires improvement overall. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- One of the GPs was the mental health/dementia lead. The practice held GP led dedicated weekly mental health and dementia clinics.
- Annual health checks were undertaken; 83% of patients had health checks in the last 12 months.
- The practice proactively recommended Talking Therapies and posters could be seen in all patient areas. Out of good will the practice allowed Talking Therapies to use of one of the rooms once per week. Registered and unregistered patients used this service.

Timely access to care and treatment

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and six (306) surveys were sent out and 109 were returned. This represented about 1.6% of the practice population.

- 70% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 50% of patients who responded said they could get through easily to the practice by phone; CCG – 65%; national average - 71%. An additional member of staff worked between 8.30am and 10.30am daily to assist with answering the telephones. The self-check-in pod at reception allowed patients to bypass the queues at reception during busy periods.
- 81% 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; CCG - 81%; national average - 84%.
- 81% of patients who responded said their last appointment was convenient; CCG - 77%; national average - 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 39% of patients who responded said they don't normally have to wait too long to be seen; CCG - 55%; national average - 58%. Appointment lengths for chronic diseases patients had been increased to minimise delays. We also looked at the most recent in-house survey result which showed that 15 of the 21 patients surveyed said that they were seen by the doctor "fairly quickly . Since the last inspection, earlier appointments with the GPs were available from 8.45am daily and more telephone consultations were undertaken. Daily dedicated investigative clinics were introduced- this is where GPs telephoned patients to discuss test results and arranged further appointments.

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.
- At the inspection of June 2017 there were variations in the hard copy policy and the one found on the practice website. We also found that verbal concerns were treated informally and were not recorded and followed up by the practice. These were addressed when we undertook our follow up inspection.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received since our last visit in June 2017. We reviewed both complaints and found that they had been dealt with appropriately, however there was a delay in responding to one of the complainants within the 20 days as stipulated in the policy. We brought this to the attention of the practice who told us the investigation process took longer than anticipated which caused the delay and told us a follow-up letter should have been sent in the interim. We saw where the practice discussed the complaint received in January 2018 at the practice meeting, however at the time of inspection the complaint received in February 2018 was yet to be discussed; we were told this was to be dealt with at the next practice meeting.
- Complaints were stored on the shared drive for those who were unable to attend the meeting.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 5 June 2017, the practice was rated as inadequate for being well-led as they did not have adequate governance framework to deliver their vision of high quality care. Policies to govern activities were generic and out-of-date and there were other systematic and procedural issues which had remained un-actioned by the practice. At this inspection we saw some evidence the practice had taken steps to address previously identified concerns, however there were gaps around governance arrangements and managing risks as it related to medicines prescribing and monitoring.

Leadership capacity and capability

At the previous inspection of June 2017, the management team did not consistently demonstrate they had the capacity and capability to run the practice and ensure high quality care. At this inspection we found that systems and processes have been put in place to improve the services provided to patient. There were instances throughout the inspection when management demonstrated they had the capacity and skills to deliver care and treatment; however this was not always high-quality and sustainable care.

- Although the GPs had many years of experience between them they did not consistently used this to deliver the practice strategy and address risks to it, for example, in relation to high risk medicines
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, there were initiatives in place to reduce missed appointments and we reviewed evidence that demonstrated the practice was monitoring and analysing their appointment system regularly.
- Management team encouraged feedback from staff and take steps to address individual concerns.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, the practice had used the resilience funding received from the local CCG to fund training for the trainee practice manager. Other senior members of staff were also booked to attend shorter management courses.

Vision and strategy

The practice had clear visions to deliver high quality, sustainable care.

- The practice had a mission statement which was underpinned by three visions and that was to provide the best possible clinical care and to give high quality, courteous and efficient service.
- Staff we interviewed on the day understood the values and understood their responsibilities in relation to it.
- The practice did not have a business plan; however the trainee practice manager was in the process of developing this as this was a pre-requisite for the practice management course.
- 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 generally met the needs of the practice's population.

Culture

The practice had a culture of sustainable care, however this needed strengthening in certain areas to ensure it was of high-quality.

- Staff stated they felt respected, supported and valued by most members of the team. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to most incidents and complaints and the practice was aware that improvements were needed. Although one complaint was not replied to within 20 days as per practice policy, the provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. We saw examples the practice manager took step to address these concerns, however detailed discussions of these were not recorded.
- There were processes for providing all staff with the development they need. This included appraisal and

Are services well-led?

Requires improvement

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

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 staff, including nurses, were considered valued members of the practice team. The nursing team told us that they were not able to attend practice meetings because it was held on their non-working day. We spoke with the practice manager who told us the day would be reviewed and that all staff were aware that minutes of the meeting including significant events and complaint reviews were uploaded to the share drive for those who were unable to attend.
- There was emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between most staff and teams.

Governance arrangements

At the inspection of June 2017 the practice did not have an effective governance framework to support their vision to provide the best possible clinical care and to give a high quality, courteous and efficient service. At this inspection in March 2018 we found there had been improvements to the governance structure and arrangements. There were clear responsibilities, roles and systems of accountability to support good governance and management; however minutes of meetings we looked at demonstrated that certain clinical staff were not always fulfilling their responsibilities.

- Shared and joint working services needed reviewing in relation to high risk medicines and repeat prescribing as we found the current arrangements did not promote interactive and co-ordinated person-centred care.
- Most policies we reviewed at this inspection had been updated and were now fit for purpose excepting the repeat prescribing policy as it did not reflect current guidelines. Following the inspection, the practice provided us with a detailed policy which was in line with local and national guidance.
- Staff we interviewed were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. Infection control arrangements had improved significantly since our last visit in June 2017 and the systems and processes in place were effectively managed by the responsible staff member.
- At our previous inspection the practice could not demonstrate regular meetings were held. At this inspection this had improved. We saw evidence important business functions such as significant events and complaints were discussed and learning shared as a team.

Managing risks, issues and performance

At the inspection of 5 June 2017 we found the arrangements for identifying, recording and managing risks failed to ensure patients' safety. For example, health and safety risk assessments including infection control audits and fire risk assessments were not adequate and the practice could not demonstrate risks were adequately monitored. At this inspection the systems for identifying, recording and managing certain risks such as fire safety and infection control were now in place, however we found the practice did not have a system in place for monitoring patients on high risk medicine which put patients at risk.

- The practice had systems which enabled them to manage their performances, however these were not always utilised effectively. For instance, reviews of clinical records for those on high risk medicines indicated that the clinicians did not always update patients' record with vital information such as their last blood tests, INR level and thyroid function level for those on lithium.
- Practice leaders had oversight of national and local safety alerts, however we saw no evidence these were discussed during staff meetings. The GPs on the day were able to give us examples of recent safety alerts.
- Clinical audits were now undertaken by the practice. There was evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

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)

The practice acted on appropriate and accurate information.

- 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. For example, the trainee practice manager monitored feedback received through NHS Choices and found that the general theme of patient's discontent related to receptionist staff attitude. As a result of which all reception and administrative staff were to attend a two day course aimed at equipping them with patient experience and customer care skills.
- Information such as NHS Choices, QOF, GP patient survey and internal survey used to monitor the practice's performance were accurate and useful. There were plans to address concerning areas.
- The practice used information technology systems to monitor and improve the quality of care.

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. For example, patients suggested a self-check in pod to avoid queuing and this was acted on by the practice.
- There was an active patient participation group. We spoke with two members on the day of inspection who told us there were six members currently, but they told us more members were required. They told us the PPG was well promoted by the practice.

Continuous improvement and innovation

It was demonstrable the practice had improved their systems and processes in relation to quality improvement activity, managing and identifying risks, performance of the practice, incidents and complaints handling, patient safety alerts, staff checks, training and governance arrangements. From the evidence gained during our most recent inspection we found further improvements were still needed to ensure high-quality and sustainable care. Furthermore, the practice was confident that investing in the trainee practice manager would be an asset to the organisation. Although the trainee practice manager was in the early stages of the training, we saw that plans were in place to engage with other practice managers in the locality. In addition, the current practice manager who was a qualified HCA would be undertaking the vaccination course. We also saw evidence one of the receptionists would start the HCA training in March 2018 which would allow the practice to increase NHS Health checks for patients; this was noted as one of their future objectives.

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 **How the regulation was not being met:** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The protocol in place for repeat prescribing did not reflect current General Medical Council (GMC) guidance on Good Practice in Prescribing and Managing Medicines and Devices (2013). • The practice did not record discussions when staff raised concerns. This was in breach of regulation 17 (1) 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 persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Patients on high risk medicines were not cared and treated for in a safe way; this included the way in which they were assessed, monitored, reviewed, prescribed repeat medicines and recording of clinical notes. • The process for destroying uncollected prescription did not mitigate risks to patients. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.