Fitzalan Medical Group

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (Previous inspection June 2015 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

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 – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) - Inadequate

We carried out an announced comprehensive inspection at Fitzalan Medical Group on 19 December 2017. The inspection was in response to concerns raised following a notification from the coroner about prescribing, monitoring and review processes within the practice.

At this inspection we found:

- Safety risk assessments had either not been undertaken or had not been reviewed. Risks were not consistently or adequately mitigated.
- Systems for managing medicines were unsafe, including inadequate repeat prescribing processes and poor monitoring and review of patients on high risk or repeat medicines.
- Medicines were not always stored securely and monitoring of the vaccine cold chain was insufficient. Blank prescriptions were not tracked within the practice. Patient Group Directions (PGDs) did not include the name of the practice recorded on them.
- There was no risk assessment in place for the types of emergency medicines needed within the practice. Monitoring of emergency medicines and equipment was inconsistently recorded.
- There was no formal system to ensure that abnormal test results and correspondence were acted on.
- There was no system to ensure or record action from safety alerts.
- There was little evidence of learning or changes to practice as a result of significant events.
- There was insufficient action planned or taken as a result of routine infection control audits.

Summary of findings

- Quality Outcomes Framework (QOF) data showed the practice was performing significantly below national standards in a number of areas including dementia, mental health and chronic obstructive pulmonary disease. Patients with long-term conditions did not always have a structured annual review, however there was some evidence during inspection that these areas were beginning to be addressed.
- The practice performed above target for three out of the four childhood vaccines up to age two, however fell below standard for the pneumonia booster for two year olds.
- There were some gaps in staff training and the practice had not routinely ensured the ongoing competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- Results were below local and national averages for two out of four of the questions in the GP patient survey relating to patients feeling involved in decision making about their care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had been addressing issues relating to access to services by increasing the availability of appointments and had recruited three additional GPs and three paramedic practitioners in the last year.
- Leaders did not evidence that they had the skills and capacity to address risks and deliver high quality sustainable care.
- Structures, processes and systems to support good governance and management were ineffective in relation to the management of safety, risk and quality improvement.
- There was no system to ensure the regular review of practice policies and in some cases practice activity was not undertaken in line with the policies.
- There were inconsistent processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was no comprehensive audit plan for the practice and no evidence of current auditing of clinical performance.
- Learning was not consistently shared and used to make improvements.

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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

- Take action to improve performance against the standard in relation to childhood vaccines.
- Take action to improve how clinical staff involve patients in decisions about their care in response to GP patient survey results.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Fitzalan Medical Group

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 second CQC inspector, a practice manager adviser and a member of the CQC medicines team.

Background to Fitzalan Medical Group

The practice is situated near the centre of Littlehampton, West Sussex, and provides general medical services to approximately 17,075 patients. The patient list was capped at the time of inspection. In October 2016 the practice took on 2,500 additional patients following the closure of a neighbouring practice. There are four GP partners (male and female) and seven salaried GPs (male and female). The practice also employs three paramedic practitioners, a nurse practitioner, seven practice nurses and three health care assistants.

Opening hours are Tuesdays, Thursdays and Fridays 8.00am to 6.30pm and Mondays and Wednesdays 8.00am to 8.00pm. The practice also provides nurse and health care assistant appointments from 7.30am on Thursdays. The practice provides a wide range of services to patients, including asthma and diabetes clinics, chronic disease monitoring, cervical screening, childhood immunisations, family planning, smoking cessation and minor illness clinics.

Ear, nose and throat and nephrology clinics were hosted by the practice.

The practice has a contract with NHS England to provide general medical services. The practice has a higher than national average percentage of its population over the age of 65. It also has a higher than local and national average percentage population with income deprivation affecting children and older people. The practice serves a high number of registered patients from Eastern Europe.

The practice provides a service to all of its patients at two locations :-

Fitzalan Road,

Littlehampton

BN17 5JR

and,

Wick Surgery

66 Clun Road

Littlehampton

BN17 7EB

Our inspection was undertaken on the practice premises at Fitzalan Road and a visit to the premises at Clun Road.

The practice has opted out of providing Out of Hours services to their own patients. Patients were able to access Out of Hours services through NHS 111.

Inadequate

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Safety risk assessments had either not been undertaken or had not been reviewed. Risks were not consistently or adequately mitigated.
- Systems for managing medicines were unsafe, including inadequate repeat prescribing processes and poor monitoring and review of patients on high risk or repeat medicines.
- Medicines were not always stored securely and monitoring of the vaccine fridge temperatures was insufficient.
- There was no risk assessment in place for the types of emergency medicines needed within the practice. Monitoring of emergency medicines and equipment was inconsistently recorded.
- There was inconsistent safety netting of abnormal blood results and actions required from correspondence.
- There was no system to ensure or record action from safety alerts.
- There was little evidence of learning or changes to practice as a result of significant events.
- There was insufficient action planned or taken as a result of routine infection control audits.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse.

- The practice had conducted some safety risk assessments. However, a Legionella risk assessment that had last been carried out in 2013 had not been monitored to ensure that a repeat risk assessment due in 2015 was carried out. Risks were not always mitigated. Hot water temperatures were routinely monitored, but the results of these at times fell below the recommended hot temperature range indicated by the 2013 risk assessment. A fire risk assessment had not been reviewed since 2015 and there was no record of fire drills taking place within the practice. There was no evidence of other environmental risk assessments having been carried out. There was a health and safety representative within the practice; however they had not been tasked with undertaking risk assessments. Health and safety posters were visible within the both Fitzalan Road and Wick Surgery locations; however these did not include the names of staff responsible for health and safety. Some safety policies were available; however these were not always regularly reviewed and communicated to staff. 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.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. There were both GP and nurse safeguarding leads to provide support for staff in addressing any safeguarding concerns. 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 ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for clinical staff. (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). However, non-clinical staff were employed without first considering whether they should receive a DBS check to help decide their suitability for working with vulnerable adults and children. A risk assessment had not been carried out on each role within the practice to identify which roles should be subject to DBS checks, including those non-clinical staff undertaking chaperone duties.
- 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 although not all had received a DBS check.
- There was a system in place to manage infection prevention and control. We saw evidence of an annual audit and identified issues where improvements needed to be made. However, there was no clear action plan and action was not always taken. For example, the storage of a toilet riser seat had been identified as an issue as part of the audit, however the toilet seat was seen to be balanced on top of a sanitary bin in the toilet during inspection.

Inadequate

Are services safe?

- 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. In October 2016 the practice had registered an additional 2,500 patients from the closure of another local practice. This had resulted in the practice having to increase clinical staff to meet the need for services and this had taken time to action. The practice told us that they had now been successful in filling both GP and paramedic practitioner roles.
- 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. There were specific age appropriate protocols in use within the practice to manage severe infections.
- 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.
- There was inconsistent safety netting of abnormal blood results and actions required from correspondence. Patients were contacted and asked to attend for appointments, however if they did not attend, follow up was dependent on the actions of individual practitioners as there was no practice wide system in place to ensure appropriate follow up.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment did not consistently minimise risks. There was no system in place for tracking blank prescriptions within the practice and the need for this was not included in the prescription security protocol for the practice. Boxes of prescriptions were regularly transferred to the branch practice without records of batch numbers being recorded.
- Re-authorisation of repeat prescriptions was undertaken by clerical staff without having procedures in place to ensure medicines were safe and appropriate to continue. Repeat prescriptions were not being prepared in line with the practice's repeat prescription and medication review protocol, and we saw continued prescribing of repeat medicines despite outstanding monitoring or review and no evidence of clinical decision making.
- Medicines were not being regularly reviewed, to support the patient with their treatment, optimise the impact of their medicines and ensure they were still safe. There was a backlog of more than 2,800 medicine reviews.
- Appropriate therapeutic monitoring of patients prescribed high risk medicines was not being carried out consistently. We saw that patients prescribed medicines requiring regular monitoring, were not always being monitored to ensure the medicine was still safe. Four out of eight patient records we reviewed showed that monitoring of high risk medicines was overdue.
- National patient and medicine safety alerts were received by the practice and we were told these were cascaded to clinical staff by the practice manager to relevant staff. However, we found there was no system in place to ensure or record action taken as a result of the alert or a record to indicate that no action had been required. For example, an alert issued in November 2017

relating to the cautious use of quinine (a medicine used to treat night cramps and other conditions) in patients with cardiac risk factors had not resulted in a search for patients this alert might apply to.

- Emergency medicines within the practice did not include those for use in the event of a patient experiencing an epileptic seizure, acute pain, heart failure or croup. There was no risk assessment relating to this to identify which types of emergency medicines were required based on the risks within the practice. Monitoring of emergency medicines and equipment was inconsistently recorded.
- The vaccine fridge at Wick Surgery was not checked on a daily basis when the surgery was open and temperature records showed a number of gaps in temperature recordings. Temperature records of vaccine fridges at Fitzalan Road showed that one of the fridges had a maximum temperature record that was sometimes out of the recommended range, although nursing staff had sought advice from the fridge manufacturer to assure themselves that the actual temperature had been maintained within the recommended range. We were told that the issue was because not all nurses were familiar with a new fridge thermometer and how to read it correctly. This had been identified as a training need although had not been addressed at the time of inspection.
- Patient Group Directions (PGDs) had not been appropriately authorised as they did

not detail the name of the practice in which they were adopted.

Track record on safety

- There were some risk assessments in place in relation to safety issues, however some of these such as fire safety and Legionella were out of date for review and general environmental risk assessments were not evident.
- The practice had not consistently monitored and reviewed activity. For example, changes to prescribing practices had not been made following specific incidents within the practice.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for reporting and recording significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- There were not adequate systems for reviewing and investigating when things went wrong. Significant events were recorded and discussed at clinical meetings; however there was no evidence of information from these discussions being used to evaluate and improve practice. We saw that following one significant event action as a result of this was recorded as for staff 'to be aware'. There was no evidence of the practice taking a broader view, for example considering prescribing processes or additional safeguards that should be implemented in order to prevent reoccurrence. An incident recorded as an abnormal blood result included an action point of 'care to be taken' but no evidence of whether the systems for reviewing blood results should be reviewed within the practice. We saw an action following an incident in February 2017 stating that 'hospital-only' (medicines usually prescribed by a hospital or specialist) medicines were not to be included on repeat prescriptions. However, in July 2017 a further incident occurred where a hospital-only medicine was prescribed on repeat. During our inspection, 'hospital-only' medicines were still being recorded on patients' repeat medicines, rather than using the hospital-only medicines facility within the clinical system. There was no system of evaluation or improvement relating to significant events following an initial discussion at a clinical meeting.
- There was a system for receiving safety alerts, however not all safety alerts had been acted on and there were no records of action taken in response to the safety alerts received. It was therefore unclear how the practice learned from external safety events as well as patient and medicine safety alerts.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as inadequate for providing effective services overall and across all population groups.

The practice was rated as inadequate for providing effective services because:

- Quality Outcomes Framework (QOF) data showed the practice was performing significantly below national standards in a number of areas including dementia, mental health and chronic obstructive pulmonary disease. There was some evidence during inspection that these areas were beginning to be addressed and that some improvement was apparent.
- Patients with long-term conditions did not always consistently have a structured annual review to check their health and medicines needs were being met.
- There were some gaps in staff training and the practice had not routinely ensured the ongoing competence of staff employed in advanced roles by for example audit of their clinical decision making, including non-medical prescribing.
- There was no comprehensive audit plan for the practice and no evidence of current auditing of clinical performance.

Effective needs assessment, care and treatment

The practice had some 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.

- The practice had systems in place to ensure patients' needs were assessed, including their clinical needs and mental and physical wellbeing when reviewed. However, not all patients due a review were having their needs assessed, for example in relation to some patients with long-term conditions and some patients due a review of their medicines.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had recently introduced an online consultation service where patients could contact their GP for advice through the online system.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

We rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- Older patients who were frail or may be vulnerable were included in the practice frailty registers. We were told that these patients would have care plans in place; however the practice were waiting for a locality wide care plan to be introduced into their clinical system.
- Patients aged over 75 were not routinely invited for a health check.
- The practice followed up on older patients discharged from hospital. Paramedic practitioners took the lead on checking that care plans and prescriptions were updated to reflect any extra or changed needs.
- As part of a locality initiative, the practice had been allocated 13 nursing homes by the clinical commissioning group (CCG) to ensure continuity of care, building relationships and training within the homes.
- One of the GP partners participated in monthly proactive care meetings where multi-disciplinary staff would meet to plan care for the most vulnerable patients.

People with long-term conditions:

We rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- Patients with long-term conditions did not always consistently have a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

We rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake

Inadequate

Are services effective?

(for example, treatment is effective)

rates for the vaccines given were in line with the target percentage of 90% or above in relation to three of the four indicators. However, the percentage of children aged two who had received the pneumococcal pneumonia booster vaccine fell below the 90% standard at 75%.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

We rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.

People whose circumstances make them vulnerable:

We rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Monthly multidisciplinary meetings were held with members of the palliative care team to review end of life care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

We rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- 47% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below average when compared to the clinical commissioning group (CCG) (81%) and national (84%) averages.
- 48% 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 below average when compared to the CCG (83%) and national (90%) averages.
- The practice told us they specifically considered the physical health needs of patients with poor mental health and those living with dementia. However, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption showed significant negative variation when compared to local and national averages. (practice 56%; CCG 85%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation showed negative variation when compared to local and national averages (practice 89%; CCG 94%; national 95%).

Monitoring care and treatment

The practice had a routinely reviewed the effectiveness and appropriateness of the care provided in some areas. Where appropriate, clinicians took part in local and national improvement initiatives. However, there was no comprehensive audit plan for the practice and no evidence of current auditing of clinical performance.

The most recent published Quality Outcome Framework (QOF) results were 83% (a drop from 98% the previous year) of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. We were told that the practice had been afforded QOF protection during the previous year due to them having taken a large proportion of patients from a closing practice. However, it was unclear how the practice had prioritised activities during this time from the perspective of quality of care and meeting the needs of the most vulnerable patients. At the time of inspection we saw that the practice had begun to address the shortfall in QOF and unverified data from the practices showed that improvements were being made. Although the overall exception reporting rate was 20% compared with a

national average of 10%, this had been consistently higher than average for the previous four years. (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.)

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81%, comparable to the national average of 83%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months, was 91% which was higher than the national average of 79%. However, exception reporting in this area was 33% which was 20% higher than the national average.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, was 63% which fell below the national average of 76%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 68% which fell significantly below the national average of 90%.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, at the time of the inspection the practice acknowledged they had a large cohort of patients with chronic mental ill health and addiction issues. They were in the process of undertaking a mental health pacesetter award to try and understand local good practice that could be implemented at Fitzalan Medical Group.
- QOF data showed the practice was performing significantly below national standards in a number of areas including dementia, mental health and chronic obstructive pulmonary disease.

Effective staffing

- 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 in relation to cervical screening.
- The practice understood the learning needs of staff and provided protected time and training to meet them. However, we were told that staff shortages had impacted this. At the time of inspection there were some gaps in staff training. For example, two GPs did not have a record of basic life support training in the last two years and members of the administrative team for over four years. There was no record of fire safety training for eight GPs, three paramedic practitioners and four nurses.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice had not routinely ensured the ongoing competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing. For example, there was no audit of the prescribing practices of the two nurse prescribers within the practice.
- There was a clear 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.

Helping patients to live healthier lives

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

Inadequate

Are services effective?

(for example, treatment is effective)

- 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.
- 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.
- 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.

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

The practice was rated as good for caring because:

- Patient feedback about their experience of care within the practice was positive.
- The practice was comparable to national and local averages for its satisfaction scores on consultations with GPs and nurses.
- Staff were observed to be kind and caring when communicating with patients.
- The practice had made changes to improve privacy in the reception/waiting area.

However:

- Results were below local and national averages in two out of four of the questions of the GP patient survey relating to patients feeling involved in decision making about their care.

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. We observed staff supporting a patient who was distressed and they did so in a kind and caring way.
- The one patient Care Quality Commission comment card we received was positive about the service experienced. We also spoke with six patients including one member of the patient participation group who were also very positive about the care they received. This this is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty three surveys were sent out and 109 were returned. This represented less than 1% of the practice population. The practice was comparable to national and local averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 88%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

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):

- Interpretation services were available for patients who did not have English as a first language. Online systems provided the option of different languages and there were Eastern European speaking staff employed within the practice which reflected the demographic of the patient population.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Good

Are services caring?

- 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 461 patients as carers (3% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us there was no defined system for how bereaved families would be supported by the practice and that it was dependent on individual GPs to decide how best to support them.

Results from the national GP patient survey showed that some patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were below local and national averages in two out of four of the questions:

- 87% 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%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 79% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

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.
- The practice had introduced privacy screens in the reception/waiting area to improve privacy and dignity for patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

The practice was rated as good for providing responsive services because:

- Extended hours evening appointments were available on a Monday and Wednesday.
- The practice had been addressing issues relating to patient access by increasing the availability of appointments by recruiting three additional GPs and three paramedic practitioners in the last year. Feedback from patients and results from the July 2017 national GP patient survey showed that patients reported having experienced some difficulty in this area.
- The practice recognised some areas of unmet need within the local population, including some aspects of mental health provision. They were involved in local initiatives to try and address this.
- The practice operated a 'doctor first' triage system where patients phoning for on the day support would receive a call back that day. Paramedic practitioners worked closely with the GPs to assess, identify and meet the needs of patients.
- Care and support for patients with long term conditions included working with the multi-disciplinary team, such as a diabetic specialist nurse who attended the practice on a monthly basis.

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 .
- Extended hours evening appointments were available on Mondays and Wednesdays.
- The practice hosted an alternate Saturdays out of hours service that was accessible to patients of the practice and others living in the locality.
- The practice hosted ear nose and throat (ENT) and nephrology (relating to the kidney) clinics.
- The practice recognised areas of unmet need, including some aspects of mental health provision. They were involved in local initiatives to try and address this.
- The facilities and premises were appropriate for the services delivered, however space had become an issue and the practice was involved in discussions and planning for new premises in the future.
- 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. For example, a diabetes nurse specialist attended the practice on a monthly basis to assist in the review of patients requiring specialist intervention.
- The practice operated a 'doctor first' triage system where patients phoning for on the day support would receive a call back that day. Paramedic practitioners worked closely with the GPs to assess, identify and meet the needs of patients.
- The practice offered text messaging appointment reminders.
- The practice supported 13 nursing homes and all homes for people with a learning disability in the area.

Older people:

Although we rated the practice as good for the responsiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe and well-led.

- All patients had a named GP who supported them with input from paramedic practitioners and nursing staff 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, paramedic practitioners and one of the practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

Good

Are services responsive to people's needs?

(for example, to feedback?)

Although we rated the practice as good for the responsiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- Patients with a long-term condition had not consistently received an annual review to check their health and medicines needs were being appropriately met. There was a backlog of 2,800 medicines reviews and not all patients on the registers had received an annual review.
- 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:

Although we rated the practice as good for the responsiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- 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 and E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

Although we rated the practice as good for the responsiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- 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 were available twice a week.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was trialling an online consulting system that had been implemented in line with NHS England guidance.

People whose circumstances make them vulnerable:

Although we rated the practice as good for the responsiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

Although we rated the practice as good for the responsiveness of the service, we rated the overall provision of the service to all population groups as inadequate due to concerns found in safe, effective and well-led.

- Staff interviewed had an understanding of the needs of patients with chronic mental health and substance misuse needs. They were aware of and made use of local referral services and were in the process of exploring how they might better support patients through the practice.
- Paramedic practitioners and nursing staff were involved in the review and care planning for patients with poor mental health, including those with dementia.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- 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

Good

Are services responsive to people's needs?

(for example, to feedback?)

on the day of inspection and completed comment card. Two hundred and sixty three surveys were sent out and 109 were returned. This represented less than 1% of the practice population.

- 67% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 69% of patients who responded said they could get through easily to the practice by phone; CCG – 72%; national average - 71%.
- 89% 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 - 88%; national average - 84%.
- 84% of patients who responded said their last appointment was convenient; CCG - 86%; national average - 81%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 77%; national average - 73%.
- 48% of patients who responded said they don't normally have to wait too long to be seen; CCG - 58%; national average - 58%.

Patients we spoke with during the inspection had some mixed feedback in terms of access to the service. Of the six patients we spoke with three reported they had experienced some difficulty making routine appointments. All said that 'on the day' urgent appointments were accessible if they needed them. The practice had been addressing these issues by increasing the availability of appointments by recruiting three additional GPs and three paramedic practitioners in the last year.

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 through information on the screen in the waiting area and a patient information leaflet. It was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Nine complaints were received in the last year. We reviewed all nine complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, specific action to resolve patient concerns included improving access to appointments for patients by trialling a web based consulting tool and by increasing GP and other staff numbers to improve the number of appointments available.

Are services well-led?

Inadequate

(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 inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- The concerns identified at this inspection meant that the provider could not demonstrate capacity to provide well-led services. We were told that leadership capacity had been historically limited due to an increase of 2,500 patients in October 2016 and the subsequent time it had taken to increase GP and clinical capacity within the practice.
- Structures, processes and systems to support good governance and management were ineffective in relation to the management of safety, risk and quality improvement.
- There was no system to ensure the regular review of practice policies and in some cases practice activity was not undertaken in line with the policies.
- There were inconsistent processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was no comprehensive audit plan for the practice and no evidence of current auditing of clinical performance.
- Learning was not consistently shared and used to make improvements.

Leadership capacity and capability

Leaders had the potential skills to deliver high-quality but could not demonstrate that they could deliver and sustain improvements. Leadership capacity had been limited due to increased patient numbers and historical staffing issues as a result.

- The concerns identified at this inspection meant that the provider could not demonstrate capacity to address risks and deliver high quality sustainable care. In October 2016 the practice had registered an additional 2,500 patients due to the closure of a neighbouring practice resulting in a need to increase clinical capacity over time to meet the increase service need. Since the increase in patient numbers the practice had recruited three additional GPs and three paramedic practitioners to address this. However, quality improvement and governance activity had not been sufficiently prioritised at the time of inspection.
- Leaders appeared to understand the challenges and were beginning to address them.
- Staff told us that leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 vision and set of values. The practice had a strategy and clear objectives to achieve priorities, however these were not consistently being delivered.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- 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. For example, they worked with other local practices to identify ways to collaborate.
- The practice monitored progress against delivery of the strategy. Regular executive meetings were held to review priorities.

Culture

Staff we spoke with told us that the practice had a focus on the delivery of high-quality sustainable care. However, historic capacity issues with staffing and the building they operated out of had impacted on their ability to prioritise quality improvement. Quality improvement activity tended to be reactive as a result.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

Inadequate

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

- Openness, honesty and transparency were demonstrated when responding to the majority of incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- 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 not always clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were ineffective. They were not consistently implemented or monitored and there was a lack of oversight in relation to the management of safety, risk and quality improvement.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However where infection control audits had been carried out there was no clear action plan or timeframes for action to be taken.
- Practice leaders had established some policies, procedures and activities to promote safety. However, we identified inadequate systems in relation to safe care and treatment that in some cases went against what was recorded in the policies. These included unsafe management of the repeat prescription process, failure to identify learning from safety incidents and subsequent changes to systems as a result, inadequate medicine reviews including those patients on high risk medicines and failure to demonstrate action on safety alerts.
- There was no system to ensure regular review of practice policies. A fire safety policy had not been reviewed in over two years. Medicines management policies had been reviewed but did not include appropriate clinical authorisation or consideration that current practice did not consistently follow practice policy. A notification of death policy about when CQC should be notified did not contain up to date information based on 'Statutory Notifications Guidance for registered providers and managers of NHS GP and other primary medical services'.

Managing risks, issues and performance

There were no clear and effective processes for managing risks, issues and quality improvement.

- There were inconsistent processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have consistent processes to manage current and future performance. Performance of employed clinical staff was not consistently demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders did not have oversight of safety alerts. Learning from incidents was limited and the practice had failed to use learning opportunities to improve quality.
- There was some evidence of clinical audits in relation to prescribing being used within the practice to assess and monitor the quality and safety of services provided. However, evidence of improvements could not be demonstrated through the use of repeat audits. An audit of bisphosphonates (a class of medicines used to treat osteoporosis and similar conditions) was provided, however there was no date recorded on the audit and no evidence of changes to prescribing as a result. Prescribing audits were provided by the practice, all of which formed part of the local clinical commissioning group (CCG) prescribing review scheme; six of these audits related to cost and were not quality driven, and one related to antimicrobial prescribing but had not been completed by the practice. There was no evidence

Are services well-led?

Inadequate

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

of, or plans to, audit the prescribing practice of the two independent prescribing nurses. There was no comprehensive audit plan for the practice and no evidence of current auditing of clinical performance.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not consistently act on appropriate and accurate information.

- Quality and operational information was used to ensure and improve some aspects of performance.
- Quality and sustainability were discussed in relevant meetings where staff had access to information; however opportunities for improvement were not always prioritised. Some aspects of information that could be used to improve safety were not always actively discussed, for example in relation to patient safety alerts.
- The practice used performance information which was reported and monitored however; there was not a consistent approach to the areas where improvements were needed. For example, some aspects of lower than average performance against the Quality outcomes framework (QOF) were being addressed, however consistently higher than average exception reporting continued.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses in some areas.
- There were 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 range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. However, some reception and administrative staff we spoke with told us they would like to have more opportunities to attend meetings and meet as a team. We were told that reception meetings tended to be on an ad hoc basis.
- There was an active patient participation group. Meetings were held regularly and patients were able to influence changes within the practice. For example, through the use of screening in waiting/reception areas to improve confidentiality and by adding chairs with arms to the waiting room at Fitzalan Road.
- The service was open with stakeholders about performance.

Continuous improvement and innovation

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

- Learning was not consistently shared and used to make improvements. For example, while there was some evidence that improvements had been made as a result of complaints, there was little evidence to demonstrate that improvements resulted from a review of significant events.

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 18 HSCA (RA) Regulations 2014 Staffing **Requirements in relation to staffing** **How the regulation was not being met:** **The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:** • The registered person did not ensure that staff received appropriate training. **Regulation 18(1)**

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met** **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:** • There was inconsistent safety netting of abnormal blood results and actions required from correspondence. **There was no proper and safe management of medicines. In particular:** • Re-authorisation of repeat prescriptions was undertaken by clerical staff without having procedures in place to ensure medicines were safe and appropriate to continue. • Repeat prescriptions were not being prepared in line with the practice's repeat prescription and medication review protocol, and we saw continued prescribing of repeat medicines despite outstanding monitoring or review. • Medicines were not being regularly reviewed, to support the patient with their treatment, optimise the impact of their medicines and ensure they were still safe. There was a backlog of more than 2800 medicine reviews.

This section is primarily information for the provider

Enforcement actions

- Appropriate therapeutic monitoring of patients prescribed high risk medicines was not being carried consistently.
- There was no system in place to record action taken as a result of safety alerts.
- There was no system in place for tracking blank prescriptions within the practice.
- Medicines were not always stored securely.
- There was no assessment to identify which emergency medicines were required by the practice.
- There were recording discrepencies in the monitoring of the temperature of the vaccine fridges.
- Patient group directions did not include the name of the practice recorded on them.

There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:

- Infection control audits had been carried out; however there was no clear action plan with timeframes for action to be taken.

Regulation 12(1)

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met:

This section is primarily information for the provider

Enforcement actions

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was no audit plan within the practice and no evidence of improvements made as a result of audits or monitoring of clinical performance.
- The Quality Outcomes Framework (QOF) was not used effectively to monitor outcomes for patients.
- Significant event analysis did not enable lessons learned to be identified and actions embedded to minimise the risk of reoccurrence.

The registered person had systems or processes in place that were 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:

- Risks had not been appropriately mitigated with regard to legionella; a fire risk assessment had not been reviewed; a risk assessment had not been carried out for each role within the practice with regard to Disclosure and Barring Service (DBS) checks.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person maintained securely such records as are necessary to be kept in relation to the management of the regulated activity or activities. In particular:

- There was an ineffective system for the regular review of practice policies.

Regulation 17 (1)