The Matthews Practice Belgrave

Quality Report

The Matthews Practice
Belgrave
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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?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Matthews Practice on 1 November 2016. Overall the practice is rated as inadequate.

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

- Staff could describe the practice incident reporting process, however there was no evidence staff other than the GPs and practice manager reported incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, investigations were not documented thoroughly, lessons learned were not communicated widely therefore safety was not improved.
- Some risks to patients were assessed and managed. Others required immediate review particularly those relating to infection prevention and control, safeguarding training updates for staff and processes for standards of cleanliness and hygiene at both the main and branch sites and the fire risk assessments.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw little evidence that audits were driving improvement to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about services was accessible and available to all patients. For example, there was a Chinese speaking member of staff and information leaflets were available in Chinese due to the large number of Chinese speaking patients on the practice list.
- The practice had a number of policies and procedures to govern activity, but some were incomplete or missing.

The areas where the provider must make improvements are:

- Ensure that policies and procedures are available to staff are updated accordingly.

Summary of findings

- Ensure all staff have the appropriate permissions within the patient electronic record system to allow access to appropriate information relating to their role.
- Ensure an infection prevention and control audit is undertaken at both sites and immediate actions taken in accord with the findings.
- Ensure all staff have access and undertake appropriate training for their role and receive updates as required.
- Track prescriptions through the practice in accordance with NHS Protect Security of prescription guidance (2013).
- Ensure actions identified as a result of any risk assessments undertaken are documented and completed. For example, the fire risk assessment, control of substances hazardous to health and the short to mid term business action plan.
- Review the systems in place to ensure the availability of appropriate emergency medicines at the sites where minor surgery is performed.

In addition the provider should:

- Document actions taken as a result of current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Review the GP locum pack to include relevant information to support GP locums working at the practice.
- Continue with the review of telephone access to the practice and establish a solution to improve access for patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff could describe the practice incident reporting process, however there was no evidence staff other than the GPs and practice manager reported incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, investigations were not documented thoroughly, lessons learned were not communicated widely therefore safety was not improved. Patients did receive a verbal and written apology relating to issues with referrals to other services.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example an infection prevention and control audit had not been undertaken at either the main or branch site and there were short falls at each. For example, there was a drain cover manhole in the flooring in a treatment room at White Lane Site. Duct tape was used to cover some of the edges and others left exposed. The cover of the clinicians chair in the room was not easily cleaned and rips to the material on the chair arms had been bound in duct tape. The White Lane site was carpeted throughout apart from in the treatment rooms. The carpet was threadbare in places of high foot traffic and rips taped together on the staff stairs.
- The safeguarding of children and vulnerable adults required a review. The lead GP for safeguarding did not have adequate access to these records on the patient record system. The relevant permissions were granted on the day of inspection. We were shown a training matrix that identified a practice nurse, eight administration/reception staff, the practice manager and two GPs had yet to undertake a safeguarding update.
- Five locum GPs had each worked nine sessions or more and nine other GP locums worked less than six sessions at the practice over a six month period. The locum GP pack lacked specific practice information to assist GP locums in their work.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Summary of findings

- Data showed patient outcomes were lower compared to the local and national averages.
- Performance for diabetes related indicators was 6% below the CCG average and 4% below the national average.
- Performance for mental health related indicators was 28% below the CCG and national average.
- Performance for blood pressure checks in those with high blood pressure was 12% below the CCG and and 11% below the national average.
- Prescribers at the practice had been identified as prescribing 7% of antiobiotic items that are Cephalosporins or Quinolones compared to the local and national average of 5%.
- There was little evidence that audit was driving improvement in patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- It was difficult to determine the dates of staff training sessions as not all the records were held.
- Practice nursing staff had not received an appraisal within the last 36 months. This had been identified as part of the short to mid term business plan in May 2016 and a solution had not been agreed.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated had mixed views for several aspects of care.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services.

- Although the practice had reviewed some of the needs of its local population, there was not a plan in place to secure improvements for all of the areas identified.

Summary of findings

- There was a Chinese speaking member of staff and information leaflets were available in Chinese due to the large number of Chinese speaking patients registered at the practice.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand. However, there were inconsistencies dealing with complaints and no evidence that learning from complaints had been shared with all staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it.
- There was a documented leadership structure and most staff felt supported by management but at times they did not feel supported by the partners.
- The practice had a number of policies and procedures to govern activity, but some of these were incomplete or missing. For example, the clinical governance policy consisted of only a front sheet on the of the information governance policy.
- All staff had received inductions but not all staff had received regular performance reviews. Staff meetings and events had recently been re-established.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safety, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. The practice was 1% above the local and national average for the care given to patients with an irregular heart beat. Outcomes for those with heart failure was 2% below the local and 3% below the national average.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 6% below the CCG average and 4% below the national average.
- Practice nurses were trained to perform blood tests to regulate the dose of blood thinning medication required for patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The provider was rated as inadequate for safety, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The safeguarding of children and vulnerable adults required a review. The lead GP for safeguarding did not have adequate access to these records on the patient record system. relevant

Summary of findings

permissions were granted on the day of inspection. We were shown a training matrix that identified a practice nurse, eight administration/reception staff, the practice manager and two GPs had yet to undertake safeguarding updates.
- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 71.5%, which was 4% below the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The offered online services as well as a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

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

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 72% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is 13% below the local average and 12% below the national averages.
- 53% of those patients experiencing poor mental health had their care reviewed in a face to face meeting in the last 12 months, which is 36% below the local and 35% below the national averages.
- The practice worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing below local and national averages. 230 survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list.

- 39% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 79% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 63% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were positive about the standard of care received. Comments included 'helpful staff', 'I feel looked after' and 'staff listen and treat me with dignity and respect'.

Several less positive comments related to access to the practice by telephone and also the lack of routine appointments.We spoke with six patients during the inspection. Feedback from patients about their care was mostly positive. All patients said they were happy with the care they received and thought staff tried their best.

The Matthews Practice Belgrave

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and included a GP specialist adviser.

Background to The Matthews Practice Belgrave

The Matthews Practice Belgrave is located on the outskirts of Sheffield city centre. It has a branch surgery at White Lane in Gleadless on the outskirts of Sheffield. The practice provide services for 9,578 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth more deprived areas in England. The age profile of the practice population is similar to other GP practices in the area.

The practice has two male GP partners, five salaried GPs, two female and three male, and two long term locum GPs. They are supported by a nurse prescriber, two practice nurses, three healthcare assistants, a practice manager and a team of reception and administrative staff.

The practice is open between and Monday 8am to 6pm Monday to Friday. Between the hours of 12.30pm to 2.30pm telephone calls to both sites are answered by the out-of-hours service.

Appointments are available from 8am to 10.30am every morning and from 3pm to 5.30pm with GPs daily at both sites. Extended hours appointments are offered from 7am with the practice nurse and healthcare assistant daily. Pre-booked appointments are available with a GP on Saturday morning. Patients had access to the services provided through the Prime Ministers Challenge Fund to hub sites across the City up until 10pm during evenings and weekends.

A phlebotomy service with the healthcare assistant is available daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Both premises are owned by the partners. The White Lane site is a converted residential property with two parking spaces to the front of the building. All patient facilities are on the ground floor. The Matthews Practice Belgrave is a purpose built building with all patient facilities on the ground floor and a minor surgery suite at one end of the practice. There is a large car park to the side and back of the practice.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 November 2016. During our visit we:

- Spoke with a range of staff on the day of inspection (practice nurse, practice manager, administrative and reception staff) and spoke with patients who used the service. We spoke with two GPs following the inspection and two other GPs completed our question template and submitted that to us.
- Observed how staff interacted with patients and talked with patients, carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed patient records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events required improvement. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However we found that clinical practitioners made the decision on what they considered to be significant incidents.

The incident recording form did not capture the investigations undertaken as part of the review. It did refer to reporting incidents to other organisations if required. The form did not capture the providers duty of candour actions. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

If things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.

We asked to see a significant event policy or procedure and told the practice did not have one. Staff described potential incidents which were not captured as part of the reporting process. For example, care provided to a patient who needed emergency treatment or incomplete documentation in a patient record. The practice did not capture a thorough analysis of the significant events on the reporting form nor did they include a review of relevant policies and procedures as part of the process.

We reviewed seven incidents reported over the past 12 months, all of which related to referrals to other services. We saw minutes of bi-monthly meetings, from September 2016, where these were discussed. Not all staff attended and other staff were informally briefed afterwards if the incident related to their role. There was little evidence that lessons were shared and action was taken to improve safety in the practice as relevant policies or procedures were not routinely reviewed as part of the process. Since this inspection the practice have told us they have taken steps to rectify the issues which will be followed up at the next inspection.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to permanent staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We noted the lead did not have the appropriate permissions on the patient record system to view safeguarding alerts. The practice manager told us this would be reviewed and relevant permissions added and other staff roles would be reviewed. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. We were shown a training matrix that identified a practice nurse, eight administration/ reception staff, the practice manager and two GPs had not undertaken safeguarding updates. Other GPs were trained to child safeguarding level three.
- A notice in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises at the Belgrave site to be clean and tidy. However processes for the standards of cleanliness and hygiene required review at both sites. Cleaning schedules were kept on the back of the doors for each room at both sites. Staff signed a separate record once to record all the schedules were completed. The recording form did not capture any issues or concerns that required follow up. Audits of areas cleaned were not documented and reported verbally to the practice manager. The written documentation for the control of substances hazardous to health at both sites was inadequate. The document was limited to one side of A4 paper and did not relate to product guidelines for the management of such substances.
- Cleaning equipment was appropriately stored at the Belgrave site however storage at the White Lane site required an urgent review. Cleaning substances

hazardous to health were stored on the bottom shelf in an un-lockable cupboard in a room without a lock in the upstairs staff area. Mops were attached to the walls in this room and there were two sinks, one for general washing up and the other for staff hand washing after they had visited the toilet. There were no hand washing facilities available in the staff toilet. It was not clear where waste water from washing the floors was disposed of.

- The varnish had worn off on the wooden work surface in reception at White Lane making it difficult to clean this area where patient specimens were handed in. Since this inspection the practice have told us they have taken steps to rectify the issues at both sites which will be followed up at the next inspection.
- The practice did not have an infection prevention and control clinical lead. There was an infection control protocol in place and six administration staff had received upto date training. GPs, practice nurses and healthcare assistants were yet to undertake this training.
- An infection prevention and control audit had not been undertaken within the last 12 months at either site. There was a drain manhole cover in the flooring in a treatment room at White Lane Site. Duct tape was used to cover some of the edges and others were left exposed. The cover of the clinicians chair in the room was not easily cleaned and rips to the material on the chair arms had been bound in duct tape. All rooms, except treatment rooms, at the White Lane site were carpeted. The carpet was threadbare in places of high foot traffic and rips were taped together on the staff stairs. Some of the sinks in the treatment rooms at Belgrave site had hand turn taps and plugs present in the sinks. Since this inspection the practice have told us they have taken steps to rectify the issues which will be followed up at the next inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored, however there were no systems in place to monitor electronic prescription use. The use of prescription pads was monitored.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions. She had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We observed two contracts had not been signed by the employer.

Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff corridors at both sites which identified local health and safety representatives. Recent risk assessments of both premises had been undertaken in August 2016 and areas were identified for further action in the short to mid term business plan. The practice manager told us the practice had applied for additional funding to complete some of the works identified. For example, to remove the carpets at the White Lane site.
- Fire risk assessments of both sites were completed in August 2016 which identified further action for the White Lane site. We noted some of the actions had been completed. For example, hand held torches were now available as there was no emergency lighting. The following actions were yet to be completed, the risk assessment identified the need for adequate fire signage to be installed to identify fire equipment and the direction of fire exits. Staff did not document fire risks in the fire log book.

Inadequate

Are services safe?

- Staff tested the fire alarm at the White Lane site weekly, however this was not documented. All staff at both sites had undertaken recent fire training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted the legionella risk assessment was completed in September 2016 and the previous assessment prior to this was October 2012.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a GP vacancy and GP locums were ulitlized to provide care to patients. Along with two long term GP locums, five other locum GPs had each provided nine sessions or more and nine other GP locums worked less than six sessions at the practice over a six month period. The locum GP pack lacked specific practice information to assist locums in their work.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not keep a stock of Atropine at the Belgrave site where intra uterine devices were fitted to females and surgical procedures were performed. Neither site kept rectal Diazepam. Following the inspection the practice manager has now confirmed these medicines are now stocked.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice received the weekly Sheffield Clinical Commissioning Group update which was passed to the relevant lead in the practice for that area. The practice did not always record the actions taken in relation to the updates other than who the update was passed to.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.3% of the total number of points available with 10.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 6% below the CCG average and 4% below the national average.
- Performance for mental health related indicators was 28% below the CCG and national average.
- Performance for blood pressure checks in those with high blood pressure was 12% below the CCG and and 11% below the national average.
- Prescribers at the practice had been identified as prescribing 7% of antibiotic items that are cephalosporins or quinolones compared to the local and national average of 5%.

The practice had recently had a number of nursing staff retire which had impacted upon the number of long term condition reviews performed for those patients with diabetes, poor mental health and requiring blood pressure checks. The practice was reviewing future staffing requirements to meet the needs of patients.

We were told there had been five clinical audits completed in the last two years. However we were only shown one completed audit where the improvements made were implemented and monitored. For example, recent action taken as a result included to review antibiotic prescribing to ensure they were prescribed only to those who needed them. We noted antibiotic prescribing was still above the local and national average.

Effective staffing

Staff training had recently been reviewed and access to online resources had been arranged. There were gaps in staff training to deliver effective care and treatment.

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However there were shortfalls with training updates for existing staff. We were shown a training matrix that identified a practice nurse, eight administration/reception staff, the practice manager and two GPs had yet to undertake safeguarding updates. Only three reception administration staff had undertaken information governance training. Information governance training was scheduled for November 2016. Six administration/reception staff had completed an infection prevention and control update. A practice nurse, healthcare assistant, two GPs and five administration staff had yet to complete a cardiopulmonary resuscitation (CPR) update. The practice manager told us all training would be completed by the end of December 2016 and it was difficult to determine the dates of staff previous training sessions as not all the records were held.

Practice nursing staff could demonstrate how they ensured role-specific training for those reviewing patients with long term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The learning needs of most staff were identified through a system of appraisals, meetings and reviews of practice

Requires improvement

Are services effective?

(for example, treatment is effective)

development needs. Practice nursing staff had not received an appraisal within the last three years. This had been identified in May 2016 as part of the business plan but a solution had not been agreed.

A number of GP locum staff worked at the practice. The locum introduction pack contained limited information. For example, it did not contain the contact details or referral processes for the local child and adult safeguarding teams. The GP safeguarding lead was named but there were no contact details in the pack. Links to practice policies and procedures, or where to find them, were missing.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Other health care professionals were invited to to the bi-monthly clinical meetings where care plans were routinely reviewed and updated for patients with complex needs. We were told attendance at these meetings from other health professionals was not consistent and the practice manager was working with the teams to improve attendance.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving palliative care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Midwives and community nurses held clinics at the practice.
- Two counsellors held a weekly clinic offering talking therapies to patients .and a health trainer to offer general health advice. Staff told us the services were popular with patients particularly to assist them to make healthy life choices.

The practice's uptake for the cervical screening programme was 71.5%, which was 4% below the CCG and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice identified the uptake of the screening programme was low for certain ethnic groups and planned to address this by using information in different languages and ensuring a female sample taker was available.

The practice also identified low take up of national screening programmes for breast cancer in females between 50 to 70 years old. The uptake was 58% which was lower than the local average of 77% and the national average of 73%. Bowel screening was comparable to local and national averages.

Staff, in partnership with the patient participation group, recently held a cancer information event for Chinese speaking people to inform them of the screening programmes available. The event was well attended with over 150 people visiting the practice to find out more information.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

Requires improvement

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94%, compared to the CCG average of 86% to 95% and five year olds from 92% to 95% compared to the CCG average of 88% to 96%.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Confidentiality in the patient waiting area at the White Lane required a review. The reception counter was at the end of the room. Patients told us they often overheard conversations staff were having behind the counter. We saw a notice asking patients to stand a distance away from the desk when waiting to speak to a receptionist. The notice was obstructed when a person stood at the desk therefore patients could not comply with it.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were positive about the standard of care received. Comments included 'helpful staff', 'I feel looked after' and 'staff listen and treat me with dignity and respect'.

Several less positive comments related to access to the practice by telephone and also the lack of routine appointments. We spoke with six patients during the inspection. Feedback from patients about their care was mostly positive. All patients said they were happy with the care they received and thought staff tried their best.

Results from the national GP patient survey were mixed for consultations with staff. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 82%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Following feedback from patients customer care skills training was arranged for reception staff to support them communicating with patients both face to face and over the telephone. Patients we spoke with told us things had improved, however they did overhear reception staff at the White Lane having non-work related conversations whilst phones were waiting to be answered.

Care planning and involvement in decisions about care and treatment

Patients told us they mostly felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. However this did not reflect the results of the GP patient survey. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also employed an interpreter who spoke Chinese.

Requires improvement

Are services caring?

We saw information leaflets were available in easy read format and available in different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP may contact them to provide advice on how to find a support service.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They were working with other practices in the area and had secured funding to offer appointments with GPs from 6pm to 10pm at central locations.

- The practice offered appointments with the practice nurses and healthcare assistants from 7am on weekdays for working patients who could not attend during normal opening hours. Pre-bookable appointments were available with a GP on Saturday mornings rotating between each site.
- There were longer appointments available for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A GP performed a weekly ward round at the local nursing home where patients resided to promote continuity of care and support the staff to care for the residents.
- Practice nurses were trained to perform blood tests to regulate the dose of blood thinning medication required for patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- Both sites had a portable hearing loop and telephone interpretation services available.
- The practice had applied for funding to complete a programme of refurbishment at the White Lane site.
- The practice employed a Chinese speaking interpreter, a receptionist spoke Urdu and a GP spoke Arabic to meet the needs of the patient population.

Access to the service

The practice was open between and Monday 8am to 6pm Monday to Friday. Between the hours of 12.30pm to 2.30pm telephone calls to both sites were answered by the out-of-hours service.

Appointments were available from 8am to 10.30am every morning and from 3pm to 5.30pm with GPs daily at both sites. Extended hours appointments were offered from 7am with the practice nurse and healthcare assistant daily. Pre-booked appointments were available with a GP on Saturday morning . Patients had access to the services provided through the Prime Ministers Challenge Fund to hub sites across the City up until 10pm during evenings and weekends.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 56% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 39% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had identified access as part of their short to mid term business action plan. Staff told us that they had a high number of patients who did not attend for their appointment. Feedback from patients suggested that it was difficult to get through to the practice by telephone to cancel an appointment. The practice were considering different telephone systems to improve access for patients both to book and cancel appointments. A solution had not yet been agreed at the time of our inspection.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

The system in place for handling complaints and concerns required review to reflect recognised guidance and contractual obligations for GPs in England. The complaint policy consisted of six numbered bullet points. Specific response times for the different stages of the process were not identified.

There was a designated responsible person who handled all complaints in the practice, however GPs responded personally to complaints made against them. Details of complaint investigations were not kept and it was not clear how complaints were investigated and by whom. Since this inspection the practice have told us they have taken steps to rectify the issues which will be followed up at the next inspection.

We saw that information was available to help patients understand the complaints system.

We looked at ten complaints received in the last 12 months. Complaints were not consistently handled. We found little evidence of how lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a member of staff had apologised for their poor communication but responses did not detail how they would prevent this happening again. Written complaints responses did not included the details for the Parliamentary Health Service Ombudsman for the person to contact if they were not happy with the practice response.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff told us they were there to provide good care to patients.

The practice manager, recruited to the practice six months previously, had developed a short to mid term business action plan in May 2016. We saw some of the actions had been completed and others were outstanding with a solution not yet agreed between the partners.

Governance arrangements

The practice governance framework to support the delivery of the strategy and good quality care required improvement. The clinical governance policy consisted of only a front sheet on the front of the information governance policy. The practice did not have a significant event policy.

Staff told us they were clear of their own roles and responsibilities and who the leads were. However the leads were not always accessible or had recently left the practice. For example, the safeguarding lead worked four sessions per week. The infection prevention and control lead had recently retired and the role had not been allocated to another person due to low staffing numbers.

Practice specific policies were implemented and were available to all staff. We saw that some of these policies had recently been renewed, some were incomplete and some were missing. For example, the complaint policy required further review as response time frames were not detailed and roles nor were responsibilities explicitly clear. The practice had a high number of GP locum staff working at the practice and it was not clear how they would access the policies and procedures and how they would follow up those that were missing or incomplete.

There was some understanding of the performance of the practice, however due to staffing retirement there were gaps to provide some long term conditions reviews. This had been identified as part of the business action plan to look at training staff further and contingency plans for the future. Staff told us they opportunistically reviewed patients when they attended the practice.

There was little evidence of a programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Not all clinical staff we spoke with were aware of the audits undertaken and how this impacted practice.

More recently there were arrangements introduced for identifying, recording and managing risks, issues and implementing mitigating actions as identified in the short to mid term business action plan. Since this inspection the practice have told us they have taken steps to rectify the issues which will be followed up at the next inspection.

Leadership and culture

The partners were not present on the day of the inspection. We left questionnaire templates for them to complete and received them back from one partner and prospective partner following the inspection. Salaried GPs did not have the time to speak with us on the day as we were told their focus was treating patients. We spoke with two GPs following the inspection.

The provider was aware of and limited systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice relied on staff knowledge of previous custom and practice systems in place so that when things went wrong with care and treatment affected people were informed and given a verbal and written apology. The practice manager more recently kept written records of verbal interactions as well as written correspondence.

The practice leadership structure had limited leadership capacity and limited formal governance arrangements. Staff told us the practice team meetings more recently been held every six to eight weeks. If key staff were not available the meetings did not take place. Staff told us there they had the opportunity to raise any issues with the practice manager and felt confident and supported in doing so. Staff told us the partners were not always approachable nor took the time to listen to all members of staff. A number of staff shared with us they had outstanding concerns around their employment terms and conditions that had not been addressed by the partners. Staff said they felt valued and supported, particularly by the practice manager.

Are services well-led?

Inadequate

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The group did not feel engaged more recently with the practice as they had yet to meet with the new practice manager and GPs did not attend their meetings. They felt they had a lot to offer the practice and would welcome the opportunity to re-engage with them. They produced quarterly newsletters for patients with the support of the assistant practice manager.

The practice had gathered feedback from staff through meetings, appraisals and discussions. Staff told us they did not feel involved and engaged to improve how the practice was run.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: The provider did not have an effective system for identifying, receiving, handling and responding to complaints. The process did not reflect recognised guidance and contractual obligations for GPs in England. This is because: The complaint policy was incomplete. There was a designated responsible person who handled all complaints in the practice, however GPs responded personally to complaints made against them. Details of the complaint investigations were not kept. We found little evidence of how lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. Written complaints responses did not included the details for the Parliamentary Health Service Ombudsman. This is in breach of Health and Social Care Act 2008(RA) Regulations 2014: Regulation 16 Receiving and acting on complaints.

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 How the regulation was not being met: The provider did not do all that was reasonably practical to provide safe care and treatment. This is because: Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. Staff could describe the practice incident reporting process, however there was no evidence staff other than the GPs and practice manager reported incidents, near misses and concerns. Staff described potential incidents which were not captured as part of the reporting process. The practice did not capture a thorough analysis of the significant events on the reporting form and include review of relevant policies and procedures as part of the process. An infection prevention and control audit had not been undertaken within the last 12 months at either site and there were short falls at each. For example, there was a drain cover manhole in the flooring in a treatment room at White Lane Site. Duct tape was used to cover some of the edges and others left exposed. The cover of the staff chair was not easily cleaned and rips to the material on the chair arms had been bound in duct tape. The varnish had worn off on the wooden work surface in reception at White Lane. This posed a risk as patient specimens were handed in here. It was not easily cleaned. Some of the sinks in the treatment rooms at Belgrave site had plugs present.The written documentation for the control of substances hazardous to health at both sites was inadequate. The document consisted of one side of A4 paper and did not relate to product guidelines for the management of such substances. Cleaning substances hazardous to health were stored on the bottom shelf in an un-lockable

This section is primarily information for the provider

Enforcement actions

cupboard in a room without a lock in the upstairs staff area at the White Lane Site. Mops were attached to the walls in this room and there were two sinks, one for general washing up and the other for staff hand washing after they had visited the toilet. It was not clear where waste water from mopping floors was disposed of. There were no hand washing facilities available in the staff toilet.

The practice did not keep a stock of Atropine at the site where minor surgery was performed. This is used to treat a slow heart rate. A risk assessment was not completed as to why this was not kept.

This is in breach of Health and Social Care Act 2008(RA) Regulations 2014: Regulation 12 (1) Safe care and treatment.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have adequate governance and assurance processes in place to assess, monitor and drive improvement in the quality and safety of the service. Adequate records relating to the overall management of the regulated activities were not kept. This is because: The provider did not have adequate governance and assurance processes in place to assess, monitor and drive improvement in the quality and safety of the service. Adequate records relating to the overall management of the regulated activities were not kept. For example, the clinical governance policy consisted of only a front sheet and on the of the information governance policy. There were shortfalls with training updates for existing staff and it was difficult to determine the dates of staff previous training attended as not all the records were held. Practice nursing staff had not received an appraisal within the last three years. The PPG group reported they did not feel engaged with the practice.

This section is primarily information for the provider

Enforcement actions

There was little evidence a programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Clinical staff we spoke with were not aware of the audits undertaken.

The leadership structure had limited leadership capacity and limited formal governance arrangements. Practice specific policies were implemented and were available to all staff. We saw that most of these policies had recently been renewed, some were incomplete and some were missing. For example, we asked to see a significant event policy or procedure and told the practice did not have one.

A number of GP locum staff worked at the practice. The locum introduction pack contained limited information. For example, it did not contain the contact details or referral processes for the local child and adult safeguarding teams. The GP safeguarding lead was named but there were no contact details in the pack. Links to practice policies and procedures were missing.

This is in breach of Health and Social Care Act 2008(RA) Regulations 2014: Regulation 17 (1) Good governance.