

Oldham Family Practice

Inspection report

Integrated Care Centre
New Radcliffe Street
Oldham
Lancashire
OL1 1NL
Tel: 0161 621 3456
www.oldhamfamilypractice.nhs.uk

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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This practice is rated as requires improvement overall. (Previous rating 6 December 2017 – Inadequate)

At the December 2017 inspection the key questions were rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

At this August 2018 the key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Oldham Family Practice on 10 August 2018. This was a full follow up inspection carried out six months after the report placing the practice into special measures was published. There had been a follow-up inspection carried out on 6 April 2018 to check the progress of warning notices issued in January 2018 regarding breaches in regulations 12 (safe care and treatment), 13 (safeguarding service users from abuse and improper treatment), 16 (receiving and acting on complaints) and 17 (good governance). The April 2018 inspection showed that improvements had been made. However, this inspection in August 2018 showed that the improvements had not been sustained in all areas.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not always consider how they could learn from the events. Patients were not always informed of significant events that involved them.
- A large percentage of administrative staff, including the practice manager, had recently left. The practice relied on staff from the partners' other practice helping on an informal basis.

- We found required improvements relating to staffing had been dealt with. These related to staff training and appraisals. We saw training was now well-monitored and staff received support and appraisals.
- The practice had below average overall Quality and Outcome Framework (QOF) scores, and areas such as cancer screening and childhood vaccinations were below average.
- Some safety checks were not completed. For example, some salaried GPs and locum GPs used their own equipment that had not been calibrated and there was no system to check emergency medicines and equipment when the practice nurse was off work.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and most reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation. There was no arrangement to use clinical audit for improvements.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- The practice should review their appointments to make sure they are accessible to the practice population.
- The practice should make sure all staff know who the safeguarding lead is and have a process to contact them if they are not based at the practice.

This service was placed in special measures in February 2018. Insufficient improvements have been made such that there remains a rating of inadequate for well-led. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months,

Overall summary

and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser, a practice manager adviser, and a second CQC inspector.

Background to Oldham Family Practice

Oldham Family Practice is located on the first floor of the Integrated Care Centre, New Radcliffe Street, Oldham, OL1 1NL. The website address is .

There are other GP practices located in the same building.

There are three male GP partners at the practice. The three partners also have a second practice. One partner works at Oldham Family Practice and the other two are working at the other practice. There are two salaried GPs, one male and one female. Locum GPs are also used. There is a practice nurse who works two days a week.

There was a recently appointed practice manager (the previous practice manager left and the deputy manager took their place), and two administrative staff. Staff from the partners' other practice helped when required.

The practice is registered for the regulated activities diagnostic and screening procedures, maternity and

midwifery services and treatment of disease, disorder or injury. There are currently 2830 patients registered at the practice. The practice is a member of Oldham clinical commissioning group (CCG) and delivers commissioned services under the General Medical Services contract.

The practice is open 8am until 6.30pm Monday to Friday. Appointments are available 9.30am – 1pm and 2.30pm – 5pm.

The practice is in the second most deprived area on the deprivation scale, where one is most deprived and 10 least. Life expectancy is 76 for males (below the national average of 79) and 80 for females (below the national average of 83). There is an above average number of patients with a long-term condition (65% compared to the CCG average of 56% and the national average of 53%).

There is an out of hours service available by phoning NHS 111. The out of hours provider is Go to Doc Limited.

Are services safe?

We rated the practice as requires improvement for providing safe services.

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

- Significant event discussions were not always fully documented and there was little evidence of learning. Patients did not receive an explanation or apology when significant events concerned them
- Not all staff were aware of who the safeguarding lead was.
- Salaried and locum GPs used their own equipment such as thermometers and pulse oximeters. These were not calibrated.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- It was not clear who the safeguarding lead was, with staff naming different leads. The lead identified by the partner we spoke with was a partner who did not work at the practice at the time of the inspection.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, a salaried GP used some of their own equipment that had not been calibrated. Partners were aware that some locum GPs may also use their own equipment.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics, were ad hoc. There was a small staff team, and the practice manager and two reception staff (50% of the non-clinical team) had recently left with little notice. The deputy manager had stepped up to practice manager, and there were two reception staff (including one who started as an apprentice three months prior to the inspection), a part time practice nurse and the GPs. The practice managed by having administrative staff on loan from another practice, but this was an informal arrangement.
- The practice was in the process of advertising for a new practice nurse and they would also try to recruit administrative staff, but although they were aware of the impact of staff losses on the practice they had to use staff from another practice in order for the practice to function.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians usually made timely referrals in line with protocols. However, we saw significant events had been raised regarding referrals being missed.

Are services safe?

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

We did not see sufficient evidence that the practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The systems for reviewing and investigating when things went wrong were not adequate. The practice had made improvements since the inspection in December 2017,

when significant events had not been dealt with in a coordinated manner. Our inspection of May 2018 found that significant events had been reviewed and analysed, with systems in place to monitor learning. However, at this inspection we saw several examples of significant events being raised where there was no evidence they had been fully discussed or considered to see if improvements could be made.

- One of the partners told us that of the significant events raised in 2018 none had involved the need to apologise to a patient. However, the significant events we reviewed included a patient who had not been referred to another service for several months following the need being identified, and a patient not being referred for a clinical test.
- The practice acted on external safety events as well as patient and medicine safety alerts. The practice manager told us they dealt with all non-clinical alerts and the clinical commissioning group (CCG) pharmacist dealt with clinical alerts. The CCG pharmacist was responsible for running medicine searches and they spoke to GPs about the alerts if appropriate on the day/s they attended the practice. We saw that GPs were copied into all safety alerts. There was no system to disseminate safety alerts to agency nurses, but the practice nurse told us they would do this if they thought it was appropriate.
- We saw evidence that new guidance from the National Institute for Health and Care Excellence (NICE) was sent to the practice manager and clinicians.
- Safety alerts and NICE guidance were discussed in practice meetings as a standing agenda item.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across the population groups people with long-term conditions, families, children and young people and working age people.

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

- The most recently published Quality and Outcome (QOF) scores were below the local and national average, and the overall exception rate was above average.
- Child vaccination rates were below average.
- Screening rates for cervical, breast and bowel cancer were below average.
- The practice acknowledged that a more robust recall system for long term conditions was required.
- There was a lack of clinical audit to drive improvement.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw that there was a lack of clinical coding in patients' notes which would make analysis of patient centred information difficult.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received an assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The most recently published QOF results showed a high level of exception reporting for patients with long term conditions. There was no plan in place to improve this and the practice confirmed that exception reporting was left until the end of the year.
- Patients with long-term conditions usually had a structured annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. There had been a recent partnership change and the new partners were working to improve figures.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because:

Are services effective?

- The practice's uptake for cervical screening below the 80% coverage target for the national screening programme. There had been recent staff changes and the practice was going to recruit a new practice nurse.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice was working towards carrying out health checks for patients over the age of 40.

People whose circumstances make them vulnerable:

This population group was good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was not always in line with the local and national average, for example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months.

Monitoring care and treatment

The practice was working on a programme of quality improvement.

- QOF results were below the local and national average. There had been a recent change of partnership and several personnel changes. The new partners were working on a programme to improve results. There was a lead partner for QOF.
- The overall exception rate or the exception rate for QOF was higher than the local and national average.
- The practice was involved with some quality improvement activity. The CCG pharmacist carried out medicine audits and a partner gave a presentation to staff about prescribing audits. We did not see evidence of other clinical audits to drive improvement.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was an 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 and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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 helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mainly positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were above/in line/below local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above/in line/below local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice as requires improvement for providing responsive services overall and across the population groups.

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

- Complaints were not dealt with in a consistent manner. Not all staff were aware of how to deal with verbal complaints.
- Appointments at the weekend and until 8pm on weekdays were available at a nearby hub, but GP appointments at the practice were not available before 9.30am or after 5pm.

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 told us they were aware of the demographics of the local population.
- Telephone appointments were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated requires improvement for responsive as the issues identified affected all population groups. However, there was some good practice:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated requires improvement for responsive as the issues identified affected all population groups. However, there was some good practice:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for responsive as the issues identified affected all population groups. However, there was some good practice:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- GPs told us that all parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. However, a complaint from March 2018 indicated this did not always happen.

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

This population group was rated requires improvement for responsive as the issues identified affected all population groups. However, there was some good practice:

- Although GP appointments were limited to within normal working hours (9.30am until 1pm and 2.30pm until 5pm) there was a local hub where appointments could be accessed until 8am on weekdays. Weekend appointments were also available at the hub.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

This population group was rated requires improvement for responsive as the issues identified affected all population groups. However, there was some good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Where vulnerable patients had failed to attend appointments in the past staff tried to give them on the day appointments.
- There was a quieter waiting area in the practice for patients who found the busy waiting area difficult.

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

This population group was rated requires improvement for responsive as the issues identified affected all population groups. However, there was some good practice:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- The practice told us they complied with the current standard in Oldham of offering at least 70 face to face and five telephone appointments per week per 1000 patients.
- Patients usually had timely access to initial assessment, test results, diagnosis and treatment.

- Some patients commented that it could be difficult to access appointments. We saw that urgent appointments were available on the day of the inspection but the next available routine appointment was not until 20 September 2018.
- Morning requests for on the day appointments were triaged by an advanced nurse practitioner based at the partners' other practice.
- Some patients commented that waiting times whilst at the practice could be lengthy. The practice manager told us they had addressed this by adding catch up slots during some GP surgeries.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

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. Staff treated patients who made complaints compassionately.
- The practice manager had taken on the role of lead for complaints but had not yet received training.
- Verbal complaints were not dealt with in a consistent manner. We saw that some verbal complaints had been documented, but we saw no system to deal with them and one staff member told us they would probably not report to the practice manager if a verbal complaint was made to them.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Complaints were discussed at practice meetings as a standard agenda item.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

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

- Since the inspection of December 2017 the two original partners had left and three new partners had registered. However, at the time of this inspection two of the partners worked at their other practice and there was uncertainty amongst staff about what the availability of the partners would be following the inspection.
- There had been several recent personnel changes with staff, including the practice manager, leaving. Staff cover was on an informal basis with staff from the partners' second practice helping.
- The process for recording and learning from significant events was still weak.
- Complaints handling was not consistent.
- The CCG pharmacist carried out medicine audits, but although the practice sent us a two-cycle audit following the inspection this did not show evidence of improvement.
- Although improvements had been made between the inspection December 2017 and the follow-up inspection in April 2018 we found these had not all been sustained. This was in part due to personnel changes.

Leadership capacity and capability

Leaders had the potential capacity and capability to deliver high-quality, sustainable care, but there was no clear plan about how this would be achieved.

- Leaders understood the challenges faced by the practice and they were taking steps to address them.
- One of the three partners was visible about the other two worked at the second practice they owned.
- Of the three GP partners, only one was currently working at the practice; the other two worked at the other practice the three partners ran. One partner explained that they would reduce their hours at this practice following the inspection, and the other two partners would start to work at this practice for two sessions a week each. However, staff we spoke with expressed concern about what would happen when the partner reduced their hours as they had been given no commitment about partners being present at the practice.

Vision and strategy

The practice had a vision and strategy to improve the quality of care at the practice.

- There was a vision and set of values. The practice team had set a mission statement together during a daily get-together meeting.
- 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 care priorities across the region. The practice had concentrated on addressing the issues found during our inspection in December 2017.
- The practice monitored progress of their action plan with assistance from the Royal College of General Practitioners (RCGP).

Culture

The practice culture was usually one of high-quality sustainable care.

- Staff told us they felt respected, supported and valued. However, three staff had recently left, one giving no notice, and staff told us this had caused some disruption.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness and honesty were demonstrated when responding to incidents and complaints. However, full records of learning from significant events were not always kept, and patients were not always informed of significant events that involved them. The practice 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were currently positive relationships between staff and teams, and staff reported that they felt this had recently improved.

Governance arrangements

Are services well-led?

Due to recent personnel changes responsibilities, roles and systems of accountability to support good governance and management were not always clear.

- Structures, processes and systems to support good governance and management were not set out. The practice had made improvements following the inspection of December 2018 but the practice manager and two administrative staff had recently left. In order for the practice to continue to function staff from the other practice owned by the partners were working at this practice on an ad hoc basis.
- Although staff were clear on their roles and accountabilities, they were all working longer hours than previously due to the recent unanticipated reduction in staff. However, staff told us this was by choice.
- Policies, procedures and activities had been put in place to ensure safety and assure the partners they were operating as intended.
- The practice nurse worked for two days a week, with agency nurses also working two days. The agency nurses were not involved in practice meetings, and there was no process for disseminating safety alerts to them.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance, but this was not always effective.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. The manager had put a risk register in place that included practice nurse recruitment and telephone line issues. They told us they hoped to resolve the staffing issues in the next three to four months.
- The practice did not currently have processes to manage current and future performance. We did not see evidence that practice leaders had full oversight of safety alerts and incidents as robust records of discussion and learning were not always kept.
- We saw no evidence of clinical audit having a positive impact on quality of care and outcomes for patients. The CCG pharmacist carried out medicine audits. We saw evidence of an audit on the use of antibiotics for sore throats carried out by a partner in May 2018. Following the inspection the practice provided us with a

second cycle of this audit, dated July 2018. The second cycle did not show an improvement but the partner carrying out the audit had recorded that results should be interpreted cautiously.

- The practice had plans in place and had trained staff for major incidents.
- Some equipment, such as the defibrillator and oxygen, was shared between different practices in the building. We saw that the practice nurse had a system to carry out weekly checks on these and emergency medicines. However, there were some gaps in the checks when the practice nurse was on annual leave. There was no system in place for when the practice nurse, who worked two days a week, was absent.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality was discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice had acted on weaknesses identified at the previous CQC inspection although there were still some improvements to be made.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The practice involved staff and patients to support high-quality sustainable services.

- All available staff had a 'daily huddle' to discuss any issues arising each day.
- The practice had a newly formed patient participation group (PPG). Meetings had taken place and there had been discussion about how to increase numbers and diversity within the group. The PPG intended to carry out patient surveys in the future.
- The practice checked NHS Choices for comments and monitored their NHS Friends and Family results so they were aware of patients' opinions.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- Recent personnel changes meant that some information within the practice was not available. However, the manager had analysed staff training and knew what was required.
- Staff told us they believed the culture of the practice had recently become more positive and they were confident this would improve.

- The practice did not make full use of reviews of incidents and complaints to make improvements. Records did not always show that learning had been considered or implemented.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had ineffective systems or processes in place in that they failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular:</p> <ul style="list-style-type: none">• Although the practice was able to provide a two-cycle clinical audit, this did not show improvement had taken place.• Complaints were not dealt with in a consistent way, with not all staff knowing how to respond to verbal complaints. <p>The registered person had ineffective systems or processes in place 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:</p> <ul style="list-style-type: none">• The registered person did not adequately record and investigate all significant events so improvement and learning was not always identified and there was no assurance system in place to prevent a recurrence.• There was not an effective process to ensure all equipment used at the practice, including emergency equipment, was safe. <p>The registered person did not maintain accurate records necessary to be kept in relation to the management of the regulated activity. In particular:</p> <ul style="list-style-type: none">• Due to a high percentage of administrative staff leaving the practice the partners arranged for staff from their other practice to help. This was on an informal ad hoc basis.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.