

The Willows Medical Centre

Quality Report

Church Street

Carlton

Nottingham

NG4 1BJ

Tel: 0115 940 4252

Website: www.willowsmedicalcentre.co.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 service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection at The Willows Medical Centre on 6 June 2016. Overall the practice is rated as inadequate.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example the practice was employing a healthcare assistant to undertake tasks outside of the responsibilities suitable for persons employed in such a role. In addition there was no evidence to demonstrate they had the training and were competent to undertake a number of the tasks allocated to them. In addition, this member of staff was undertaking examinations, assessments and diagnoses of patients in spite of not being a registered or regulated healthcare professional in this country.
- There were not enough staff within the practice to ensure patients were kept safe and to ensure they

received treatment from an appropriately qualified member of staff. Staff confirmed they felt there were not enough staff and told us that requests for additional staff had been refused.

- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements. The provider did not have arrangements in place to ensure safe, high quality care was provided to patients and had knowingly employed a healthcare assistant to undertake medical examinations which were outside the scope of the role and for which the individual was not registered or regulated.
- There was a culture of fear and blame within the practice and we were not assured that all significant events were reported and used as opportunities to improve safety within the practice.
- We found that the practice did not have effective system in place to check the expiry dates of medical

Summary of findings

consumables. For example we found a large amount of out of date medical consumables including dressings, boric acid urine sample pots, histological specimen pots and over 100 blood collection tubes.

- Data from the Quality and Outcomes Framework (QOF) showed the practice was performing above local and national averages.
- Evidence from the clinical system showed that care and treatment was not being delivered in line with local and national guidelines.
- The clinical computer system within the practice showed that non-clinical staff were recorded as undertaking medication reviews for patients meaning we could not be assured that patients were having a proper medical review of their long term conditions by an appropriately qualified healthcare professional. As these reviews were recorded on the system as completed these patients would not be recalled.
- There was a lack of clarity amongst practice staff regarding the appointment system with confusion over the availability of pre bookable appointments. Patients told us they found it difficult to book appointments in advance and a review of the appointment systems showed no appointments available to pre book.
- The majority of patients said they were treated with compassion, dignity and respect. However, data from the national GP patient survey showed 51% of patients said they would recommend this GP practice to someone new to the local area compared to the CCG average of 79% and the national average of 78%.
- Staff were not supported or valued within the practice and did not have adequate supervision in their roles. Staff had not received appraisals in the last 12 months.

The areas where the provider must make improvements are:

Provide safe care and treatment to patients by assessing risks to their health, safety and welfare and do all that is possible to mitigate this by;

- Ensuring only staff qualified and registered with the appropriate professional body are providing medical care and treatment to patients.
- Putting systems in place to ensure care and treatment is delivered in line with national guidance and best practice guidelines.

- Improving the management of medicines alerts to ensure action is taken where necessary to keep patient safe.
- Improving arrangements to review medicines prescribed to patients and ensure this role is always undertaken by suitably qualified and trained staff.
- Improving arrangements for managing stock of medicines and consumables including the safe disposal of out of date vaccines and expired medical consumables.

Establish effective systems to enable the provider to assess and monitor the quality of services and identify, assess and mitigate risks by;

- Implementing formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is effective leadership capacity to deliver all improvements.
- Review staffing arrangements and ensure there are enough appropriately qualified staff to meet the needs of patients.
- Ensure staff are supported in their roles and the culture within the practice is improved to encourage staff to report incidents and events.
- Maintain up to date records concerning the management of the regulated activities including; clinical rotas, up to date policies and procedures reflecting current guidance

Ensure systems are in place and operating effectively to keep children safe and safeguarded from abuse including regular liaison with community healthcare professionals.

Ensure all required pre-employment checks are undertaken for staff who require them including checks with the disclosure and barring service (DBS).

The areas where the provider should make improvement are:

- Clarify the appointments process
- Ensure there is a regular programme of staff appraisals in place
- Improve the recording of blank prescriptions within the practice to ensure these can be tracked in line with national guidance.

Summary of findings

Due to the nature of the concerns identified on this inspection, urgent enforcement action has been taken to protect the safety and welfare of people using this service. The provider's registration has been suspended for a period of up to three months.

The clinical commissioning group and NHS have plans in place ensure all risks to patient safety are reviewed.

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.

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?

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

- The practice had a system in place to report and record significant events; however, only one significant event had been recorded since our last inspection in January 2015.
- People did not feel confident about reporting incidents within the practice due to being reprimanded for doing this. Patient feedback following our inspection indicated serious concerns were raised with the practice manager following a GP consultation but there was no evidence to show this had been recorded or investigated as a significant event to prevent risk or reoccurrence of the same issues. We were therefore not assured that the provider acted in line with the Duty of Candour.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. The practice was employing a healthcare assistant who was not registered with any professional body but who was undertaking the tasks of a qualified healthcare professional. The clinical system demonstrated that this member of staff was assessing and diagnosing patients and undertaking internal examinations. This potential risk to patients had not been identified.
- There was insufficient attention to safeguarding children and vulnerable adults. Records showed meetings had not been held since 2015 to discuss children at risk of harm and feedback from the community health visiting team was not positive about the practice's level of engagement. This led to concerns that key information necessary to safeguard children and adults would not be considered in patient consultation in order to mitigate risk.
- There were not enough staff to keep patients safe. Staff told us there were not enough staff on reception to deal with patients. In addition, we were not assured that there were enough appropriately skilled or qualified staff to meet the needs of patients. The practice did not have a practice nurse and was reliant on locum cover for two half days each week. GP tasks were being undertaken by a healthcare assistant placing patients at risk of receiving inappropriate care or treatment.

Inadequate



Are services effective?

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

Inadequate



Summary of findings

- Published data from the Quality and Outcomes Framework showed that the practice was performing above local and national average. However, a review of the practice's clinical systems showed that care and treatment was not being delivered in line with recognised professional standards and guidelines.
- We were told by the practice manager that multidisciplinary working was taking place but feedback from community healthcare staff indicated this was not currently regular. Record keeping was limited.
- There were minimal arrangements in place to ensure staff were trained, supervised and supported in the roles and in the tasks they were expected to undertake. Evidence provided to demonstrate training and assessments of competency was not robust or effective and staff undertaking these roles did not receive suitable support or mentoring from a suitably qualified clinician.
- Staff had not received a recent appraisal.
- Basic care and treatment requirements were not met as patients were being provided with care and treatment, including assessment and diagnoses, from an individual who was not a registered healthcare professional. There was no assurance for patients that diagnosis, care or treatment provided by this individual was appropriate.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%. In addition, only 51% of patients said they would recommend this GP practice to someone new to the local area compared to the CCG average of 79% and the national average of 78%.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information for patients about the services was available but due to the volume and arrangement of information in the waiting area it might be difficult for patients to identify relevant information.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

Inadequate



- The practice offered some services to meet the needs of patients. For example extended hours services were offered two evenings per week and the days on which these were offered had been changed following feedback from patients.
- However, there were areas where the practice was not offering services to meet the needs of patients. For example, there were no arrangements to enable patients to see a qualified and registered female GP at the practice.
- There was confusion amongst practice staff regarding the appointments systems. Staff told us there were no appointments available to book in advance. However, the practice manager told us appointments could be booked up to two weeks in advance but that the GP rotas needed to be updated. It was unclear how this could be accommodated as a review of the appointments system confirmed there were no bookable appointments available
- Patients did not have ease of access to care from a qualified nurse. The practice was reliant on locum nurse cover on two half days per week. Staff told us that patients were put on a waiting list to see the nurse and contacted when appointments were available after the rotas had been added to the system. We saw evidence on the system which demonstrated tasks which should be undertaken by a nurse were being routinely done by staff who had not been trained and properly assessed as competent to undertake these roles.
- Patients told us that they could generally access appointments on the day but that it was difficult to book appointments in advance.
- There was no information displayed in the waiting area to tell patients how they could make a complaint.

Are services well-led?

The practice is rated as inadequate for being well-led.

Inadequate



- The practice did not have a clear vision and strategy. Although the practice had a business plan which identified broad areas for improvement, the plan did not identify any actions or timescales to ensure improvements were made.
- There was no clear leadership structure and staff did not feel supported or valued by management. Staff told us there was a culture of fear and blame within the practice with staff frequently being reprimanded or shouted at by management.

Summary of findings

- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The lead GP did not have effective arrangements in place to oversee the clinical care and treatment being provided in the practice to ensure this was provided by qualified, registered healthcare professionals and was of sufficient quality.
- The practice told us their patient participation group (PPG) was not currently active but that they were seeking to reintroduce this.
- A comment box was available for patients to give feedback in the waiting area however there were no feedback forms available for patients to complete.
- The NHS choices website showed that patients had rated the practice 2.5 out of 5 stars. There had been six reviews since our last inspection of the service but only two positive comments had been responded to.
- Staff told us they had not received regular performance reviews and we were not assured that they had effective ongoing support or supervision.

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

The practice is rated as inadequate for providing safe, effective, responsive and well led services; the evidence that led to this rating affects all six population groups.

- Care and treatment for patients did not always reflect current evidence-based practice and this included the care provided for older people.
- The practice was responsive to the needs of older people offering home visits and urgent appointments where these were required.
- There were no regular formal multidisciplinary meetings being held to discuss older people at risk of admission to hospital. Feedback from the community district nursing team indicated that regular meetings had previously been held with the practice nurse but had ceased since they left.

Inadequate



People with long term conditions

The practice is rated as inadequate for providing safe, effective, responsive and well led services; the evidence that led to this rating affects all six population groups.

- There was no evidence to demonstrate that some staff undertaking reviews of patients with long-term conditions such as diabetes had received training and only minimal evidence to show there had been any assessment of their competence in undertaking such reviews. There was no evidence to demonstrate that the aspects of this review which needed to be undertaken by a registered clinician had been completed by the registered clinician.
- Care and treatment for patients did not always reflect current evidence-based practice and this included the care provided for people with long term conditions.
- Performance for diabetes related indicators was 99.9% which was above the clinical commissioning group (CCG) average of 87.3% and the national average of 89.2%. Exception reporting for indicators related to diabetes was 6.7% which was below the CCG average of 10.7% and the national average of 10.8%. However, we were not assured that all information related to the management of long-term conditions was being entered onto the computer system by suitably qualified and registered clinicians.

Inadequate



Summary of findings

- However, a search of the practice's clinical system identified three patients with impaired renal function who were being prescribed metformin which contradicted NICE best practice guidelines. (Metformin

Families, children and young people

The practice is rated as inadequate for providing safe, effective, responsive and well led services; the evidence that led to this rating affects all six population groups.

- Although the practice had a website for patients there was no facility for online appointment booking to facilitate access for this population group.
- Extended hours services were offered two evenings per week.
- There was limited access to a practice nurse and a patient told us this had delayed their child's immunisations by a month.
- Although the practice was registered to provide family planning services and we saw intra uterine devices at the practice we were informed by the practice manager that this service was not currently being provided for patients.
- Vaccination rates for childhood immunisation rates were generally below the clinical commissioning group (CCG) average.
- Feedback from the health visiting team attached to the practice was not positive about the level of engagement from the practice and identified concerns about the clinical input received when reviewing children.
- Three patients were identified on the clinical system as having had gestational diabetes and had not received an HBa1C test annually in line with guidance. (An HBa1C test is done to measure to how well blood glucose levels are being controlled). This meant the practice could not be assured that these patients had not developed diabetes.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe, effective, responsive and well led services; the evidence that led to this rating affects all six population groups.

- Care and treatment for patients did not always reflect current evidence-based practice and this included the care provided for working age people.
- Although the practice had a website for patients there was no facility for online appointment booking to facilitate access for this population group.

Inadequate



Summary of findings

- Extended hours services were offered two evenings per week.
- The practice's uptake for the cervical screening programme was 83.6%, which was comparable to the CCG average of 86.2% and the national average of 81.8%.
- Uptake rates for screening programmes for breast and bowel cancer were below local averages. For example, the practice screening rate for breast cancer was 72.4% compared with the CCG average of 78.9%. The practice screening rate for bowel cancer was 53% which was below the CCG average of 63.1%.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe, effective, responsive and well led services; the evidence that led to this rating affects all six population groups.

- Care and treatment for patients did not always reflect current evidence-based practice and this included the care provided for vulnerable patients.
- Rooms were provided within the practice for domestic violence support workers to meet with patients.
- The practice had identified 1.7% of their practice population as carers and provided information to support them in their role.
- The absence of formal meetings with health visiting staff and the reported poor levels of engagement led to concerns that key information necessary to safeguard children and adults would not be considered in patient consultation in order to mitigate risk.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe, effective, responsive and well led services; the evidence that led to this rating affects all six population groups.

- There was no evidence to demonstrate that some staff undertaking reviews of patients with a diagnosis of depression had received training and only minimal evidence to show there had been any assessment of their competence in undertaking such reviews. There was no evidence to demonstrate that the aspects of this review which needed to be undertaken by a registered clinician had been completed by the registered clinician.
- Care and treatment for patients did not always reflect current evidence-based practice and this included the care provided patients experiencing poor mental health.

Inadequate



Summary of findings

- Performance for mental health related indicators was 100% which was above the CCG average of 93.8% and the 92.8%. Exception reporting for indicators related to mental health was 4.8% which was below the CCG average of 14.8% and the national average of 11.1%.
- We were not assured medication reviews were being undertaken by clinical staff and this included patients experiencing poor mental health.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published in January 2016. The results showed the practice was performing in line or in some cases significantly below local and national averages. A total of 309 survey forms were distributed and 102 were returned. This represented a response rate of 33%.

Results showed:

- 50% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.

- 79% of patients described their overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone new to the local area compared to the CCG average of 79% and the national average of 78%.

We spoke with nine patients during the inspection. Patient views about the practice were mixed. Patients told us they could generally access appointments when they needed them but some patients told us it could be difficult to book appointments in advance. Two patients referenced difficulties they previously had with accessing nurse appointments. Feedback about staff within the practice was generally positive with staff feeling they were given enough time and things were explained to them.

Areas for improvement

Action the service MUST take to improve

Provide safe care and treatment to patients by assessing risks to their health, safety and welfare and do all that is possible to mitigate this by;

- Ensuring only staff qualified and registered with the appropriate professional body are providing medical care and treatment to patients.
- Putting systems in place to ensure care and treatment is delivered in line with national guidance and best practice guidelines.
- Improving the management of medicines alerts to ensure action is taken where necessary to keep patient safe.
- Improving arrangements to review medicines prescribed to patients and ensure this is role is always undertaken by suitably qualified and trained staff.
- Improving arrangements for managing stock of medicines and consumables including the safe disposal of out of date vaccines and expired medical consumables.

Establish effective systems to enable the provider to assess and monitor the quality of services and identify, assess and mitigate risks by;

- Implementing formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is effective leadership capacity to deliver all improvements.
- Review staffing arrangements and ensure there are enough appropriately qualified staff to meet the needs of patients.
- Ensure staff are supported in their roles and the culture within the practice is improved to encourage staff to report incidents and events.
- Maintain up to date records concerning the management of the regulated activities including; clinical rotas, up to date policies and procedures reflecting current guidance

Summary of findings

Ensure systems are in place and operating effectively to keep children safe and safeguarded from abuse including regular liaison with community healthcare professionals.

Ensure all required pre-employment checks are undertaken for staff who require them including checks with the disclosure and barring service (DBS).

Action the service SHOULD take to improve

- Clarify the appointments process
- Ensure there is a regular programme of staff appraisals in place
- Improve the recording of blank prescriptions within the practice to ensure these can be tracked in line with national guidance.

The Willows Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience (an Expert by Experience is a person with experience of using GP services).

Background to The Willows Medical Centre

The Willows Medical Centre provides primary medical services to approximately 3600 patients through a personal medical services (PMS) contract.

Services are provided from purpose built premises located in Carlton, a suburb of Nottingham. The practice has its own car parking and is accessible by public transport.

The level of deprivation within the practice population is slightly below the national average. The practice had a higher than average number of patients who are 65 years and over.

The practice has one male GP, one long term locum GP (male) and two healthcare assistants (female). The practice does not currently employ a nurse but has support from a locum nurse two half days per week (a total of one day). The clinical team is supported by a practice manager and reception and administrative staff.

The practice opens from 8am to 6.30pm on Monday, from 7.30am to 6.30pm on Tuesday, from 8am to 7.30pm on Wednesday, from 8am to 1pm on Thursday and from 8am to 6.30pm on Friday.

The practice has opted out of providing out of hours services to its own patients. This service is provided by NEMS and accessed via 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service in January 2015 and the practice was rated as good.

We carried out a further comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 in response to information of concern. The inspection was to check whether the 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 including the clinical commissioning group (CCG) and NHS England.

We carried out an unannounced visit on 6 June 2016. During our visit we:

- Spoke with a range of staff (including the GP, the practice manager, a healthcare assistant and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed a sample of the personal care or treatment records of patients.

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 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.

Are services safe?

Our findings

Safe track record and learning

We were not assured that there was an open culture within the practice in respect of reporting and recording significant events. Patient feedback following our inspection indicated an event had occurred whereby serious concerns were raised with the practice manager following a GP consultation. There was no evidence to show this had been recorded or investigated as a significant event to prevent risk or reoccurrence of the same issues. We were therefore not assured that the provider acted in line with the Duty of Candour in spite of the assurances of the practice manager told us that patients affected were provided with information, explanations and apologies and told about actions taken to prevent the same things happening again.

We were told there was a system in place to report and record significant events. We were told this involved events being documented using the practice's recording form and we saw evidence that the one which had been recorded had been discussed with relevant staff to ensure any learning was shared. There had only been one recorded significant event since our previous inspection in January 2015. This was regarding a breach of patient confidentiality. We saw that this had been discussed with staff and we were informed that policies had changed as a result of this event. In addition, the practice manager told us that the affected patient had been provided with an apology and invited in to the practice to discuss the issue.

Staffing and recruitment checks

A member of staff had been appointed by the practice in March 2016 as a healthcare assistant. This member of staff was known within the practice as a 'doctor', used this title in correspondence and appeared on the appointment system as a doctor. Discussions with staff and a review of information within the practice demonstrated that the practice manager had identified a list of 'problems' which could be treated by this 'doctor'; including blood pressure checks; diabetes reviews; B12 injections; chest infections; checks for throat infections. Some of these tasks were inappropriate for a healthcare assistant to undertake.

The practice could not provide, when requested, robust evidence to demonstrate that the healthcare assistant had received any training and undertaken any assessment of competency to undertake any of these tasks.

A review of the clinical system indicated that this staff member had entered 888 clinical events onto the practice's computer system since March 2016. Further searches of appointments undertaken by the healthcare assistant demonstrated they had undertaken a wide range of tasks which were outside of the scope and competency of a healthcare assistant. For example: internal examination and referral to gynaecologist, assessment of a possible infection of a feeding tube and assessments of wound and infections, including taking decisions to ask for analysis of samples. There was no evidence on the system to show that these tasks had been overseen by a suitably qualified and registered clinician.

This demonstrated that this member of staff was assessing, diagnosing and prescribing treatment despite not being a registered or regulated healthcare professional. In addition, no evidence of training or competency could be provided to assure us that this member of staff was able to undertake any delegated clinical tasks such as taking a patient's blood pressure.

We were informed that if the lead GP was fully booked, then the healthcare assistant appointed in March 2016 would triage patients and deal with them and was also responsible for assessing and deciding on any action needed in respect of correspondence received from the out of hours service. We were not assured that this information was overseen and triaged by a registered and regulated healthcare professional to make sure patients were safe.

We were not assured that there were adequate arrangements in place to plan and monitor the number and mix of staff required within the practice to meet the needs of patients.

Although the practice manager told us they were currently trying to recruit a practice nurse, they were relying on part time cover from a locum nurse. This meant there was limited clinical support available for the healthcare assistants working within the practice who were undertaking a range of clinical tasks beyond the scope of their role and training.

In addition, staff working in administrative and reception roles told us they felt there was not enough staff. During our

Are services safe?

inspection, we witnessed patients being left on hold on the telephone for five minutes due to staff dealing with patients at the desk. We were told that two days per week there was one receptionist managing the telephone and the desk on their own with the practice manager helping out by taking calls from another room if it was very busy. The practice manager informed us they had undertaken a staffing needs analysis recently. However, the practice manager did not, when requested, provide the inspection team with a copy of the staffing needs analysis. The inspection team requested copies of staff rotas for March and April; however, these were not provided.

We reviewed five employment files for staff. Appropriate recruitment checks had been undertaken prior to employment for most members of staff. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However, the practice was unable to provide evidence of having received a completed DBS check for their healthcare assistant who had been employed since March 2016.

Safeguarding

There were some arrangements to safeguard children and vulnerable adults from abuse. Policies were available which provided staff with guidance in dealing with concerns about a vulnerable patient. In addition information was displayed in the clinical and treatment rooms which informed staff of local safeguarding arrangements. There was a lead member of staff for safeguarding. The lead GP was trained to child safeguarding level 3.

The practice manager told us they held monthly meetings with their attached health visitor to discuss children at risk. However, a review of the information available indicated that the last child safeguarding meeting had been held in 2015. Feedback from the community health visiting team was not positive about the practice. They told us the practice had previously engaged with them and that they had met regularly with the former practice nurse; however, they told us that there had not been a recent meeting to discuss children at risk. They also noted that the practice was reluctant to share information when this was

requested and rarely referred information to them. This led to concerns that key information necessary to safeguard children and adults would not be considered in patient consultations in order to mitigate risk.

Notices in the waiting area and in consulting and treatment rooms advised patients that they could request a chaperone if required. We were told that chaperoning duties were usually undertaken by one of the healthcare assistants both of whom we were told 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). However, the practice could not provide, when requested, evidence that a DBS check had been received for the healthcare assistant appointed in March 2016. The practice manager showed us a copy of a request for a DBS including a reference number but this document was not dated. In addition, there was no evidence that the healthcare assistant appointed in March 2016 had received training to act as a chaperone. We received feedback from a patient which indicated they had received an intimate examination and had not been offered a chaperone.

Occasionally some reception staff undertook chaperone duties if required. Reception staff had received training for this role but had not received DBS checks. However, we saw evidence that the risk posed by this had been documented and risk assessed by the practice.

Infection control

We observed the practice to be clean and generally tidy. Appropriate cleaning schedules were in place and regular infection control audits had been undertaken. As the practice did not currently have a practice nurse, the practice manager and the healthcare assistant led on infection control within the practice. There was an infection control protocol in place and regular six monthly infection control audits were undertaken. Staff working within the practice had undertaken training in infection control and handwashing techniques.

Appropriate sharps boxes were observed to be in place and had been signed and dated and were not overfilled.

Equipment

We found that the practice did not have effective system in place to check the expiry dates of medical consumables.

Are services safe?

For example we found a large amount of out of date medical consumables including dressings, boric acid urine sample pots, histological specimen pots and over 100 blood collection tubes. These had not been disposed of and could be used as part of patient consultation, assessment, diagnosis and treatment. We were informed that the task of checking stock for expiry dates had recently been allocated to another member of staff. However, some items had expired in 2015 indicating that no regular checks were being undertaken.

Medicines

Medicines stored in treatment rooms and in medicines refrigerators were stored securely and could only be accessed by authorised staff. We saw evidence that vaccines were stored at the required temperatures and records showed that fridge temperature checks were carried out on a daily basis. We reviewed the medicines stored within the vaccine fridge and found that the practice had a number of expired vaccines. These included vaccines from April and May. Although these had been marked as expired and stored in the bottom of the fridge they had not been disposed of in line with waste regulations. There was also a risk that these medicines could be inadvertently used.

The practice did not have systems in place to record the serial number on blank prescriptions meaning blank prescriptions could not be tracked through the practice in line with national guidance. We were informed that uncollected prescriptions were reviewed, a code put onto the clinical system and the prescription securely destroyed. The oldest uncollected prescription was from April 2016.

Information from the clinical system indicated that non-clinical staff were undertaking medication reviews within the practice. For example, the computer system showed there were over 70 medication reviews undertaken by the practice manager and over 50 undertaken by a healthcare assistant. The system recorded that these medication reviews had been completed leading to a risk that patients were not receiving a medical review before repeat prescriptions were issued.

Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we were concerned that the system for

ensuring prescriptions were signed by a GP were not robust and digital signatures were being added to prescriptions by the practice manager or administrative staff, leading to concerns about the medical oversight of safe prescribing.

A review of the practice's clinical system demonstrated that the practice did not have robust systems in place for dealing with alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). For example, patients were identified as being on repeat prescribed combinations of drugs which were contraindicated. (A contraindication is a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient)

Monitoring risks to patients

The practice had procedures in place to monitor and manage some risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. For example, the vaccine fridges were calibrated on the day of the inspection. The practice had a variety of risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Some risk assessments needed to be updated; for example, the risk assessment in respect of needle stick injuries was due to be reviewed in 2015 and had not been.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents; however there were some areas where improvements needed to be made.

- There was an instant messaging system on the computers in all the consultation and treatment rooms enabled staff to alert colleagues to any emergency.
- All staff received annual basic life support training and we were told their most recent training had been undertaken in May 2016.
- 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.

Are services safe?

- We noted that the practice had some emergency medicines available in secure areas of the practice. However, we were unable to ascertain if the practice had stocks of certain recommended medicines or any risk assessment indicating why this was not necessary.

We reviewed a copy of the practice's business continuity plan which was held in the reception area. The plan was

comprehensive and detailed plans for major incidents such as power failure or loss of access to the building. However, the plan had not been updated since 2012 and referenced a number of staff who no longer worked there. For example, the section which covered incapacity of GPs referred to salaried GPs who no longer worked within the practice providing cover.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were not assured that the practice had systems in place to enable them to effectively assess the needs of patients and deliver care in line with relevant and current evidence based guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice did not currently have a nurse in place and we were not assured that there were effective support mechanisms in place to ensure healthcare assistants delivered care and treatment safely. In addition, the practice did not have regular clinical meetings where new or amended guidelines could be discussed. Staff told us clinical meetings had not been held since the practice nurse left the practice over three months ago.

A review of the practice's clinical systems demonstrated a number of areas where the practice was not treating patients in line with recommended guidance.

For example:

- In line with NICE guidance patients with a record of having had gestational diabetes require annual monitoring of their HbA1C levels to monitor for progression to over Type 2 diabetes. The clinical system showed that three patients with a diagnosis of gestational diabetes had no record of annual checks. (An HbA1C test is done to measure to how well blood glucose levels are being controlled). This meant the practice could not be assured that these patients had not developed overt Type 2 diabetes.
- A search of the practice's clinical system identified three patients with impaired renal function who were being prescribed metformin which contradicted NICE guidelines. (Metformin is an oral diabetes medicine that helps control blood sugar levels).
- A complaint made by a patient to NHS England had been independently reviewed and upheld and found that the practice had not followed NICE guidance in their management of the patient.

In addition to identified concerns regarding the assessment and management of patients' needs; the inspection identified concerns around medication reviews for patients being undertaken by non-clinical staff. This meant we could

not be assured that patients being prescribed medicines on a repeat prescription were being adequately monitored and regularly reviewed by a trained healthcare professional.

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 recently published results showed that the practice had achieved 100% of the points available. This achievement was 4.9% above the clinical commissioning group (CCG) average and 5.3% above the national average.

The practice had an exception reporting rate of 6.3% which was 2.8% below the CCG average and 2.9% below the national average. (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 2014/15 showed:

- Performance for diabetes related indicators was 99.9% which was above the clinical commissioning group (CCG) average of 87.3% and the national average of 89.2%. Exception reporting for indicators related to diabetes was 6.7% which was below the CCG average of 10.7% and the national average of 10.8%. However we were concerned that reviews were not being undertaken by suitably trained and competent staff or that the medical reviews were being appropriately undertaken.
- Performance for mental health related indicators was 100% which was above the CCG average of 93.8% and the 92.8%. Exception reporting for indicators related to mental health was 4.8% which was below the CCG average of 14.8% and the national average of 11.1%. However we were concerned that reviews were not being undertaken by suitably trained and competent staff or that the medical reviews were being appropriately undertaken.
- Performance for hypertension related indicators was 100% which was above the CCG average of 98.9% and 97.8%. Exception reporting for indicators related to the hypertension was 1.7% which was below the CCG average of 4.1% and the national average of 3.8%.

Are services effective?

(for example, treatment is effective)

The practice told us their achievements for 2015/16 had been positive but they were unable, when requested, to provide copies of their QOF submission for 2015/16

Data showed that the number of emergency admissions for patients from the practice had decreased by 11% from 2014/15 to 2015/16. However, the practice rate of emergency admissions remained the fifth highest out of 22 practices in the CCG for this period.

In addition, data demonstrated that the practice had the highest rate of A&E attendances per 1000 patients of the 22 practices in the CCG area for 2015/16. This had increased by 4% from 2014/15.

Effective staffing

We saw limited evidence to demonstrate that staff had the skills, knowledge and experience 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. This induction programme was also completed by locum staff. However, we reviewed a staff file for a healthcare assistant appointed in March 2016 and noted that the induction documentation had not been completed.
- The practice could not effectively demonstrate how they ensured role-specific training and updating for relevant staff. Although we saw evidence of some training for one of the healthcare assistants undertaking reviews of patients with long-term conditions; there was no robust evidence of role specific training or assessments of competency for the other healthcare assistant employed since March 2016. Evidence from the clinical system demonstrated that this member of staff had been undertaking depression reviews, asthma reviews and diabetes reviews.
- We saw evidence that the locum nurse administering vaccines and taking samples for the cervical screening programme had received training which had included an assessment of competence. However, we saw no evidence to demonstrate that one of the healthcare assistants administering vaccinations had received training and been assessed as competent.
- We were informed that the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs and as a result

of incidents and events. Records of staff training were limited and had not been updated for some staff since 2014 including the lead GP. The document used to record training identified a number of areas where the lead GP required reviews. For example, safeguarding children was indicated as requiring an annual review; however, no safeguarding children training had been completed by the lead GP since 2014.

- Staff files reviewed indicated that staff had not received appraisals since 2014. Staff informed us that they were due to receive appraisals and had been provided with the preparatory paperwork. The practice manager told us the process was underway.
- Staff received training that the practice identified as mandatory which included: safeguarding, fire safety, basic life support and information governance. However, it was unclear from the practice's mandatory training matrix when staff needed to undertake refresher training. For example, some staff had not undertaken safeguarding children training since March 2013. Staff had access to some online training and the practice manager told us they were considering investing in a new online training package.

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 internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results.

There were systems in place to ensure correspondence was logged and uploaded to the clinical system in a timely manner. However, the practice did not have effective systems in place to review information being received from the out of hours service. Staff told us that this information was reviewed and actioned as required by the recently employed healthcare assistant whom they referred to as doctor. As this staff member was not registered as a healthcare professional in this country and was employed by the practice as a healthcare assistant we were not assured that this process had the necessary clinical oversight to ensure potential risks to patients were identified and addressed.

There was evidence that staff worked with other health and social care professionals on a case by case basis. Feedback from the community district nursing team indicated that

Are services effective?

(for example, treatment is effective)

the former practice nurse had met with them on a regular basis to discuss complex patients and to assess and plan their ongoing care. However, since the practice nurse left the practice, we were informed that there had been no regular meetings with clinical staff from the practice.

Feedback from community staff indicated that communication with the practice could be difficult. Community staff told us the practice was insistent on the use of faxes and that telephone calls were often unanswered meaning it was difficult for them to have conversations with clinicians at the practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83.6%, which was comparable to the CCG average of 86.2% and the national average of 81.8%. Cervical screening had been undertaken by the former practice nurse before they left the practice in March. This was currently being undertaken by a locum nurse.

The practice attendance rates for national screening programmes for bowel and breast cancer screening were below the local averages. For example, the practice screening rate for breast cancer was 72.4% compared with the CCG average of 78.9%. The practice screening rate for bowel cancer was 53% which was below the CCG average of 63.1%.

Childhood immunisation rates for the vaccinations given were slightly below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.6% to 94.6% compared to the CCG average range of 91.7% to 96.5%. For five year olds the practice's immunisation rates ranged from 71.7% to 100% compared to the CCG average range of 8.1% to 98.1%.

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. Data for 2015/16 showed the practice had issued 166 invitations for health checks against a target of 212 and undertaken 101 health checks against a target of 129.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection, we observed that members of staff were courteous and polite to patients.

Some measures were in place to help patients feel comfortable and to ensure patients were treated with dignity and respect. These included:

- Consultation and treatment room doors remained closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice had a portable screen to maintain privacy and dignity during examinations and investigations; however we noted that this was broken during the inspection.
- The reception area was small and open which meant conversations taking place at the reception desk could be easily overheard. However, we did note that patients stood back from the reception desk.

We spoke with nine patients during our inspection. Patients were generally satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. The practice was marginally below average for its satisfaction scores on consultations with GPs. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

The most recent national GP patient survey was published before the practice nurse left and the showed that the practice was in line with the local and national average for its satisfaction scores on consultations with nurses. For example:

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Satisfaction scores for interactions with reception staff were below the local and national average:

- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Patients rated the practice below the local and national in respect of general satisfaction. For example:

- 79% of patients described their overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone new to the local area compared to the CCG average of 79% and the national average of 78%.

We noted that these satisfaction scores had decreased since the last inspection of this provider in January 2015.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make choices about treatments available to them.

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were below local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Results for nurses were above the local and national averages:

Are services caring?

- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Staff told us that translation services were rarely required but that these could be accessed if needed. We did not see any information displayed in the waiting area to inform patients that this service was available.

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. However, we noted that there was a vast amount of information

displayed in the waiting area which was not well organised. This could have made it difficult for patients to identify the support they required. 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 61 patients as carers which was equivalent to 1.7% of the practice's patient list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they were sent a letter and information about local support services along with a sympathy card. This contact was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was no information displayed in the waiting area regarding bereavement services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw that the practice delivered some services designed to meet the needs of its practice population. For example:

- The practice offered extended hours services two evenings per week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and a hearing loop available.
- Minor surgery was offered at the practice including a regular cryotherapy service.
- Rooms were provided for domestic violence support workers to meet with patients when required.

However, there were some areas where services were not provided:

- There was no regular access to a female GP within the practice.
- There was limited access to a practice nurse as a locum was used and a patient told us this had delayed their child's immunisations by a month.
- Although the practice was registered to provide family planning services and we saw intra uterine devices at the practice we were informed that this service was not currently being provided for patients.

Access to the service

The practice was open from 8am to 6.30pm on Monday, from 7.30am to 6.30pm on Tuesday, from 8am to 7.30pm on Wednesday, from 8am to 1pm on Thursday and from 8am to 6.30pm on Friday.

Discussions with staff and the practice manager demonstrated that the appointments system was unclear. The reception staff told us that there was no facility to book appointments ahead and that all patients calling the practice were put on a triage list for a call back. Reception staff told us that if the triage list reached 20 then patients

were asked to call back the following day. Staff told this could be difficult when dealing with patients who wanted to pre book appointments as there were no future rotas on the system.

However, the practice manager informed us that patients could pre-book appointments up to two weeks in advance for GPs and up to four weeks in advance for nursing staff. We were informed that this was not available to view on the appointment system due to recent changes in the GP staffing following the lead GP increasing their sessions. A review of the appointments system demonstrated that no appointments were available for pre booking with a GP.

As the practice did not currently have a nurse, the system showed there was limited access to nursing appointments. We were informed that the locum practice nurse attended the practice two days per week as half days. Patients wishing to see the practice nurse were put on a waiting list and appointments were booked when dates for the locum became available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were significantly below local and national averages:

- 57% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 75%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 79% of patients were able to get an appointment the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 58% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.

People told us on the day of the inspection that they were generally able to get appointments when they needed them but that it could be difficult to book appointments in advance.

Listening and learning from concerns and complaints

We saw that the practice had some systems in place to handle complaints and concerns. The practice manager

Are services responsive to people's needs?

(for example, to feedback?)

was the designated responsible person who handled all complaints in the practice. We could not see any information visibly displayed in the waiting to help patients understand the complaints system.

We reviewed the complaints which had been received since the last inspection in January 2015. In this time the practice had recorded one complaint which had been received via NHS England. An independent review of the complaint was undertaken by NHE England following receipt of the response from the practice. The review upheld the complaint and found that the practice had failed to act in line with NICE guidelines in their treatment of the patient. Learning points and actions were identified as a result of the complaint.

A patient we spoke with during the inspection informed us they had recently made a verbal complaint which had been resolved by the practice manager. However, we noted that this complaint had not been logged on the practice's complaint recording sheet. We received further feedback from a patient following our inspection indicating a serious complaint resulting in a telephone call to apologise from the lead GP. We saw no evidence that this had been recorded in the complaints folder or added to the practice's complaints log.

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 provided us with a copy of their business plan for September 2015 to September 2016. The purpose of the business plan was indicated as being to set out clear objectives about what they were trying to do and the changes they thought it important to introduce over the next three years.

The business plan documented the practice's mission and reason for being there was to provide a safe and efficient service to their patients and as being 'to provide an appropriate and rewarding experience for patients when they need our support'. The business plan also documented the practice's core values of openness, fairness, respect and accountability.

A number of areas were covered in the business plan such as staffing, premises, information technology and management. The plan indicated how the practice viewed their current position and identified some areas for improvement but did not indicate how and when any improvements would be made. For example, the plan identified a need re-examine the way in which routine management tasks were undertaken to see if improvements could be made and increase efficiency; however there was no timescale for reviewing arrangements and feedback from staff demonstrated that there had been no improvement in this area. For example, staff told that there was a lack of organisation and management tasks were given to staff who had limited knowledge of experience to undertake these.

There was no evidence that the business plan was reviewed or updated on an ongoing basis.

Governance arrangements

The practice had some governance arrangements in place to support staff in undertaking their roles; however there was an absence of effective systems to enable proper oversight and governance of the service and clinical care.

- There was a lack of clarity regarding staffing structure and staff roles within the practice. Staff told us that they had been given additional areas of responsibility with little support or additional time. In addition, staff working within the practice were unclear as to the role

of the healthcare assistant appointed in March 2016 and unclear messages had been given to staff about the tasks which could be undertaken by this member of staff.

- Feedback and evidence seen indicated there was a chaotic and disorganised approach to the allocation of tasks with staff often being asked to start a new task before having completed their initial one or to undertake tasks beyond the scope of their role, training, experience and expertise which placed patients at risk of harm.
- Practice specific policies were available to staff to support them in their roles; however these were not all up to date. For example, the health and safety policy we reviewed was dated 2014.
- There were some arrangements in place to identify, record and manage risk and issues and implement mitigating actions. However, we were not assured that the practice had considered the risk to patients or the practice of providing medical care and treatment to patients from an unregistered doctor; including enabling them to assess, diagnose and be involved in decision making about prescribing treatment for patients.
- The provider was not aware of some of the areas of risk identified during the inspection and therefore had taken no action to assess and mitigate this. For example in respect of patients on ACE inhibitors who had not received screening. This led us to question the clinical oversight of QOF performance and indicators.
- The practice did not have robust arrangements in place to train, assess and monitor staff to ensure they were competent to undertake tasks. In addition, healthcare assistants undertaking clinical tasks received limited support, mentoring and supervision in their roles.
- There were no arrangements in place to assure us that the provider had oversight of clinical care to ensure treatment for patients was being provided in a safe and effective manner. Evidence demonstrated that the provider knowingly enabled a member of staff who was not registered or regulated to undertake examinations, assessments and diagnoses of patients. For example, records demonstrated that antibiotics were prescribed by the lead GP to a patient following a consultation and examination by a healthcare assistant without the GP

Are services well-led?

Inadequate 

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

having seen or examined the patient. The provider highlighted to us areas where he required further training to ensure he was up to date in appropriate clinical areas.

Leadership and culture

- The practice manager told us they encouraged a culture of openness and honesty and had systems in place to ensure that when things went wrong with care and treatment affected people were given support information and apologies. However, feedback indicated that there was a culture of fear within the practice with people being blamed and reprimanded when things went wrong. In addition we were told about incidents which had not been recorded as significant events where there was a potential for patient harm.
- Meetings within the practice were held on an ad hoc basis and we were told that clinical meetings had not been held since the former practice nurse left in March 2016.
- Feedback demonstrated that people did not feel supported in their roles. We were told people had raised concerns about the low staffing levels and requests for additional staffing support had been refused. Evidence indicated expectations of staff were unrealistic and this was supported by feedback received. Staff told us they were often given new tasks with limited support offered to them and were frequently asked to start another task before being given time to complete the first one. We were told that jobs and tasks were often left unfinished and there was a disorganised approach to the management of the practice. For example we were given an example of the practice often running out of stock and having to borrow from neighbouring practices (such as vaccines).
- The culture was not open and feedback received indicated that the working environment was tense and people felt frightened of the consequences of speaking up or giving their opinion.

- Staff did not feel valued in their roles and told us it could be difficult to take holidays at times when they wanted them. For example, staff told us they were only allowed to take holidays at certain times of the year due to meeting QOF targets and the flu season.
- Evidence showed that staff did not receive regular support with appraisals being overdue and staff meetings being held on an ad hoc basis.
- Staff feedback and our observations during the inspection indicated the practice was not well organised. For example, information requested during the inspection was not quickly and easily available and was not up to date; including the complaints and significant events records.

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

The practice told us they encouraged and valued feedback from patients, the public and staff. The practice had a patient participation group (PPG) although they acknowledged it was not currently very active. The practice manager informed us this was due to the ill health and death of some members and they were currently working to reinvigorate the PPG. The practice manager told us the group had last met three months and they had met with one member of the group around two months ago to discuss the patient survey results.

There was a suggestion box available in the waiting area; however, there were no feedback forms available to encourage patients to make suggestions or comments.

We noted that six comments had been placed on NHS Choices in the period since our previous inspection; two were positive and four were negative. Only the two positive comments had been responded to which would give patients the impression that concerns would not be taken on board with a view to assessing the quality of the service provided.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively to prevent the abuse of service users. For example, there was no regular or recent engagement with the community health visiting team to ensure effective discussions about children at risk.</p> <p>This was in breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider could not provide evidence to demonstrate that they had received appropriate background checks with the Disclosure and Barring Service (DBS) for a member of staff appointed in March 2016.</p> <p>This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>