West End Surgery

Quality Report

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Date of inspection visit: 11 January 2016
Date of publication: 17/03/2016

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 announced comprehensive inspection on 11 January 2016. Overall, the practice was rated as inadequate.

The practice was rated inadequate for providing safe, effective, responsive and well-led services and requires improvement for providing caring and services. . The concerns that led to the overall inadequate rating applied to all of the population groups.

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

- Patients and staff were at risk of harm because systems and processes were not in place to keep them safe. Systems were not effective and did not enable the provider to identify, assess and mitigate against risks to patient safety.For example, Patient group directions were not authorised and completed for the practice nurse to administer medicines such as vaccinations and immunisations.
- Evidence could not be provided to demonstrate clinical staff had received recent safeguarding training to an appropriate level.
- Patients told us they were treated with compassion however they stated that poor continuity of care made it difficult to feel involved in decisions about their care and treatment, as well as finding it difficult to make appointments
- The provider could not, when requestedprovide evidence to demonstrate that patient specific directions were routinely used in line with legal frameworks.
- The management of significant events needed to be strengthened to ensure themes and trends were analysed. There was a lack of consistency in the format for reporting significant events.
- Recruitment processes were not effective. For example, the provider had not ensured that checks had been undertaken with the Disclosure and Barring Service (DBS) for clinical staff before they started working at the practice. Additionally staff files demonstrated that references had not been sought for all staff in line with the practice's recruitment policy.
- Urgent appointments were usually available on the day they were requested but patients told us routine

Summary of findings

appointments were difficult to get with GPs and there was often a long wait when making the appointment. Patients said they often waited over 15 minutes of their allocated appointment times.

- Policies and procedures were in place to govern activity. However, not all of the practice's policies had been completed and a number of policies lacked relevance to the services being provided by the practice.
- There were often delays in responding to complaints and some were refused a response as they had not been present to the practice in written form.There was no evidence of learning and development from the complaints received. The practice complaints policy was not in line with contractual obligations for GPs in England. The practice did not have mechanisms in place to record verbal concerns or complaints consequently the provider could not be assured opportunities for learning from patient feedback were maximised.
- Training, which the practice had deemed mandatory such as manual handling and infection control, had not been conducted on a regular basis in line with best practice. There was no system in place to regularly appraise staff and develop roles, with most staff last having an appraisal in 2011.

The areas of practice where the provider must make improvements are:

- The provider must ensure the systems to enable them to identify, assess and mitigate risks to patients, staff and others are effective
- Seek and act on feedback from relevant persons and other persons on the services provided, for the purposes of continually evaluating and improving such services, such as significant event monitoring and managing complaints appropriately.
- Recruitment procedures must be established and operated effectively to ensure persons employed are fit and proper for the role they are employed to undertake.
- Ensure risk assessments are in place so that the practice can be assured that care and treatment are being delivered in a safe manner such as health and safety assessments.
- Ensure persons providing care or treatment to patients have the qualifications, competence, skills and experience to do so safely, by supporting staff to work within their scope of qualifications and use relevant PGDs and PSDs.

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

- Review the policies in place and consider whether these reflect the practice's own arrangements and enable staff to carry out their roles in a safe and effective manner.
- Ensure there are effective systems and processes in place to assess and monitor their service to enable them to respond to the changing needs of patients

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibility to formally report incidents, near misses and concerns but the procedures in place were not robust and reduced the effectiveness of their raising concerns.
- Lessons learned from incidents were not communicated, so opportunities to improve patient care and safety were not always acted upon.
- Risks to patients and staff were not fully monitored. For example, there was no Control of Substances Hazardous to health (COSHH) or legionella risk assessment carried out by the practice staff. The practice staff had not undertaken an infection control audit to identify areas of risk within the practice and ensure reasonable steps were taken to protect patients and staff from acquiring infections.
- Recruitment checks were not routinely completed in line with the practice's recruitment policy to ensure staff were suitable to work with patients.
- The practice nurse was administering immunisations and vaccinations under patient group directives (PGD) that had not been authorised or signed to confirm they were competent to administer the drugs. The provider could not demonstrate a robust system for ensuring the healthcare assistant administered medicines in line with legislation as evidence of this could not be provide during the inspection.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Outcomes for patients were broadly in line with the locality. However, there were some areas where performance was below local and national averages. For example: The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 58%; this was significantly below the national average of 90%.
- Staff had access to national guidelines and used these to plan and deliver patient care; they were monitored by a designated person and distributed to relevant clinical staff electronically.
- The practice engaged with local multi-disciplinary teams in the community. This included planning support for patients

Summary of findings

receiving end of life care and those who had recently been discharged from hospital as well as patients with long-term conditions requiring physiotherapy to aid recovery and increase mobility.

- Annual appraisals were last undertaken in 2011 for the majority of staff. Training, which the practice had identified as mandatory, such as safeguarding and manual handling had not been undertaken in the last three years.

We saw evidence the practice had conducted two clinical audits in the last two years neither were completed cycles and no actions were identified to demonstrate how they would patient care could be improved as a result.

Are services caring?

Requires improvement

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

- Data showed that patients rated the practice below average for several aspects of care. For example:
  - 74% said the last GP they saw or spoke to was at treating them with care and concern in comparison to 86% Clinical Commissioning Group (CCG) average and a national average of 85%.
- Patients who completed comment cards and spoke to us during the inspection told us the staff were supportive in providing care.We also saw that staff treated patients with dignity and respect and maintained confidentiality.

The practice had undergone a number of changes to their medical staffing in the past two years and was, as such very reliant on locum GPs in order to provide services. Patient feedback reflected that there was a lack of continuity of care as a result of multiple changes of staff.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services.

- Evening appointments had been introduced to improve access for working age adults and home visits were offered to patients who were unable to attend the practice. The feedback from patients illustrated difficulty in accessing services. For example:
  - 56% of patients described their experience of making an appointment as good compared to a CCG average of 82% and a national average of 73%.

Summary of findings

- 48% of patients would recommend this surgery to someone new to the area compared to the CCG average of 82% and a national average of 78%.

The practice had a complaints procedure however, patients were not encouraged to formalise verbal complaints so that they could be investigated. On some occasions, the complaints procedure had not been followed once a written complaint had been received. For example, the complaints register was not completed to track the complaint through the process, which contradicted the practice policy. Responses to complaints were not always prompt and on occasion, the responses to patients lacked compassion. Outcomes were not clearly identified or shared to improve the service to patients.

Are services well-led?

Inadequate

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

- The practice manager refused to disclose the long-term strategy of the practice and the staff were not aware of their role in shaping the future of the practice.
- The practice had an active patient participation group (PPG) who engaged with patients and initiated ideas from patient feedback. However, the practice management team stated they were difficult to work with and when asked to help were not forthcoming
- The practice did not have effective systems in place to enable good governance. There was not an open culture to encourage problems being reported or assist with improvements within the practice. There was minimal evidence of learning or reflective practice taking place in order to drive improvements in the service.
- Full staff meetings were held and minutes of these meetings were kept. In addition, clinical staff meetings were held to co-ordinate patient care and update care plans.

Policies and procedures had not been reviewed and often referenced risk assessments and audits that that the practice had not undertaken or did not reflect current practice at the surgery. Some policies, for example child safeguarding and health and safety were still in draft form and had not been completed even though they were initially dated January 2015.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The practice is rated as inadequate for the domains of safe, effective, responsive and well led and rated as requires improvement in caring. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice was responsive to the needs of older people, and offered home visits through a duty doctor.
- Every patient over 75 had an allocated GP for continuity of care and extended appointments were allocated when required.

74% of patients aged 65 and older had received a seasonal flu vaccination compared to a national average of 73%.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The practice is rated as inadequate for the domains of safe, effective, responsive and well led and rated as requires improvement in caring. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Longer appointments and home visits were available when patients needed them.
- Nationally reported data showed that outcomes for patients with long-term conditions were in line with national averages. For example: the percentage of patients with diabetes who had a cholesterol test in the previous 12 months was 89% compared to a national average of 80%. However this was achieved with an exception rate of 15%, 6% above the national average.

Annual reviews were undertaken and recalls to monitor conditions were managed by the practice nurse.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for the domains of safe, effective, responsive and well led and rated as requires improvement in caring. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice engaged with health visitors and midwives and offered new-born checks at home if required.

Summary of findings

- The practice immunisation rates for children under five were in line with the CCG average; however, immunisation rates for children under two were below the CCG average.
- Appointments were available outside of school hours and any child under five presenting as an urgent patient would be seen on the same day.

There was a baby changing area as well as a room available if a mother wanted to breast feed in private.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for the domains of safe, effective, responsive and well led and rated as requires improvement in caring. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice offered extended hours until 8.30pm one evening per week.
- Health promotion advice was offered and material was available in the practice, the website also contained information on common conditions.
- There was online access to book an appointment and patients could request repeat prescriptions through the practice website.

The percentage of women whose notes recorded a cervical screening had been performed in the last five years was 82% which was in line with the national average.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for the domains of safe, effective, responsive and well led and rated as requires improvement in caring. The concerns that led to these ratings apply to everybody using this practice including this population group.

- Staff told us they worked with multi-disciplinary groups in the case management of vulnerable adults and children.
- A designated GP attended meetings with community teams to assist in care plans for vulnerable patients.
- Patients who frequently attend the accident and emergency department had special arrangements put in place to ensure available access to the practice to reduce secondary care involvement.

Summary of findings

- Staff had not completed safeguarding training since 2012, and staff were not clear who the safeguarding lead for the practice was.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for the domains of safe, effective, responsive and well led and rated as requires improvement in caring. The concerns that led to these ratings apply to everybody using this practice including this population group.

- The practice regularly worked with multi-disciplinary teams in caring for people experiencing poor mental health, including those with dementia.
- Regular appointments with the same GP were offered to improve continuity of care.
- Data showed that 96% of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months at the practice, which was above the national average of 84%. This had been achieved with an exception rate of 2% compared to a national average of 2%.

Summary of findings

What people who use the service say

We looked at the results of the national GP patient survey published in January 2016. The results showed the practice was performing below local and national averages for the majority of indicators. A total of 278 questionnaires were sent out to patients and 120 were returned; this was a response rate of 43%.

The practice performed well when compared with others in the CCG and nationally in respect of the following areas;

- 73% of patients found it easy to get through to the surgery by phone compared to a CCG average of 87% and a national average of 73%.
- 88% of patients said the last appointment they got was convenient compared to a CCG average of 94% and a national average of 92%.

The performance in relation to the following indicators was below local and national averages;

- 81% of patients found the receptionists at this surgery helpful compared to a CCG average of 91% and a national average of 87%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average of 85%.
- 56% of patients described their experience of making an appointment as good compared to a CCG average of 82% and a national average 73%.
- 74% of patients said the last GP they saw or spoke to was at treating them with care and concern compared to a CCG average of 86% and a national average of 85%.
- 76% of patients said the last GP they saw or spoke to was at explaining tests and treatments compared to a CCG average of 89% and a national average of 86%.

We reviewed comments left on the NHS Choices website. The rating for the practice was 1.5 stars out of a possible five. Comments focused on the poor continuity of care leading to contradictory medical advice from different locums and difficulty getting appointments.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received three completed comment cards from patients which were positive about the standard of care received. Patients highlighted that staff were kind, and respectful. All comment cards remarked on the lack of continuity in clinical staff due to the high turnover and difficulty in making convenient appointments.

We spoke with 10 patients during the inspection and two members of the patient participation group (PPG). Patients commented on the friendly nature of the staff. However, half of the patients told us they had waited up to 10 days for their appointments and found the practice regularly ran late. There was a general concern regarding the high turnover of staff, lack of continuity of care and not being able to choose a GP as well as several patients who had appointments cancelled. Several patients we spoke to intended to leave the practice as a consequence of the poor level of service they received.

West End Surgery

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 second CQC inspector, a GP specialist advisor, a practice manager specialist advisor, and an expert by experience. An expert by experience is a person who has personal experience using or caring for someone who uses this type of service.

Background to West End Surgery

West End Surgery provides primary medical services to approximately 4700 patients, which has been decreasing since 2011, through a general medical services contract (GMS). Services are provided to patients from a practice in Beeston, Nottingham. The level of deprivation within the practice population is above the national average.

The medical team comprises of one part time GP (female) working six sessions a week and locum GPs covering the remaining sessions working with a practice nurses and a health care assistant. A practice manager, reception and administrative staff support the clinical team.

The practice is open between the hours of 8am and 6:30pm. GP appointments are available from 8:50am to 10am every morning, from 10:40am to 11:50am and from 3pm to 6pm every afternoon. Extended hours surgeries are offered on Wednesday evenings until 8:30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS).

Why we carried out this inspection

We received information of concern about this practice which led to our inspection; these were from members of parliament and other stakeholders.

As a result of this information of concern we inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions.

This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before our inspection, we reviewed a range of information that we held about the practice and asked other organisations such as NHS England and Nottingham west CCG to share what they knew. We carried out an announced inspection on 11 January 2016. During the inspection, we spoke with a range of staff (including a GP, nursing staff, the practice manager, reception and administrative staff) and spoke with patients who used the service. We observed how people were being cared for, spoke with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The systems to ensure patient safety lacked robustness and consistency. Staff we spoke with understood their responsibility to raise concerns and report incidents and significant events. A formal template was available but this was not always used to record and analyse significant events and did not demonstrate detailed analysis of significant events was undertaken. Serious incidents were discussed at clinical meetings and the practice provided evidence to demonstrate actions were taken to improve patient safety following these discussions. However there was no system in place to cascade learning to staff who were unable to attend these meetings.

There were effective processes and systems in place for the distribution of national patient safety alerts to staff who worked at the practice. This process was managed by the lead GP and the reception manager who was the medicines management lead and had completed relevant training to undertake this role. We saw evidence that advice issued by the Medicines and Healthcare products Regulatory Agency (MHRA) had been acted upon, however the practice stated there was a reliance on the CCG pharmacist to monitor prescriptions and update medicines.

Overview of safety systems and processes

- Arrangements to ensure effective systems to safeguard vulnerable patients were not adequate. Staff had access to safeguarding procedures for adults which provided information about identifying, reporting and dealing with suspected abuse.However, the practice's policy for safeguarding children, which had been drafted in January 2015, had not been completed or approved. The practice was not able to provide us with evidence to demonstrate members of clinical staff had completed safeguarding training to any level.
- There was a reliance on clinical staff having been trained in their previous roles rather than managing their training within the practice. The practice training matrix showed that some non-clinical staff had undertaken safeguarding training in 2012. Consequently, the provider could not be assured that staff had the information, guidance and training to ensure action was taken in line with locally agreed procedures in relation to safeguarding adults and children. Not all staff were aware who was the lead for safeguarding in the practice. GPs attended safeguarding meetings if possible and provided reports as required for external agencies.
- Notices were displayed in the consultation rooms and waiting room to advise patients that staff could act as chaperones if required, no formal chaperone training had been delivered to staff carrying out this role and not all staff had the required DBS check in place.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead and had completed relevant training. However, the practice, when requested could not provide any evidence to demonstrate that infection control audits had been undertaken to ensure appropriate guidance was followed and standards of hygiene were maintained to prevent the spread of infections. Infection control training had not been delivered to practice staff since 2012.
- The practice had arrangements in place to manage medicines (including emergency drugs and vaccinations); however, these did not always ensure patients were safe. The fridge, which was used to store vaccines, was monitored with a single thermometer and this showed a maximum temperature over the recommended eight degrees Celsius on several occasions. The only action taken by staff at the practice to manage this was to reset the thermometer. There was no evidence provided to demonstrate that the fridge had been recalibrated or serviced, or that a risk assessment was completed to determine whether the stored medicines remained safe for use, given that they had been exposed to temperatures outside of the manufacturer's recommendations.The practice nurse had ordered a data logger for both fridges to use in addition to the thermometer, but at the time of inspection, these had not been installed.
- Patient group directions (PGDs) which allow specified health professionals to supply or administer a medicine directly to a patient without the need for a prescription were not all completed. The practice nurse had only signed three PGDs meaning several medicines were being given to patients without the correct authorisation or assurances those administering these were competent to do so.

Inadequate

Are services safe?

- We saw that prescription pads were stored in a locked room within the practice. However we observed that a clinical waste contractor was given the master key and allowed to enter a store room unaccompanied where blank printing paper for prescriptions were stored. The clinical waste contractor also accessed clinical rooms unaccompanied. The potential risks associated with this had not been considered or assessed.
- The system in place to ensure recruitment checks were carried out was not effective. We looked at four staff files and three of the four were for recently appointment members of staff. There was no evidence to demonstrate that the provider had undertaken appropriate checks with the Disclosure and Barring Service (DBS) prior to their appointment. For example a member of staff employed in September 2015 had not had a DBS check requested and another member of staff employed in June 2015 only had a DBS completed on the week of inspection.None of the file contained evidence to demonstrate how staff had conducted themselves in relation to previous work with vulnerable children or adults. One file did not contain any form of identification.The practice manager refused to acknowledge any risk in employing a nurse or healthcare assistant without the legally required checks prior to them being put in a position of responsibility, caring for patients. Consequently, the risk had not been identified, assessed and there were no actions to mitigate any risk.
- There was no formal employee immunisation program in place. There was a reliance on previous employers to fulfil this obligation and new starters had not undergone health assessments during induction. The provider could not be assured of the immunity status of their staff.

Monitoring risks to patients

The practice had limited systems, processes and policies in place to manage risk to patients, staff and visitors to the practice.

- The practice had up to date fire risk assessments and checked the alarms weekly. All electrical equipment was checked to ensure equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There were some risk assessments in place however others, such as legionella or COSHH risk assessments had not been carried out and the practice manager stated a legionella risk assessment would be of no benefit. This had not been formally assessed by a person who was qualified to give this opinion.
- There was no approved policy in place for health and safety.

Arrangements to deal with emergencies and major incidents

The practice had an instant messaging system on all computers which alerted staff to an emergency. All staff had received basic life support training and there were emergency medicines and oxygen available in the reception office along with a defibrillator for dealing with life threatening emergencies. The emergency drugs and equipment were routinely checked, however not all staff were aware emergency medicines were available in the practice and there was a risk these would not be used in an emergency as a consequence.

A business continuity plan was in place to enable the practice to deal with major incidents such as power failure or a loss of water supply. The plan had been updated in 2015 and indicated that copies were held off site with some members of staff either in hard copy or electronically. The plan included emergency contact numbers for staff, other providers and suppliers.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and staff were kept up to date with changes through the computer system. Performance data and evidence from this inspection indicated these were not always followed in practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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).

Data showed that the practice had achieved 93.4% (522/559) of the total number of points available in 2014/15, with 14.1% exception reporting which was higher than the CCG average of 8.5% and national rates of 9.2%.

- This practice was an outlier for its performance on chronic obstructive pulmonary disease (COPD) achieving 69% points, which was below the local CCG average of 97% and national averages of 96%. (COPD is the name for a collection of lung diseases).

Practice performance in most other areas was good. For example:

- Performance for diabetes related indicators was 95%, which was 1% below the CCG average of 96% and above the national average of 89%.
- The practice had achieved 100% of the points available for heart failure related indicators, which was the same as the CCG average, and above the national average of 98%. Exception reporting was in line with CCG and national average at 4.5%.
- The practice had achieved 92% of the points available for the indicators associated with hypertension, which was below the CCG average of 99% and above the national average of 87%.

Areas where the practice did not perform as well included:

- The practice had achieved 82% of the points available for asthma related indicators, which was below the CCG average of 98% and the national average of 97%.

There was an absence of oversight or action plan to improve these outcomes for patients through changes to the way the practice operates or managing patients' conditions.

We were shown two clinical audits conducted in the last two years during our inspection however, they did not demonstrate how they would improve patient care as a result.

The practice engaged with the local CCG pharmacist to carry out medicines audits and to ensure prescribing was in line with best practice.

Effective staffing

- Staff told us they had the skills and experience to deliver effective care and treatment to patients.However, this had not been formally discussed and assessed with them. Records showed that some members of staff had not received an appraisal since 2011. Training the practice had identified as mandatory, such a safeguarding and manual handling, had not been completed by staff.Some training such as information governance and infection control had not been conducted since 2011.
- Recently appointed staff told us they went through an induction program and period of shadowing a colleague to become familiar with systems and processes at the practice. The role of healthcare assistant was new to both the staff member and the practice but the provider could only provide evidence of limited clinical supervision to support the safe delivery of patient care. The practice nurse was also unsupervised despite the responsibly of their position.There was no historical evidence of patient specific directives (PSDs) being in place prior to our inspection.We were shown three relating to patients seen on the day of inspection.A PSD is a written instruction from a GP for medicines to be administered to a named patient after the prescriber has assessed the patient on an individual basis.

Coordinating patient care and information sharing

- The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage

patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. However, children who did not attend hospital appointments were not coded on the system so that non-attendance could be monitored and followed up with parents or guardians to ensure the safety and wellbeing of children.

- Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after discharge from hospital. Extra support was put in place for patients who had two or more admissions to hospital. For example, the practice engaged with community matrons and falls teams to try and reduce admissions to secondary care. The practice provided minutes to show meetings were documented and care plans discussed.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

- The practice had a range of health promotion and prevention information available in the patient waiting area. For example there was a notice board about long-term conditions smoking cessation however there was no carers information available in the waiting room. Information such as NHS patient information leaflets were also available.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was in line with the national average of 82%. The practice followed up patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were below CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 93% (CCG average 96% to 98%) and under five year olds from 79% to 98% (CCG average 90% to 98%). Flu vaccination rates for the over 65s were 74%, and at risk groups 48%. These were in line with national averages of 73% and 52%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that reception staff greeted patients with a friendly and caring manner and did their best to accommodate patients' requests. The patient waiting area was open plan with staff able to use a separate room if confidentiality was required.

Patients completed CQC comment cards to tell us what they thought about the practice. We received three completed cards from patients and they were mostly positive about how caring the practice staff were.

All clinical staff were courteous and professional with patients. They tended to patients needs in rooms that maintained patients' privacy and dignity during consultations by having disposable curtains around the examination beds.

Results from the national GP patient survey showed patients indicated they were treated with compassion, dignity and respect. The practice performance was broadly in line with the CCG for its satisfaction scores on consultations with doctors. For example:

- 82% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%

However some were significantly below average, for example:

- 66% of patients said the last GP they saw or spoke to was good at involving them in decision about their care compared to a CCG average of 85% and a national average of 82%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

The practice was in line with averages for satisfaction scores on consultations with nurses. For Example:

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 92% and national average of 91%.

There was no evidence provided by the practice during the inspection, as to what measures were being put in place to improve the care delivered to patients

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs and nurses if a patient was also a carer. However, there was no information available in the waiting area about services, which could support carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them via telephone or visit. Patients were signposted to local support services, there was no information on bereavement support in the waiting area.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice consulted patients to gain feedback on opinions and the Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them.

The practice had access to services which included:

- One evening a week the practice opened until 8:30pm.
- Same day appointments were available to children under five.
- Home visits were available to patients who were unable to attend the surgery.
- There were disabled facilities available, with automated doors to help with access to the practice; however, the reception desk was not accessible to patients in a wheelchair.
- Hearing loop and translation services available.

Access to the service

The practice opened between the hours of 8am and 6:30pm. GP appointments were available in the mornings from 8:50am to 11:50am and from 3pm to 6pm in the afternoon. Extended hours surgeries were offered on Wednesday evenings until 8:30pm.

Patients we spoke with told us they struggled to book convenient appointments and often had to wait over a week for appointments. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages in several areas.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG average of 87% however this was in line with the national average of 73%.
- 56% patients described their experience of making an appointment as good compared to a CCG average of 82%, and a national average of 73%.
- 46% patients said they usually waited 15 minutes or less after their appointment time compared to a CCG average of 65%, and a national average of 65%.

Listening and learning from concerns and complaints

- The practice complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. For example, the practice requested that complaints were made in writing and did not routinely offer patients the opportunity to make a complaint verbally and we saw documents showing a refusal to accept a complaint provided by email.
- Leaflets were available from reception however, the practice's website did not explain the complaints process.
- There was a designated responsible person who handled complaints. We saw a complaint regarding a locum GP had not been followed through by the complaints lead to ensure the complainant was responded to in a timely manner. In addition, the practice manager could not provide a copy of the complaint, which had been passed to the locum, when requested.
- The response to complaints read as defensive and not written in a compassionate manner. The records we inspected demonstrated there were delays in making contact with some patients who had complained of over a month, which was not in line with the practice policy timescales for response to complaints.
- The staff handbook advised that written notes should be made from complaints. However during the inspection it became apparent from comments made by staff and patients that verbal complaints were not formalised so they could be investigated so that trends could be analysed and procedures and service improved.
- It was practice policy to maintain a register of complaints to monitor the progress and outcomes from these; however, records we inspected did not demonstrate this policy was followed in practice. Not all correspondence from complaints was available to review. For example, there was a page missing from a complaint response we inspected.

There had been six formal complaints recorded within the last 12 months which had been summarised. There was no system in place to look at themes or trends in respect of complaints and therefore opportunities to learn from these were not maximised. The practice was not working in line with their own complaints policy or in line with national regulations for handling complaints.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

The main themes of complaints, reviewed prior to the inspection, (using the NHS Choices website) and during the inspection from the formal complaints file and speaking to patients was the lack of continuity of care provided to patients and difficulty in accessing the service.

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 manager told us that they met with the lead GP to discuss the business and make strategic plans for the future. However, the practice manager refused, when requested, to share evidence of these meetings or strategy, as they were considered secret and the plans were not known to staff. The staff were not able to explain their role in the future development of the practice, or how they would play a part in the improvement of patient care.

Governance arrangements

- There was no overarching governance framework for the practice to support the delivery of strategy and good quality care.
- The practice had a range of policies in place but a number of these had not been completed or approved for use by staff within the practice. For example, staff did not have access to a completed health and safety policy of a child safeguarding policy to support them in their roles.
- In addition, we saw that the practice had a number of policies in place which were not relevant to the services they provided, for example in relation to cosmetic surgery. The practice could not demonstrate the effective use of policies and procedures to support staff in their roles. Very few members of staff could confirm they had read the policies and were not aware of any recent updates. The signing sheet at the back of each policy was rarely completed by all staff including the lead GP.
- The practice did not have effective systems in place to identify, record and manage risks to patients and staff. A number of risk assessments had not been completed. For example there was no risk assessment in relation to legionella or in respect of clinical staff working without DBS or reference checks. In addition, there had been no risk assessment or audit of infection control.
- The practice did not always follow its own policies and procedures, for example in relation to the management of complaints and undertaking criminal records checks for all staff. We were not assured that there were effective arrangements in place to thoroughly investigate and learn from significant events and complaints. There were no written action plans when incidents and complaints had occurred. This meant there was no way to monitor the effectiveness of the changes made as a consequence or to make sure actions were implemented to prevent reoccurrence, securing improvements to the quality of the service.
- There was no effective oversight or system in place to ensure staff got feedback on their performance or to assure the provider they were competent and effective in their role. The majority of staff had not had an appraisal since 2011.

Leadership, and culture

The sole GP, who was part time, demonstrated a breadth of skills, however we were not assured there was adequate capacity of leadership available to run the practice in a manner, which ensured high quality of care. The practice was unable to demonstrate leadership to improve safety, outcomes for patients or learning from significant events or complaints. The inspection revealed a defensive approach in the management of the practice and there appeared to be little or no regard for feedback from patients or the PPG. For example, The practice manager stated during inspection the PPG were a waste of her time.

The practice manager took responsibility for a majority of non-clinical managerial roles however throughout the inspection showed a lack of understanding of the regulations. The practice manger stated they had been thrown in at the deep end without any additional support, which made it difficult to fulfil this role to an appropriate standard.

The practice held regular staff meetings where governance issues were discussed and clinical teams met regularly to discuss patients and care pathways.

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

Due to the changes in staff numbers and the reliance on locum support the practice changed the appointment system to meet the demand.The PPG told us they had not been consulted on the best way to initiate the change or for support informing patients of the adjustments.

The PPG members told us they had met on the ground floor due to two members not being able to climb stairs. They told us they were informed in 2015 by the practice manager they had to move upstairs to hold meetings and as a consequence they stated the PPG lost two members.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.