

Dr Antoine Sayer

Inspection report


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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as Inadequate overall. (Previous inspection November 2017 – Requires Improvement).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced focused inspection at Dr Antoine Sayer (also known as Richmond Green Medical Centre) on 3 July 2018. This inspection was carried-out to follow up on breaches of regulations identified at the previous inspection in November 2017. During day one we identified areas where further evidence was required to ensure that the care being delivered was safe and effective, and the decision was made that the scope should be extended to become a comprehensive inspection. We therefore returned to the practice on 12 July 2018 to collect the further evidence and to inspect areas not originally included as lines of enquiry.

At this inspection we found:

- The practice had some systems to manage risk so that safety incidents were less likely to happen; however, when safety risks were identified, these were not always well addressed. When incidents did happen, the practice learned from them and improved their processes.
- The practice had equipment and arrangements in place to deal with medical emergencies; however, they did not have medicines available to treat a patient having a seizure. The practice had provided their reception staff with guidance about when patients should be prioritised for medical attention; however, they had not provided training on how to identify the symptoms of sepsis.
- Staff at all levels were aware of their responsibilities in respect of safeguarding; however, one member of the clinical team had not completed safeguarding training within the guideline timescale.
- The practice carried-out some reviews of the effectiveness and appropriateness of the care it

provided; however, there were some areas, such as antibiotic prescribing, where the practice's review was insufficient to provide assurance that the care being provided was safe and appropriate.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective. For example, the practice did not have clear processes for the handling of incoming patient information (e.g. test result and hospital letters); each clinician had their own process, and the provider had failed to ensure that these processes were safe and effective.

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

- Systems or processes must be established and operated effectively to ensure good governance.
- Provide care and treatment in a safe way for service users

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

- Review arrangements in place to enable staff to respond to medical emergencies, in particular, the emergency medicines available, and the ability of reception staff to identify patients with sepsis.
- Review arrangements for monitoring when staff are due for mandatory training updates.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

Overall summary

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
Both inspection visits included a GP specialist adviser.

Background to Dr Antoine Sayer

Dr Antoine Sayer provides primary medical services from Richmond Green Surgery in Richmond to approximately 1600 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 7%, which is lower than the CCG average of 9%, and for older people the practice value is 11%, which is the same as the CCG average. The practice has a larger proportion of patients aged 25-54 years than the CCG average, and a smaller proportion of patients aged 0-25 years.

The practice operates from an old converted building and comprises a reception, waiting area, doctors consulting room, examination room and healthcare assistant's room on the ground floor; on the first floor is a further consultation room (used by the nurse when they have one in place) and practice manager's room; and on the second floor is a meeting room and a storage room.

The practice team at the surgery is made up of one full time male GP, one long-term locum GP, and one temporary part time male healthcare assistant and a female phlebotomist. The practice team also consists of a practice manager and reception/administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 1pm and between 2pm and 6:30pm on all weekdays. Extended hours appointments are available from 6:30pm to 7:15pm on Mondays. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a sole provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; and treatment of disease, disorder or injury.

Are services safe?

At our previous inspection in November 2017 we rated the practice as Requires Improvement for providing safe services, as risks associated with the practice's processes were not always fully recognised and addressed. In particular, the practice's arrangements for triaging patients for appointments, managing prescription stationary and uncollected prescriptions.

We issued a Requirement Notice in respect of these issues and the practice submitted an action plan, outlining the action they would take to comply with regulations. We found arrangements had improved when we undertook the follow up inspection of the service in July 2018; however, there were other areas identified in respect of the arrangements for processing incoming correspondence and test results, the storage of prescription stationery, staff safeguarding training, mitigating infection prevention and control risks, and the practice's ability to react to medical emergencies, where improvements must be made. Therefore, the practice is now rated as Inadequate for being safe.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse; however, not all staff were up to date with training in this area.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received safeguarding and safety training appropriate to their role; however, we found that the information held by the practice indicated that one GP's child safeguarding training had expired and the practice had failed to address this with the GP concerned or to check that training had been completed. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- During the inspection in November 2017 we found that whilst there were some systems in place to manage infection prevention and control (IPC) risks, these required review to ensure that they were effective; for

example, the practice could not provide evidence to show that the person providing IPC training was qualified to do so, and the most recent NHS England IPC audit had identified some areas relating to the premises which did not comply with guidance. When we returned to inspect in July 2018 we found that all staff had undertaken IPC training via the practice's online training system. We also found that the practice had discussed the outcome of the IPC audit with their Patient Participation Group (PPG), who had agreed that the actions identified by the audit were unnecessary; however, the practice's risk assessment of these issues failed to include the development of a risk mitigation plan which was based on reliable guidance.

- There was a lack of effective systems for allocating incoming correspondence, designating tasks to specific members of staff, and establishing an audit trail. This had resulted in individual members of staff establishing their own systems for flagging patients who required monitoring, which was an unsafe way of working because the practice had no central oversight of these individual systems and had failed to establish whether they were safe and effective. We were told by the practice that the principal GP viewed all incoming correspondence and test results. Incoming correspondence was then forwarded to the responsible GP and test results remained on the system for the referring GP to view; this created a system whereby information was often being viewed twice, but with no assurance that either GP had completed the required actions. During the inspection we viewed patient records and found some examples where action, such as changing regular medication or carrying-out physical examinations, requested by hospital consultants had not been acted on, and examples of abnormal test results which had not been followed-up, with no documented explanation of the reason for this.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

Are services safe?

There were systems to assess, monitor and manage risks to patient safety; however, there were areas for further development to ensure that risks were adequately mitigated.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies; however, they did not stock medicines to treat a patient who was having a seizure. Following the inspection the practice provided evidence that the necessary medicine had been added to their emergency medicine kit. Staff were suitably trained in emergency procedures.
- Overall, staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. During the inspection in November 2017 we found that the practice's appointments system included a triage process, to be carried-out for patients requesting an urgent appointment; however, whilst staff we spoke to could provide examples of patients they would prioritise for an appointment, there was no formal guidance for staff to follow. When we returned to the practice in July 2018 we found that the practice had introduced a flow chart for staff to follow to highlight when patients required an urgent appointment. Clinicians knew how to identify and manage patients with severe infections including sepsis; however, reception staff had not received any guidance or training in this area.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- During the inspection in November 2017 we found that individual care records were not always written and managed in a way that kept patients safe. For example, we saw evidence of individual patients being discussed in multi-disciplinary team (MDT) meetings, where the notes of these discussions were not added to the patients' individual clinical record. When we returned to the practice in July 2018 we found that the practice had

introduced a new system whereby notes of discussions in MDT meetings were transferred into the patient's medical record on the same day of the meeting, and the principal GP then signed a copy of the meeting minutes to confirm that the transfer of information into the patients' records had been completed.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Overall, the practice had systems to ensure appropriate and safe handling of medicines; however, arrangements in respect of their oversight of antimicrobial prescribing required review in order to ensure that prescribing was within national guidelines.

- The most up to date published data relating to the practice's antibiotic prescribing showed that the practice's prescribing of broad spectrum antibiotics (antibiotics which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance) was significantly higher than local and national averages (20% compared to a CCG average of 11% and national average of 9%); however, this data relates to the time when the practice held the contract for providing care to patients resident in a local neuro-disability nursing home, and the figure represents the total prescribing for both patients of the nursing home and patients of the main practice. Due to the nature of the conditions of patients at the nursing home, their prescribing needs differ from the general population, and therefore, the prescribing data for the practice for this period cannot be accurately compared with local and national averages.
- During the inspection in November 2017 we found that whilst the practice had audited its antimicrobial prescribing for patients resident in the nursing home in 2016, they had not audited their prescribing for patients of the main practice; the practice told us at the time of that inspection that they felt confident that their antimicrobial prescribing was in line with guidance for patients of the main practice. When we returned to inspect in July 2018 we found that the practice had undertaken an audit of antimicrobial prescribing for patients of their main practice, but that the sample used for the audit related to antimicrobial prescribing in 2016;

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therefore, whilst the audit substantiated their belief that their prescribing for the main practice was within guidelines at the time of the audit of the nursing home in 2016, they had failed to audit current antimicrobial prescribing against current guidelines, and therefore there was no evidence of an ongoing commitment to ensuring that they were prescribing appropriately.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- During the inspection in November 2017 we found that the practice did not have systems in place to keep prescription stationery secure and monitor its use. When we returned to the practice in July 2018 we found that the practice had put systems in place to log where blank computer prescriptions had been assigned to and to keep a record of the use of blank prescription pads. Locks had been fixed to printers containing blank prescriptions; however, the fixings were not sufficiently secure to prevent the blank sheets being accessed without a key; upon discussion about this, the practice undertook to risk assess the current arrangements and consider whether there was an alternative solution.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence that the practice kept a log of national medicines and safety alerts, which included details of the action they had taken; however, this log did not include reference to monthly alert summaries.

Please refer to the evidence tables for further information.

Are services effective?

At our previous inspection on 7 November 2017 we rated the practice as Requires Improvement for providing effective services because the practice had failed to carry-out activities to assure themselves that the care and treatment provided to patients was effective and in line with current evidence-based guidance.

We issued a requirement notice in respect of this issue and the practice submitted an action plan, outlining the action they would take to comply with regulations. We found arrangements had improved when we undertook the follow up inspection of the service in July 2018; however, the practice's processes in respect of monitoring that clinical decisions were made in line with guidance, required further development. The practice, and all of the population groups, remain rated as requires improvement for being effective.

Effective needs assessment, care and treatment

During the previous inspection in November 2017 we found that the practice had systems in place to disseminate updated guidance; however, they did not have processes in place to ensure that all clinicians practiced in line with current evidence-based practice, as no clinical meetings were held, and there was no programme of audit and review of clinical consultations.

- When we returned to the practice in July 2018 we found that the practice had begun to document details of clinical discussions. The principal GP had completed a review of 10 consultations conducted by the long-term locum GP; this review had concluded that the locum GP was providing an appropriate standard of care. However, the basis for this assessment was unclear, as there was no objective criteria against which the quality of the consultations was measured and the practice had not made use of standard templates available from organisations such as the Royal College of General Practitioners.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions; for example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

- Available published data on childhood immunisation uptake rates showed that the practice's performance was significantly below local and national averages;

Are services effective?

however, during the inspection the practice provided submitted data for the past four quarters which showed that they had met the target uptake rates for all childhood immunisations reviewed.

- We asked the practice about the arrangements they had in place to follow up on reports of missed appointments for children in secondary care or for immunisation. The practice informed us that they were not aware of any instances of missed appointments, and a search of the patient records system for the past five years supported this.

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

- The most recent validated performance figures (2016/17) for the practice showed that their uptake for cervical screening was 51%, which was below the 80% coverage target for the national screening programme and below the local average of 70% and national average of 72%. During the inspection the practice provided data for the 2017/18 reporting year (which at the time was unvalidated), which showed an achievement of 81%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had provided 65 health checks in the past 12 months against a locally set target of 52. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

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

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

During the previous inspection in November 2017 we found that, whilst the practice could demonstrate that they had carried-out some quality improvement activity relating to the nursing home (to which they were previously contracted to provide GP services), there was little evidence of quality improvement activity at the main practice; in particular, we found that the practice had failed to audit its antibiotic prescribing for patients at the main practice, and that there was no evidence of quality assurance in respect of the work of the long-term locum GP. When we returned to the practice in July 2018 we found that the practice had undertaken audit activity in these areas in direct response to the comments in the previous inspection report; however, there was little evidence of this activity having an impact on the quality of care provided, as the period reviewed for the antibiotic audit related to prescriptions issued in 2016, and the audit of the long-term locum GP's work had focused on a very small sample and did not use any objective measurement tool.

However, during the follow-up inspection, we found that the practice had identified further areas for review and had carried-out audits for these, which included an audit aimed at ensuring that all patients with caring responsibilities were appropriately coded on their system, as part of a wider project to identify and provide support to carers. They had also carried-out a review of unplanned admission to hospital for patients with complex conditions; this was as part of a collaborative piece of work with local practices to try to reduce unnecessary hospital admissions.

Are services effective?

Effective staffing

During the previous inspection in November 2017 we found that staff were not always able to demonstrate that they had the skills, knowledge and experience to carry-out their roles; for example, in the absence of a practice nurse, nursing tasks such as childhood immunisations and cervical screening were carried-out by a GP; the practice was unable to demonstrate that the GP had completed specific training and carried-out activities to stay up to date with current guidance relating to these activities.

When we returned to the practice in July 2018 we found that the practice had been employing locum nurses to carry-out nursing duties in the absence of a permanent nurse; however, a GP had been carrying-out nursing duties during periods where there was no nurse available; at the time of the inspection the practice had just recruited a new locum nurse following a period where the role was vacant. We saw evidence that the principal GP had completed training in Yellow Fever vaccination, as this was a requirement in order for the practice to maintain its registration as a Yellow Fever Centre; however, there was no evidence that the GP had completed any recent specific training in childhood or travel vaccinations.

- Overall, the practice understood the learning needs of staff and provided protected time and training to meet them; however, we noted that the practice had failed to assure itself that one of the GPs had completed Child Safeguarding refresher training within the recommended time period. Up to date records of skills, qualifications and training were maintained for most staff except for the long-term locum GP. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings and appraisals.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

- The practice proactively identified carers and supported them. The Healthcare Assistant was undertaking a project aimed at ensuring all patients with caring responsibilities were identified by the practice, and that these patients were provided with appropriate information and support.
- The practice's National GP Patient Survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Extended hours appointments were available on one day per week, which supported patients who were unable to attend the practice during normal working hours. Patients at the practice could also access appointments at the local out of hours hub, which offered appointments from 8am to 8pm, seven days a week.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

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

Families, children and young people:

- The practice told us that they did not have any children registered as patients who were living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice had the facility to flag patients with these types of additional support needs on their system.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available on one day per week.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's National GP Patient Survey results were above local and national averages for questions relating to access to care and treatment.

Are services responsive to people's needs?

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection in November 2017 we rated the practice as Requires Improvement for being well-led because the practice had failed to analyse the needs of their patient population and tailor their services accordingly.

We issued a requirement notice in respect of this issue and the practice submitted an action plan, outlining the action they would take to comply with regulations. We found arrangements had improved when we undertook the follow up inspection of the service in July 2018; however, during this inspection we identified further issues relating to the governance arrangements at the practice, which required review. Due to the practice's ongoing failure to establish safe and effective governance arrangements, the practice is now rated as inadequate for being well led.

Leadership capacity and capability

In some areas, leaders failed to demonstrate a commitment to delivering high-quality, sustainable care.

- In some areas, leaders were knowledgeable about issues and priorities relating to the quality and future of services; for example, the practice had identified that their patient records system required updating in order to allow more efficient monitoring of patients. However, the action taken by the practice following the previous inspection in respect of quality assurance did not demonstrate a comprehensive understanding or commitment to establishing and embedding a culture of continuous review and improvement.
- Leaders at all levels were visible and approachable. We were told that, as the practice was small, there was continuous dialogue between staff of all levels about issues affecting the running of the practice.
- The practice was in the process of planning for the future to ensure an effective hand-over of the patient list when the principal GP reached retirement.

Vision and strategy

During the previous inspection in November 2017, the practice was in the process of re-focusing on the service provided at the main practice following the end of their contract to provide a service to a local nursing home; however, at that time we found that the practice did not have a clear vision or strategy. When we returned to the practice in July 2018 we found that the practice had

analysed the needs of its patients and the resources needed to continue to meet the needs in the future; however, there had been little progress in the development of processes to ensure that the care provided to patients was in line with best practice guidance and supported health and social care priorities across the region.

Culture

The practice told us that they had a culture of high-quality sustainable care; however, this position was not always supported by evidence; particularly in respect of their lack of quality assurance and risk assessment processes.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on providing a caring and responsive service to meet the needs of its patients. However, we saw some examples where the clinical needs of patients had been overlooked; for example, in failing to carry-out actions directed by hospital consultants and, in cases where there was a sound clinical reason for this, failing to document it in the patient's records.
- The practice had policies in place outlining how they would address incidents where staff displayed behaviours and performance in a way that was inconsistent with the vision and values; however, the practice's lack of oversight in respect of the performance of clinical members of staff meant that they were not always aware when these incidents occurred.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all permanent staff with the development they need. This included appraisal and career development conversations. All permanent staff received regular annual appraisals in the last year. The practice did not carry-out internal appraisals or other quality assurance activity for locum clinical staff, even though in some cases these members of staff were working at the practice regularly for a number of years.

Are services well-led?

- The practice was aware of its responsibilities in relation to the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood and effective. For example, there was no consistent approach to the management of patient referrals and test results which was followed by all clinical staff; the principal GP was not fully aware of the system being employed by other clinical staff, and had taken no steps to ensure that these systems were safe and effective. We found that, whilst there was some oversight of incoming correspondence by the principal GP, the lack of effective system for allocating incoming correspondence, designating tasks to specific members of staff, and establishing an audit trail resulted in unnecessary duplication of work and the potential for incoming information requiring action to be overlooked.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

In some areas there was a lack of clarity around processes for managing risks, issues and performance.

- There were some processes to identify current and future risks to patient safety; however, risks identified were not always appropriately considered, addressed and monitored. For example, the practice had failed to fully consider the patient safety risks relating to the areas highlighted by an infection prevention and control audit as being non-compliant with best practice; the issues highlighted related primarily to premises fixtures and fittings, such as patient areas being carpeted and sink areas in clinical rooms not being easily cleaned. The practice provided evidence that the issues raised had been discussed with their Patient Participation Group, who had been able to comment from an

aesthetic point of view; however, the practice demonstrated a lack of insight in relation to risk management by failing to consider the risks to patient safety and to establish whether the arrangements they had in place, such as regular carpet shampooing, provided adequate risk mitigation.

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had some impact on quality of care and outcomes for patients; however, audits carried-out by the practice were not always designed in a way that produced valuable data. For example, the practice's audit of antibiotic prescribing for prescriptions issued in 2016 failed to provide assurances that their current prescribing was in line with national guidance, and their audit of the long-term locum GP's consultations failed to produce an objective evaluation of whether this doctor was working in line with current guidance.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information in respect of operational performance, but this did not always include evaluations of the quality of the service.

- Operational information was used to ensure and improve performance. There was little evidence that information on quality was gathered and used; for example, there was no embedded culture of regular peer reviews of performance. Performance information relating to patient satisfaction was considered, and the practice discussed this with their Patient Participation Group in order to gather their views.
- The practice used information technology systems to monitor and improve the quality of care as far as they could, within the limitations of their current patient records system. The practice had identified that the system did not fully meet their needs, and at the time of the inspection was in the process of transferring to an alternative programme and was in the process of having their data transferred.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement; for example, the practice had identified the need for an alternative patient records system, which they had purchased, and they told us that they would be providing comprehensive training to all staff on its use.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the evidence tables for further information.

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had failed to put in place processes to: assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). In particular: There was no established process or consistent approach to the management of patient referrals and test results which was followed by all clinical staff. The practice did not have sufficient oversight of the systems in place, and had failed to establish whether they were safe and effective. The provider had failed to establish and operate processes in order to ensure that care was provided in line with current guidance and best practice. For example, they had failed to review the performance of the long-term locum GP against any objective criteria.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to provide care and treatment in a safe way for service users; in particular: Identified risks to patient safety were not always appropriately considered, addressed and monitored. For example, the practice had failed to fully consider the patient safety risks relating to areas highlighted by an infection prevention and control audit as being non-compliant with best practice. The practice had failed to ensure that all decisions relating to patients' care were documented in their records; for example, we saw evidence that the practice had failed to carry-out investigations and prescription changes recommended by hospital consultants, but had not documented the reasons for</p>

This section is primarily information for the provider

Enforcement actions

this. The practice had failed to ensure that all staff completed safeguarding training within the target timescales. The practice had failed to ensure that their antibiotic prescribing followed current guidelines. The practice had failed to ensure that reception staff were able to identify patients with potential sepsis.