Dr Sankar Bhattacharjee

Quality Report

Westborough Road Health Centre
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Westcliff on Sea
Essex
SS0 9PT
Tel: 01702 221591
Website: n/a

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 30 September 2015 we carried out an announced comprehensive inspection at Dr Sankar Bhattacharjee (also known as Westborough Road Health Centre). The practice was found to be inadequate for providing safe, effective, and responsive and well led services and required improvement for caring. As a result of the inadequate rating overall the practice was placed into in special measures for six months on 4 February 2016 due to insufficient improvements being made.

At this time we identified several areas of concern including:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Staff were not clear about identifying and reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Staff had not received appropriate training in basic life support, or in safeguarding children and vulnerable adults.
- Medicines had not been managed appropriately with records showing that vaccines had been stored in excess of the recommended temperatures potentially affecting their effectiveness.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example patient safety alert information had not been effectively actioned and patients continued to be prescribed medicine contrary to national guidance. The practice did not prepare or share patient care plans with out of hours providers to coordinate care. Patient clinical records were inaccurately summarised failing to identify conditions and clinical risks.
- The practice did not have an induction programme for new non-clinical staff or a system or appraisals, meetings or reviews of staff performance.
- The practice had recognised the diverse community they served but had not considered how best to deliver services to them to meet their needs.
- Patients were unable to book appointments or order prescriptions online. However, urgent appointments were usually available on the day they were requested.

Summary of findings

- The practice had improved, since our last inspection in November 2014 their recording, investigation and response to complaints. However, risks to patient safety were not always identified and lessons learnt were not shared to improve practice.
- There was insufficient leadership and an absence of strategy for the practice. The practice engaged with patients and listened to partner agencies developing action plans but failed to have the capacity to fulfil actions within acceptable timeframes and sustain improvements.

Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report.

On 27 July 2016 we carried out an announced comprehensive inspection at Dr Sankar Bhattacharjee to check whether sufficient improvements had been made to take the practice out of special measures. We found sufficient improvements had not been made and the provider ratings remained as before to be inadequate for providing safe, effective, caring and well led services and required improvement for responsive.

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

- We found significant incidents were not consistently identified, recorded, investigated and lessons learnt to mitigate reoccurrences.
- Patient safety and medicines alerts had not been actioned presenting serious risks to patients.
- Arrangements were in place to safeguarding children and vulnerable adults. However, not all members of the clinical team had received appropriate training and the practice did not follow up on the non-attendance of high risk groups for appointments.
- The practice appeared clean and tidy. An infection prevention control action plan was in place, actions had been assigned but no dates for completion.
- The practice had insufficient systems for the safe management of medicines including conducting timely reviews and safe prescribing.
- Medical supplies were found to be out of date including needles in the emergency first aid kit.
- Appropriate recruitment checks had been conducted on staff although many of the administrative staff references were personal as opposed to professional.
- We found no legionella risk assessment had been conducted and incomplete records existed relating to health and safety risks and business continuity arrangements.
- There was no evidence that some members of the clinical team had received appropriate basic life support training. There was no defibrillator available to staff or child mask for the oxygen or risk assessment in place.
- The practice had poor clinical outcomes in QOF achieving 60% of the total points available. The local average is 90% and the national average 95%.
- We found some clinical records were poor, lacking details of examinations and rationales for decisions. We found no care plans in place for patients identified on the practice admission avoidance register. The practice had also not maintained and reviewed the care of their palliative patients including preferred places of care.
- The practice did not hold multidisciplinary meetings.
- We found no evidence of the staff receiving a formal induction or training on consent of the Mental Capacity Act 2005. The practice nurse did not understand and was unable to demonstrate how the legislation applied to their role and responsibilities.
- The practice had low uptake for the national screening programmes for cervical screening and breast and bowel cancer.
- The practice did not identify or support carers by providing them with information on services available to them.
- The practice operated extended hours on a Tuesday and Thursday. However, patients reported difficulty in accessing an appointment with the practice nurse who worked on Friday.
- The practice did not have an effective system in place for handling complaints. They were acknowledged in a timely manner but not answered fully it was also unclear the outcome of the complaint.
- The practice had a published vision to deliver high quality care. They also had a business plan but it lacked details of how and when they would achieve their objectives.
- There was poor clinical governance of the practice. Risks were not being identified and there was no system of quality improvement through clinical audit

Summary of findings

or other means. Breaches of regulations identified at previous inspections had not been actioned and there was a lack of leadership in relation to driving improvement.
- The Patient Participation Group spoke highly of the practice manager. However, they were unsure of their role in the absence of terms of reference. They were unable to provide examples of where the practice had engaged with them asking, listening and responding to feedback.

The areas where the provider must make improvement are:

- Ensure the assessment and mitigation of risks. This includes the recording and investigation of significant incidents, management of patient safety alerts, the checking of medical equipment to ensure they are in date, the management of infection prevention control, health and safety risk assessment of the premises and equipment (including absence of access to emergency lifesaving equipment), legionella risk assessment and risks if there is disruption to services.
- Ensure the proper and safe management of medicines, so patients receive timely and appropriate medicine reviews and checks.
- Ensure patients receive care and treatment appropriate for their needs, in accordance with NICE and reflecting their preferences such as end of life care decisions.
- Ensure staff are trained and understand consent and Mental Capacity Act 2005, including how this relates to their role and responsibilities.
- Ensure staff receive appropriate training (including in safeguarding, basic life support and infection prevention control) to perform their roles and responsibilities.
- Establish an effective and accessible complaints system.
- Ensure patient records are accurate, complete and a contemporaneous record.
- Ensure clinical oversight, assessing, monitoring and improving the quality and safety of services such as through clinical audits and the experiences of service users (PPG).
- Identify the patients who are carers, keep records and provide appropriate support and guidance.
- Ensure improved clinical performance in QOF and national screening programmes.
- Ensure personal beliefs of clinical staff do not delay patients receiving timely and appropriate care (e.g. access to contraceptive services).
- Ensure the defibrillator is working and accessible to staff and there is an oxygen mask available for children.

The areas where the provider should make improvement are:

- Follow up on children and vulnerable adults who fail to attend appointments.
- Support the practice nurse with revalidation.
- Ensure multidisciplinary working especially in the review and management of care plans for vulnerable patients.
- Ensure arrangements exist to assisted entry for patients to the premises with mobility issues, where required.
- Ensure appropriate references are obtained for new staff to the practice.

However, following this inspection on 27 July 2016 our findings and our proposed enforcement action was shared with the provider, they then returned their NHS England contract to provide primary medical services and cancelled their registration with the Care Quality Commission. This meant they were no longer providing services at the practice and therefore it was unnecessary to take enforcement action.

Since the inspection, the practice has closed and the patients are attending alternative GP practices within the local area.

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.

- We continued to find significant incidents were not consistently identified, recorded, investigated and lessons learnt to mitigate reoccurrences.
- Patients remained at risk of harm because systems and processes had weaknesses. For example, patient safety and medicines alerts had not been actioned presenting risks to patients.
- Arrangements were in place to safeguarding children and vulnerable adults. However, not all members of the clinical team had received appropriate training and the practice did not follow up on the non-attendance of high risk groups for appointments.
- The practice appeared clean and tidy. An infection prevention control action plan was in place, actions had been assigned but no dates for completion.
- Medicines management remained a concern as the practice had insufficient systems to ensure the safe management of medicines, including conducting timely reviews and adherence to safe prescribing guidance.
- Medical supplies were found to be out of date including needles in the emergency first aid kit.
- Appropriate recruitment checks had been conducted on staff, although many of the administrative staff references were personnel as opposed to professional.
- There remained insufficient information to enable us to understand and be assured about safety because risk assessments had not been carried out or were not reflective of practice. For example, we found no legionella risk assessment had been conducted and there were incomplete records relating to health and safety risks and business continuity arrangements.
- There was no evidence that members of the clinical team had received appropriate basic life support training. There was no defibrillator available to staff at the practice or a child mask for administering oxygen.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

Summary of findings

- The practice continued to not assess or monitor adherence to the National Institute for Health and Care Excellence (NICE).
- The practice had poor clinical outcomes in QOF achieving 60% of the total points available. The local average was 90% and the national average was 95%.
- The practice nurse had not undertaken training in cervical screening since 2011 or conducted an audit to assess the effectiveness of their performance.
- We found the provider still had no two cycle clinical audits to inform improvement in the quality and safety of services or other quality improvement processes in place.
- We found some clinical records were poor, lacking details of examinations and rationales for decisions.

Patient care plans were absent as previously found. No care plans in place for patients identified on the practice admission avoidance register. The practice had also not maintained or reviewed the care of their palliative patients including preferred places of care.

- The earlier inspection found limited engagement with other health and social care providers. This had not been address and we found the practice did not hold multidisciplinary meetings.
- Previously concerns were raised with the absence of consent being recorded on child immunisation records. We found no evidence of a formal induction for staff or the staff receiving training on consent or the Mental Capacity Act 2005. The practice nurse did not understand and was unable to demonstrate how the legislation applied to their role and responsibilities.
- The practice continued to no promote health screening programmes. They had low uptake for the national screening programmes for cervical screening and breast and bowel cancer.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services.

- We received 35 comment cards from patients who use the service. They were positive in relation to the commitment and politeness of staff.
- The National GP Patient Survey, published in January 2016 showed patients reported below or comparable levels of satisfaction with the way they were treated by the GPs.
- The practice had still not identified or supported carers by providing them information on services available to them. For example, inviting carers for flu vaccinations.

Summary of findings

Are services responsive to people's needs?

Requires improvement

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

- The practice operated extended hours on a Tuesday and Thursday. However, patients reported difficulty in accessing an appointment with the practice nurse who worked one day a week, normally a Friday.
- The practice had introduced two protected appointments for patients who had attended A&E but deemed able to be seen by their GP.
- The practice had online booking and released two online appointments a day, enabling patients to book them a week ahead.
- The practice had no assisted entry for patients with limited mobility or means of notifying staff that the patient may require assistance.
- Patients reported difficulties obtaining contraception. We found two GPs would not prescribe contraception to patients due to their beliefs. There was no policy advising patients of this and reviews conducted to ensure patients were able to access timely and appropriate care.
- Patients did not report difficulties getting through to the practice on the phone. However patients reported lower levels of satisfaction than local and national averages with the practice opening hours.
- Complaints management remained poor as previously found during the earlier inspection in September 2015. The practice did not have an effective system in place for handling complaints. They were acknowledged in a timely manner, but not answered fully it was unclear the outcome of the complaint.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services.

- The practice had a vision to deliver high quality care, but we saw no evidence to support this. They also had introduced a business plan but it lacked details of how and when they would achieve their objectives.
- There was poor governance of the practice. The practice had tried to improve their clinical performance but this remained poor.
- There was a lack of understanding of complaints and significant events. The risks were not identified or mitigated to prevent reoccurrences.
- The practice staff spoke highly of the practice manager and lead GP. Practice meetings had been introduced but were in

their infancy and were not minuted to show discussions held and decisions made. We found the meetings and management arrangements remained disjointed and there was a lack of clinical oversight to ensure tasks were fulfilled.

- Previously we found the practice listened to feedback from staff and patients and openly discussed their challenges with both. However, areas for improvement remained unresolved despite action plan and discussions. On our return the Patient Participation Group spoke highly of the practice manager. However, they were unsure of their role in the absence of terms of reference. They were unable to provide examples of where the practice had engaged with them asking, listening and responding to feedback.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate overall and inadequate for providing safe, effective, caring, and well-led services. The service was found to require improvement for responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice conducted home visits to older people who required them and were unable to visit the practice.
- The practice continued to have had no care plans in place for their patients as highlighted in the September inspection report.
- The practice had not held multidisciplinary meetings to review and coordinate care for patients.
- The practice did not identify or support carers an earlier failing of the service.

People with long term conditions

Inadequate

The provider was rated as inadequate overall and inadequate for providing safe, effective, caring, and well-led services. The service was found to require improvement for responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice had below the local and national averages from their management of patients with long term conditions.
- There was poor monitoring of diabetes sugar levels achieving only 49% in comparison with the local average of 72% and the national average of 76%.
- The practice had below the local and national levels of reviews for patients with Chronic Obstructive Pulmonary Disease.
- The practice had poor monitoring of hypertension achieving 66% in comparison with the local and national average of 84%.
- We found patients receiving high risk medicines had not been appropriately reviewed.
- Patient safety alerts continued to not been appropriately actioned to ensure the risks presented to patients were managed.

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate overall and inadequate for providing safe, effective, caring, and well-led services. The service was found to require improvement for responsive. The issues identified as inadequate overall affected all patients including this population group.

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Two of the practices GPs would not prescribe contraceptives to patients. There was no policy in place advising patients of this and ensuring they were able to access timely and appropriate family planning services.
- Patients reported difficulties obtaining appointments with the practice nurse. The practice nurses hours had reduced since our earlier inspection. The practice nurse worked one day a week normally Friday and conducted immunisations and cervical screenings.
- The practice did not follow up on children who failed to attend appointments.
- The practice had low cervical screening rates for women 25-64years of age achieving 67% as opposed to the local average 73% and the national average of 74%. These had declined on the previous year's rates.
- A member of the clinical team had not undertaken appropriate safeguarding training.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate overall and inadequate for providing safe, effective, caring, and well-led services. The service was found to require improvement for responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice operated extended hours Tuesday and Thursday.
- There was a low uptake for health screenings. This was not followed up on by the practice.
- The practice uptake for screening women 50-70 years for breast cancer in the last 36 months was 50% below the local average 64% and the national average 72%.
- The practice uptake for screening persons aged 60-69years of age for bowel cancer within 6 months of their invitation was below the local and national average achieving only 35%.
- The practice nurse had reduced their hours and worked one day a week providing immunisations on a Friday.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate overall and inadequate for providing safe, effective, caring, and well-led services. The service was found to require improvement for responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice did not hold a register of patients living in vulnerable circumstances.
- The practice did not follow up on the nonattendance of vulnerable patients for appointments.
- The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.
- A GP was found to not have completed appropriate safeguarding training highlighted in their previous inspection.
- The practice did not maintain and review their palliative care register.
- The practice did not identify or support carers providing them with access to services.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate overall and inadequate for providing safe, effective, caring, and well-led services. The service was found to require improvement for responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice made referrals to counselling therapies provided at the practice.
- The practice had below local and national outcomes for people with poor mental health.
- Only 28% of patients with poor mental health had care plans within their patient records compared with the local average of 87% and the national average 88%.
- The practice had no care plans in place including those for patients with dementia or at risk of admission to hospital.
- The practice had conducted face to face reviews with 50% of their patients diagnosed with dementia in comparison with the local average of 82% and the national average 84%.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with or below local and national averages. 345 survey forms were distributed and 108 were returned. This represented a response rate of 31% lower than the national average response rate of 38%.

- 77% of respondents found it easy to get through to this practice by phone. This was above the local and national averages. The local average was 71% and the national average of 73%.
- 86% of respondents say the last appointment they got was convenient. This was below the local average of 90% and the national average 92%.
- The practice performance was comparable with others in their CCG for patients rating their overall experience of the surgery as good. The practice achieved 81%. The local average was 82% and the national 85%.
- 62% of respondents said they would recommend this GP practice to someone who has just moved to the local area. This is below the local average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were positive about staff being polite, friendly and engaging.

We spoke with seven (including three members of the Patient Participation Group) patients during the inspection. All seven patients spoke of the lead GP's commitment to their patients and the politeness of staff. They told us they were treated with respect and dignity and said they were able to get convenient appointments.

Areas for improvement

Action the service MUST take to improve

- Ensure the assessment and mitigation of risks. This includes the recording and investigation of significant incidents, management of patient safety alerts, the checking of medical equipment to ensure they are in date, the management of infection prevention control, health and safety risk assessment of the premises and equipment (including absence of access to emergency lifesaving equipment), legionella risk assessment and risks if there is disruption to services.
- Ensure the proper and safe management of medicines, so patients receive timely and appropriate medicine reviews and checks.
- Ensure patients receive care and treatment appropriate for their needs, in accordance with NICE and reflecting their preferences such as end of life care decisions.
- Ensure staff are trained and understand consent and Mental Capacity Act 2005, including how this relates to their role and responsibilities.
- Ensure staff receive appropriate training (including in safeguarding, basic life support and infection prevention control) to perform their roles and responsibilities.
- Establish an effective and accessible complaints system.
- Ensure patient records are accurate, complete and a contemporaneous record.
- Ensure clinical oversight, assessing, monitoring and improving the quality and safety of services such as through clinical audits and the experiences of service users (PPG).
- Identify the patients who are carers, keep records and provide appropriate support and guidance.
- Ensure improved clinical performance in QOF and national screening programmes.
- Ensure personal beliefs of clinical staff do not delay patients receiving timely and appropriate care (e.g. access to contraceptive services).

Summary of findings

- Ensure the defibrillator is working and accessible to staff and there is an oxygen mask available for children.

Action the service SHOULD take to improve

- Follow up on children and vulnerable adults who fail to attend appointments.
- Support the practice nurse with revalidation.
- Ensure multidisciplinary working especially in the review and management of care plans for vulnerable patients.
- Ensure arrangements exist to assisted entry for patients to the premises with mobility issues, where required.
- Ensure appropriate references are obtained for new staff to the practice.

Dr Sankar Bhattacharjee

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 CQC GP specialist adviser and a CQC practice manager specialist adviser.

Background to Dr Sankar Bhattacharjee

The practice is located in a residential street in Westcliff-On-Sea, near Southend, Essex. The practice serves a wide patient population with a high percentage of young people and those of working age. There is a high proportion of temporary social housing resulting in a transient population which translates into a high patient turnover for the practice. The practice also provides care to a growing aging population and conducts weekly visits to three local care homes for patients with limited mobility and high dependency needs.

The practice patient population on the day of our inspection was 3550 patients. The practice serves a deprived community, with higher representation of deprived children and older people than the local and national averages. The practice also has a lower life expectancy than the local and national averages for men.

The practice has one full time male GP and two additional GPs, one male locum GP and one female salaried GP. The lead GP provides eight clinical sessions a week, the locum three sessions and the female salaried two GP sessions. The female practice nurse works one day a week normally a Friday. The healthcare assistant works half days, Monday and Thursday providing phlebotomy services.

The practice is open between 8am and 6.30pm on Monday to Friday. The practice operates extended hours on Tuesday and Friday evenings until 8pm. The practice is open half day every Thursday 8am until 1pm for appointments but staff are on the premises until 6.30pm managing enquiries.

Appointments are available from 8.30am to 11am Monday to Friday. Phone consultations are held from 4pm to 4.45pm and evening surgery is held between 4.45pm to 6.30pm on Monday and Wednesday. On Tuesday and Friday evening consultations are from 4.45pm to 7.20pm. Appointments could be booked 2 months in advanced.

The practice holds a general medical services contract and has opted out of providing out-of-hours services to their patients. The practice told us the CCG arranges their out of hour's provision and they advise patients to call the 111 service or attend the walk in centre.

The practice was first inspected on 18 November 2014. The practice attracted an overall rating of requires improvement and was assessed as inadequate in safe, requires improvement in effective, responsive and well led. It was rated as good for caring. Amongst the areas highlighted for improvement were the practices arrangements for identifying, recording and managing risks, their management of complaints, significant incidents and staff recruitment. The practice was also required to assess and monitor the quality of services and ensure effective systems were in place to assess the risk of and prevent, detect and control the spread of health care associated infections.

A follow up inspection was conducted on 30 September 2015. The practice attracted an overall rating of inadequate and was assessed as inadequate in safe, effective and well

Detailed findings

lead and requires improvement in caring and responsive. Conditions were also placed on the practice where areas of risk were identified and the practice was placed into special measures.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

- Spoke with a range of staff (practice manager, reception staff and GPs) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There remained an ineffective system in place for reporting and recording significant events. The practice had a policy for serious incidents but this was broad and provided little practice guidance to the staff on their identification of clinically significant events and the management of them. We spoke to staff and found they were not confident in identifying events despite training being provided during a time to learn session in March 2016. The practice had failed to appropriately identify all significant incidents, investigate them, analyse them, identify lessons and share learning with staff to prevent a reoccurrence. For example; a patient receiving end of life care complained regarding a lack of responsiveness by the practice to meet their clinical needs. This was not acknowledged as clinically significant, lessons were not learnt and practices not changed. The practice received a similar complaint within four months alleging the same failings that may have been prevented.

We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. Previously we found their system to be ineffective and patients had continued to be prescribed medicines contrary to guidance. The practice told us they had revised their system following the inspection and now both the lead GP and the practice manager stated they received the alerts and distributed them amongst the clinical team. We found no evidence to support that this occurred, or that searches were run on their patient record system to identify patients who may be adversely affected.

We checked patient records to see if a recent MHRA alert has been appropriately actioned. The alert related to medicine used for treating ADHD a medical condition in children and adults. The lead GP stated the practice had only one patient on the medicine and they were not affected. We checked their patient record system and found two patients being prescribed the medicine. We found no evidence of the practice actioning the alert, such as searching their patient records, entries on their records or the patients being asked to return the medicine to the pharmacy as was recommended.

Overview of safety systems and processes

The practice had an absence of clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example;

- We found the practice still had insufficient arrangements in place to safeguard children and vulnerable adults from abuse reflecting relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP led on safeguarding and told us they provided reports where necessary for other agencies. We found, as before an absence of evidence to show the salaried GP had received appropriate safeguarding training and the practice nurse had not undertaken update training for child safeguarding level 3. The practice did not have a system in place to follow up on children and vulnerable adults who had failed to attend appointments.
- The practice had introduced notices in the waiting room advised patients that chaperones were available if required following our last inspection. All staff who acted as chaperones were now trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice appeared clean and tidy. The lead GP was the infection control clinical lead. There was an infection control policy and procedure in place and an infection control audit had been commissioned from an independent company and conducted on 29 October 2015. The report found eight areas of non-compliance such as such knowing how to manage spillage of bodily fluids, annual hand hygiene, and the need for clear outlines of staff responsibilities for cleaning dedicated areas/equipment. However, as before the practice had had not fully responded to all risks identified. They had produced an action plan but this only responded to three action points; yearly hand hygiene training, cleaning of the key boards, paddle bins in the toilets. These actions had been assigned to staff and stated as completed but no dates entered.
- There remained insufficient arrangements for managing medicines, including emergency medicines and

vaccines, in the practice to ensure patients were kept safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Previously we found inappropriate storage of medicines with temperatures exceeding recommended levels. This had been addressed. However, processes were not in place for the safe handling of repeat prescriptions which included the review of high risk medicines. We reviewed eight patient records for patients on a high risk medicine, Methorexate. Of the eight patients only one had received blood monitoring within three months as recommended by guidance. We checked to see if patient blood tests had been taken at the hospital but there were no entries. We also found unsafe prescribing of high risk medicines in larger quantities and for a longer period than recommended. This was contrary to their prescribing policy. There were also insufficient effective systems in place to alert the GP of prescribing risks prior to a repeat prescription being generated and authorised.

- The practice nurse provided immunisations and Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We found medical supplies had not been appropriately monitored to ensure they were safe and in date. For example, we found the histology specimen pots had been mis-labelled and had expired in February 2014.
- We reviewed 12 personnel files for clinical and non-clinical staff. We found an improvement with all recruitment checks having been appropriately undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, some of the administrative staff references were personal as opposed to professional references.

Monitoring risks to patients

- The practice had a health and safety action plan undated and not endorsed by the provider.

They had identified four action points; three remained outstanding relating to slips and trips, staff safety and fire hazards. These were due to be completed between August and December 2016.

- All available electrical equipment had been checked in June 2016 to ensure the equipment was safe to use.
- Clinical equipment had been checked to ensure it was working properly in October 2015.
- Fire safety had improved since the earlier inspection. The practice had commissioned an independent fire risk assessment. Staff had received fire safety awareness training and the practice maintained records of their fire safety tests.
- We reviewed the practice legionella policy dated April 2015. We found that a legionella risk assessment had not been conducted despite being highlighted in our previous report. It was also detailed in the practice policy as a legal requirement to identify and assess sources of risk. However, the practice had a legionella testing certificate dated December 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff. There was a rota system in place for all the different staffing groups but this only facilitated the attendance of a practice nurse once a week, on a Friday to perform immunisations an cervical screening.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff with the exception of locum practice nurse/ locum GP had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator but it was not readily available to staff. The practice had removed it as the equipment pads were due to expire and they had not ordered replacements. They had not assessed the risks to patients from the practice not maintaining the equipment so it was accessible in an emergency.
- There was oxygen available with an adult but no children's mask. These had not been replaced despite our previous findings where we had found a child mask unsuitable for use. There was a first aid kit available for use.

Inadequate

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, some of the needles used for administering the medicines had expired in 2014. This presented a risk to patients as they may no longer be sterile.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage amended February 2016. The plan included the prioritisation of key actions for staff and emergency contact numbers for services. However, the document was incomplete and lacked details as highlighted before during our September 2015 inspection. Whilst hazards to the business had been identified they had not been rated or mitigation strategies listed.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not assess the needs of patients and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice told us they shared guidelines amongst their clinical team but we found as before, no evidence to support this. We found no audits or random sample checks of patient records were conducted to show adherence.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results published 2014/2015 showed the practice achieved 60% of the total number of points available. This was below the local average of 90% and the national average of 95%. However, the practice had low exception reporting at 7.7% below the local average by 0.8% and the national average by 1.5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This was lower than the previous QOF year where the practice achieved 83.5%.

This practice was an outlier for higher levels of prescribing antibiotics than local or national averages. We spoke to the lead GP who told us that this was due to the prescribing behaviour of the salaried and locum GP. However, there was no analytic data to support this conclusion. We reviewed two patients who had been prescribed the antibiotics contrary to NICE guidance by the lead GP. We found an absence of narrative to support the clinical decision. This placed the patients at risk of lowering their immunity and exposing them to potential risk of infection.

2014/2015 QOF data showed the practice had below the local and national average for their management of chronic diseases such as diabetes, asthma or COPD. For example;

- The practice had 49% of their patients with diabetes, on the register in had lower levels of blood sugar in the preceding 12 months. The local average was 72% and the national 76%.
- The practice had below the local and national averages for their diabetic patients with low cholesterol achieving 56% in comparison to 76% and national average 81%.
- The practice had also conducted influenza immunisations for 65% of their patients with diabetes, below the local average of 90% and the national average 94%.
- The practice had conducted 51% of their foot examinations for their diabetic patients within the 12 month period. The local average was 83% and the national average 88%.
- The percentage of patients with hypertension having regular blood pressure tests was low. They achieved 66% in comparison with the local average of 81% and the national average of 84%.
- The practice had poor performance for their management of asthmatic patients. They had reviewed 48% of their asthmatic patients within the past 12 months. The local and national average was 75%.
- The practice was below the local and national averages for their reviews of patients with Chronic Obstructive Pulmonary Disease (COPD). They achieved 34% in comparison with the local average of 88% and the national average of 90%.

The practice had below the local and national averages for their management of patients with poor mental health. For example;

- The practice had comprehensive and agreed care plans documented in their record for only 28% of their patients with schizophrenia, bipolar affective disorder and other psychoses. The local average was 87% and the national average 88%.
- The practice had lower than the local and national average for the percentage of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 50% in comparison with the local average of 82% and the national average of 84%.
- The practice had recorded 50% of their patient with schizophrenia, bipolar affective disorder and other psychoses alcohol consumption. The local average was 89% and national average was 90%.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice had recorded 89% of their patients with physical and/or mental health conditions smoking status in the preceding 12 months. Again this was below the local average of 96% and the national average 94%.

Patients had reported difficulties obtaining contraception from their GPs. We checked the prescribing records for the practice. The practice had high exception reporting for contraception (29%). This is above the local average of 3% and the England average 3%. The practice explained that two of their GPs did not prescribe contraception due to their beliefs. Patients were invited to make alternative appointments with the lead GP or attend family planning clinics. The practice had no policy acknowledging the beliefs of their staff and ensuring this did not prejudice patients receiving timely and appropriate care. We checked three patient files where emergency contraception had been prescribed and found patients had to schedule repeat appointments due to the clinician declining to prescribe contraception. We found no evidence of narrative or coding to show appropriate sexual health advice and family planning had been provided.

The practice had high accident and emergency admissions for ambulatory care sensitive conditions (15.6 per 1,000 of the population). They were higher than the local (14.34) and national average of 14.6 per 1,000 of the population. Ambulatory care sensitive conditions are those which it is possible to prevent and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they did not review their accident and emergency attendance to identify frequent attenders and review their care to reduce their prevalence.

In September 2015 we found non clinical staff to be inappropriately summarising patient records. This practice had been discontinued. We also found only single cycle audits. This had not been addressed and the practice was unable to provide evidence of quality improvement including two clinical cycle audits. This was confirmed with the lead GP.

Effective staffing

Improvements had been made to the training and development of staff. However, only some staff had the skills, knowledge and experience to deliver effective care and treatment.

- No new staff had been appointed since our previous inspection in September 2015. We found no evidence of a formal induction for staff despite this being highlighted in our earlier inspection. However, staff told us they had been supported by the practice on their appointment and told about topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ensured some role-specific training and updating for relevant staff. For example, for staff administering vaccines. However, the practice nurse had not undertaken update training in cervical screening since 2011 and the practice had not audited their performance to demonstrate effective screening. The practice nurse had also had no evidence of infection control training on their personnel file.
- Some of the learning needs of staff were identified through a system of appraisals, meetings. The Administrative staff had received appropriate training and told us they received daily support from one another and the practice manager. However, we found no evidence of the practice nurse being supported with their revalidation.
- Some staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of e-learning training modules.

Coordinating patient care and information sharing

We checked patient records to determine if the information needed to plan and deliver care and treatment was available to relevant staff. We found some clinical records were poor, lacking details of examinations and rationales for clinical decisions such as prescribing.

We checked the practice palliative care register. They had identified three patients. However, a check of their patient records showed that one patient had no active clinical condition to warrant their inclusion. We reviewed the care of two other patients who should have been listed as palliative care but were not, they had terminal cancer.

Inadequate

Are services effective?

(for example, treatment is effective)

Neither patient had their care reviewed within 14 days. They did not have an end of life care plan, including preferred place of care or evidence of discussions relating to their wish to be resuscitated.

The practice told us they had recently reintroduced multidisciplinary meetings. We reviewed the meeting minutes from June 2016 showing the attendance of partner health services such as the district nurse. However, the discussion related to general working protocols and procedures. No patients were discussed, or care plans reviewed or actions allocated.

All clinicians spoken to confirm the practice had no care plans in place for any of their patients including the coordination of care with out of hour's services.

Consent to care and treatment

In September 2015 we found patient consent was not always sought in line with legislation and guidance for immunisations and surgical inventions. Staff lacked an understanding of relevant consent. We found no evidence that this had been addressed. Staff had not received training in consent or the Mental Capacity Act 2005. The practice nurse had little understanding of how it affected her role and responsibilities.

We found the GPs were not recording discussions with patients relating to end of life preferences such as their wish to not be resuscitated. The practice did not monitor the seeking of consent.

Supporting patients to live healthier lives

The practice identified some patients who may be in need of extra support. For example: patient who required counselling support services may be referred to an onsite counsellor through Therapy for You.

The practice had a lower than local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. However, data from the National Cancer Intelligence Network showed the practice had inconsistent performance in comparison with local and national rates of screening for their patients in some areas. For example;

- The practice's uptake for the cervical screening programme for 25- 64year old women within their target assessment period was low achieving 67%, as oppose to the local average 73% and the national average of 74%. This was lower than the previous year.
- The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 50% below the local average 64% and the national average 72%. Their screening rates for women within the same age band for attendance within six months of their invitation were also low. The practice achieved 52% below the local average of 69% and the national average of 73%.
- The practice uptake for screening persons aged 60-69 years of age for bowel cancer within 6months of their invitation was below the local and national average achieving 35% as opposed to the local average 49% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 85% to 93%.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found members of staff were polite to patients and treated them with dignity and respect. There were curtains provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. All consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be easily overheard. The reception staff knew the patients and recognised and responded appropriately when a patient wanted to discuss sensitive issues. They were able to offer them a private room to discuss their needs.

The 35 patient Care Quality Commission comment cards received were positive about the service. Patients told us the reception staff were polite, helpful and supportive. The staff listened to patients and responded to their concerns.

We spoke with three members of the patient participation group (PPG). They also told us they valued the practice and spoke highly of the treatment they had received personally from the clinical team. They stated the reception team were highly committed and approachable.

Results from the national GP patient survey, published in July 2016 showed patients reported comparable or below average levels of satisfaction with the way they were treated by the GPs, the practice nursing team and the reception staff. For example:

- 79% of respondents said the GP was good at listening to them compared to the local average of 84% and the national average of 89%.
- 81% of respondents said the GP gave them enough time compared to the local average of 82% and the national average of 87%.
- 85% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 92% and the national average of 95%.
- 81% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average of 80% and the national average of 85%.
- 84% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 90% and the national average of 91%.
- 80% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey, published July 2016 showed patients reported receiving a comparable or below average response to being involved in planning and making decisions about their care and treatment. For example:

- 77% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local average of 81% and the national average of 86%.
- 78% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 76% and the national average of 82%.
- 87% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care: Staff told us that translation services were available for patients who did not have English as a first language. However, despite the practice providing care to a large Asian and Polish community we found no notices advertising the translation service.

The practice confirmed they had continued to participate in the admission avoidance programme to reduce the attendance of patients at hospitals. We looked at four patient records for those identified as being on the programme. We found that each of the patient records had had been endorsed that care plans had been conducted. However, none of the records contained any documentation that would be considered a care plan and could be shared with other services to coordinate care.

Patient and carer support to cope emotionally with care and treatment

A member of the reception team told us they knew their patients and provided a personalised service to ensure

Inadequate

Are services caring?

they met their needs. For example, for patients with hearing impairments they would write to them confirming appointments and hand deliver correspondence to ensure they received it in a timely manner.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

We asked the practice manager how they identified and responded to the needs of carers. The practice told us they did not identify carers at initial registration checks or during consultations. They did not know how many of their patients were carers and did not provide information to their patients on the various avenues of support available to them. This was despite it being highlighted as an area for improvement in their earlier report.

Staff told us that if families had suffered bereavement, their usual GP contacted them and gave them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice operated extended hours surgery two days a week Tuesday and Friday until 7.20pm
- The practice told us they provided longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Baby changing facilities were available in the patient toilet.
- The practice had lowered their reception desk to enable them to speak to patients in wheelchairs.
- The practice had two protected appointments for patients who had attended A&E but deemed able to be seen by their GP
- The practice had introduced online booking and released two online appointments a day, enabling patients to book them a week ahead.
- The practice had a website informing patients of their services
- The healthcare assistant worked half days Monday and Thursday providing phlebotomy services.

However, we also found the practice had no hearing loop for patients with hearing impairments and translation services were not advertised. There remained no assisted door entry or means of notifying staff that a patient may require assistance to enter the premises via the multiple doors, if they experienced issues with mobility.

Access to the service

The practice was open between 8am and 6.30pm on Monday to Friday. The practice operated extended hours on Tuesday and Friday evenings until 8pm. The practice was open half day every Thursday 8am until 1pm for appointments but staff are on the premises until 6.30pm managing enquiries. When the practice was closed the patients were referred to out of hours services.

Appointments were available from 8.30am to 11am Monday to Friday. Phone consultations were held from 4pm to 4.45pm and evening surgery was held between 4.45pm to 6.30pm on Monday and Wednesday. On Tuesday and Friday evening consultations were from 4.45pm to 7.20pm. Appointments could be booked 2 months in advance.

People told us on the day of the inspection that they were able to get appointments with the GPs when they needed them. However, they experienced delays with nurse appointments. We checked for the next available routine appointments with the clinical team. The next routine appointments available with the GPs and practice nurse were within two days.

Results from the national GP patient survey, published in July 2016 showed that patient's reported comparable or low levels of satisfaction with how they could access care and treatment example, 66% of respondents were satisfied with the practice's opening hours compared to the local average 74% and the national average of 78%. Although they did find it easy to get through to the practice on the phone. 77% of responded reported this in comparison with the local average of 71% and the national average of 73%.

The practice told us they had high non-attendance by patients for appointments. Since January 2016 to May 2016 the practice had between 55 to 81 missed appointments a month. Over 12 months they had lost 125 hours of clinical time. The practice still had not interrogated the data to determine whether there was a pattern to non-attendance and if it was more prevalent for a member of the clinical team. They were intending to introduce text reminders to patients and hoped this would reduce the prevalence but to date no action had been taken.

Listening and learning from concerns and complaints

Improvements had been made to the practice complaints policy, which was now in line with recognised guidance and contractual obligations for GPs in England. It made reference to advocacy services and the right to appeal the practice outcome of their investigation or procedure, if dissatisfied.

However, the practices systems were not established or effective for handling complaints and concerns. We found no complaints leaflets available within the waiting area or notices informing patients how they may make a

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

complaint. We spoke to members of the reception team who referred to providing verbal guidance to patients on their procedure and a complaints form for the patient to complete.

We saw that the practice manager was responsible for handling all complaints in the practice. We found seven complaints had been recorded within the past 12 months. These related to; staff conduct, clinical diagnosis, breach of patient confidentiality, delays in clinical referrals and failure to prescribe medication. We checked three complaints. We found all had been acknowledged within the set time frame. However, all aspects of the complaint had not been answered. The letter was poorly written and it was unclear the outcome of the complaint and learning. Apologises were given the complainants, but none of the complaint responses included reference to how a complainant may appeal the outcome to the Parliamentary and Health Service Ombudsman

The practice had conducted an audit on their complaints from January 2016 to July 2016. It identified six complaints had been received in the six month period. Four administrative issues and two clinical. However the audit did not detail what the administrative and clinical concerns were. It did not identify trends amongst complaints or prevalence of complaints relating to staff members. No learning was identified or evidence of sharing amongst the practice team. This had been a criticism within the earlier inspection report.

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

In September 2015 the practice was inspected and found to be inadequate in four of the five domains, safe, effective, responsive and well led and requires improvement in caring. Despite being placed in special measures and supported by NHS England and having over six months to address the issues the provider was assessed as inadequate in the same domains.

The practice had developed a vision to deliver the highest level of medical care to the population of Westcliff-on-sea, in modern premises. It intended to deliver health care in a flexible and innovative way to meet patient choice and to reflect changing political and economic circumstances. They also wished to provide a rewarding place to work in a supportive team and a healthy work / life balance for those who work at Westborough Road Health Centre.

We reviewed the practice business plan and found it lacked details of how and when they would achieve their objectives, for example; through funding streams, advertising for positions and the appointment and skills of staff. The practice had produced improvement plans to address areas for organisational improvements outlined in earlier inspections and were monitoring compliance against them. However, issues remained outstanding and had not been actively progressed, with staff appearing overwhelmed by the extent of the task.

Governance arrangements

Previously, inspections of the service had found improvements were required in the governance arrangements of the practice. We found these remained poor and were unable to ensure the delivery of safe good quality care. The lead GP had retained responsibility for all clinical governance in addition to fulfilling full time clinical responsibilities. The practice manager and administrative team tried to support the clinical team inviting patients to attend for reviews. However, there was little evidence this was being acted upon sufficiently by the clinical team.

The clinical performance of the practice remained poor in comparison with local and national averages. We found no clinical and few administrative audits used to monitor quality and make improvement. The practice had failed to sufficiently address issues highlighted from earlier inspections and to appreciate the significance of them in ensuring patient safety. For example, the safe and appropriate prescribing of medicines, reviewing patient care in response to medical alerts and ensuring the most vulnerable patients have care plans in place and that these are shared with other care providers.

At the most recent inspection we found that the governance system was not identifying or mitigating the risks to patients and staff and it was ineffective. In particular the practice were not managing patient safety and medicines alerts, children and vulnerable adults were at risk due to the safeguarding arrangements in place, infection control procedures required strengthening, reviews of patient medicines were not being undertaken in line with guidance, health and safety risk assessments had not been completed, staff were not sufficiently trained to handle medical emergencies, performance against local and national averages for patient care in relation to QOF was consistently low and patient records had been poorly completed in relation to diagnosis and the care and treatment received.

Leadership and culture

We found some improvements had been made in areas of the practice. The staff remained committed to supporting the practice to achieve compliance. However, the practice lacked sufficient leadership and understanding of the issues to ensure safe and high quality care was provided to patients.

The provider had tried to introduce systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We found the practice had responded to concerns and complaints. However, the staff lacked training and understanding to recognise the importance and implications of them, and the skills to investigate and action them appropriately to mitigate the risk of a reoccurrence. They had apologised where appropriate and tried to improve practices and processes.

There was a hierarchal structure in place and staff felt supported by the practice manager. The practice had introduced practice meetings to improve the monitoring of systems and performance. But, this did not resolve difficulties with the amount of work required and limited resources and knowledge of staff to achieve this.

Are services well-led?

Inadequate

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

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

- The practice staff spoke highly of the practice manager. They recognised her commitment and felt they were valued and listened to. They jointly owned responsibilities and told us how they worked as a team to improve services and the performance of the practice. For example, to encourage patients to attend medication reviews and QOF appointments. However, this was not acknowledged by the clinical team who failed to work as a team, reporting back to the practice manager or administrative staff on their progress. Intentions of staff were good but lacked coordination.
- The lead GP and the practice manager encouraged patients to join their patient participation group (PPG). We met with three members of the PPG all were committed to helping the practice achieve compliance and continue providing care to the community. The group met bimonthly, they considered it to be in its infancy and they had no terms of reference. They had held a public meeting to encourage membership in June 2016. We asked them how they had supported the practice to achieve compliance. They stated they believed their role was as critical friends but were uncomfortable challenging the practice management regarding performance or business proposals as they were unsure if that was appropriate. The PPG had not been informed by the practice of the outcome of the previous CQC inspection prior to publication of the report. The PPG members were also unable to provide examples of where the practice had asked for their assistance or listened and responded to their feedback.