

North Laine Medical Centre

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?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous rating July 2015 – good with requires improvement in Safe. July 2016 – Safe rated good at follow up inspection)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

On 31 July we conducted an unannounced inspection in response to concerns we had received relating to the management of medicines at the practice, including high risk medicines, and whether all patients had appropriate monitoring and review prior to prescribing. Due to these concerns, and evidence found at that inspection, we continued our comprehensive inspection on 14 August 2018, which was announced. The review of the concerns is incorporated into the findings in this report.

At this inspection we found:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example, the processes to safeguard children and vulnerable adults from abuse, the systems for monitoring patient health in relation to the use of medicines, and the management and storage of medicines.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice did not demonstrate that significant events, complaints and safety alerts were always thoroughly recorded, analysed and appropriately stored, or that learning was shared effectively with staff.
- Risks to patients, staff and visitors to the practice were not always assessed or well managed. This included; the systems to manage infection prevention and control (IPC) and comprehensive risk assessments being carried out in relation to safety issues.
- We found that practice policies and procedures were not all routinely reviewed or contained up to date information.

- The practice provided several additional services, including a specialist service for patients diagnosed HIV (human immunodeficiency virus) and delivering new models of care for patients with serious mental health issues.
- We saw examples of comprehensive records that demonstrated positive clinical outcomes.
- There was a leadership structure and most staff felt supported. However, this was not always by the management team. All staff spoke positively about working at the practice.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

- Review the premises and facilities provided and ensure all reasonable adjustments are made, including that all patients can raise an emergency alarm if they require assistance.
- Strengthen the processes to archive documentation of authorisations (patient group directions) to administer medicines.

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.

Overall summary

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within 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	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a Pharmacist Specialist and a second CQC Inspector.

Background to North Laine Medical Centre

North Laine Medical Centre, located in central Brighton, provides general medical services to approximately 4,170 patients. Services are provided from North Laine Medical Centre, 12-14 Gloucester Street, Brighton, East Sussex, BN1 4EW.

There are three GP partners and one salaried GP (two male, two female), one practice nurse and one health care assistant. GPs and nurses are supported by a practice manager and a team of reception/administration staff.

North Laine Medical Centre had been working closely with their sister practice, St Peter's Medical Centre, since 2016. This included sharing staff resources when required.

Data available to the Care Quality Commission (CQC) shows the practice population has a higher number of patients in paid work or full-time education, when compared with the average for England. The number of patients from birth to 18 years old served by the practice is slightly below the England average. The number of

patients aged 85 years and over is below the England average. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than the average for England.

North Laine Medical Centre is open from Monday to Friday between 8:30am and 6pm. The practice is closed between 1pm and 2:30pm when telephones are accessible for emergencies but not routine calls.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website .

The practice offers a number of services for its patients including; asthma clinics, child immunisation clinics, chronic disease management, smoking cessation, health checks and travel vaccines and advice.

North Laine Medical Centre is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services.

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The practice had some systems to safeguard children and vulnerable adults from abuse, but these systems and processes were not established and operating effectively.
- The practice could not demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Infection prevention and control (IPC) was not always well managed.
- The practice did not always assess, monitor and manage risks to patient safety.
- The practice did not always have reliable systems for managing and storing medicines, including vaccines and emergency medicines, that minimised risks.
- The practice could not demonstrate that they always learned and made improvements when things went wrong.

Safety systems and processes

The practice did not always have clear systems to keep people safe and safeguarded from abuse.

- The practice had some systems to safeguard children and vulnerable adults from abuse, but these systems and processes were not established and operating effectively. We found that the GP safeguarding lead role was not always covered effectively, and information shared by other agencies was not always adequately stored on the practice system. Although the practice had adult and child safeguarding policies, they had last been reviewed in 2016 and did not contain up to date information. It was not clear whether staff received up-to-date safeguarding and safety training appropriate to their role. Staff knew how to identify and report concerns. Reports and learning from safeguarding incidents were not always available to staff. The practice did not demonstrate that staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Children and adults at risk were identified on the practice computer system using an alert on their record. However, the practice could not demonstrate that alerts were always placed on a patient record appropriately.
- The practice did not have formal multi-disciplinary safeguarding meetings. We saw some evidence that staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We saw examples where staff had referred cases to other agencies appropriately.
- The practice could not demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis, as staff files we checked did not all evidence these had been completed.
- There were some systems to manage infection prevention and control (IPC). Annual infection control audits were undertaken and we saw evidence of the most recent audit. We saw that some actions had been completed to address any improvements identified as a result. However, there were actions outstanding from the audit we saw was completed February 2018. The practice could not demonstrate that training of staff in IPC had been carried out.
- The practice did not always maintain appropriate standards of cleanliness and hygiene. We observed areas of the premises that were not cleaned to an expected standard. Cleaning schedules for the premises were not evidenced and there were no cleaning supplies on site.
- The practice could not demonstrate that the arrangements to ensure that facilities and equipment were safe and in good working order. For example, an up to date fire risk assessment, record of fire drills, or compliance with COSHH regulations (Control of Substances Hazardous to Health Regulations 2002).
- Not all arrangements for managing waste kept people safe. For example, medicines and equipment that were out of date, sharps bins that had not been labelled correctly and large bags of confidential waste in the practice managers office.

Are services safe?

Risks to patients

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

- 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.
- The practice was equipped to deal with medical emergencies.
- The practice could not demonstrate that staff were suitably trained in emergency procedures. Including fire training and basic life support training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results and we saw these were being processed efficiently.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw evidence that clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

Information of concern was received by CQC prior to the inspection. These concerns related to the management of medicines at the practice, including high risk medicines, and whether all patients had appropriate monitoring and review prior to prescribing. During inspection, we found that the practice had acted to address the concerns by reviewing their prescribing processes for hypnotic medicines, and other medicines prone to abuse, during significant event analysis. We saw minutes of a whole practice meeting where it was discussed and action points were agreed. They had implemented changes such as removing patients prescribed these medicines from the online prescribing system and had increased the minimum number of days between prescriptions being authorised, to reduce early requesting. They were also working to reduce the dose with a view to remove patients from such medicines. Although the practice had updated policies and protocols, we found there was a lack of evidence for audits or oversight of the impacts of these changes. We also found that the systems put in place to monitor prescribing some medicines were not sufficient to keep patients safe.

During the inspection, we found the following.

- The practice did not always have reliable systems for managing and storing medicines, including vaccines and emergency medicines, that minimised risks.
- We found that the practice was not always safely storing medicines as we found the refrigerator used to store vaccines was not secure, due to an issue with the locking mechanism, although the room where the refrigerator was situated was kept locked. The practice had one thermometer and appropriate temperature measurements were recorded, however they were unable to demonstrate any calibration to ensure accuracy. We were also told that clinical specimens had been stored in the vaccine refrigerator, which posed a cross contamination risk. Additionally, we found medicines that were not being stored in according to manufacturer advice.

Are services safe?

- We were told by clinical staff that if the practice were unable to purchase stock medicines through their supplier then medicines were obtained by patient prescription. For example, we found patient prescribed medicines in the emergency drugs box. Therefore, the practice could not demonstrate assessments, planning and delivery of care and treatment for patients were always based on accurate patient records, including when information was shared or transferred to other services.
- The practice could not demonstrate that there were effective systems to routinely record, track and monitor blank prescriptions.
- Although Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation, we noted that previous versions of PGDs were not kept and archived.
- Patients' health was monitored in relation to the use of some medicines and followed up on appropriately. However, we found a lack of clinical oversight and monitoring for patients prescribed a blood thinning medicine and those prescribed medicines used to treat anxiety or sleeping problems. We also found patients identified as pre-diabetic did not always receive appropriate health monitoring. We saw patients were involved in reviews of their medicines.

Track record on safety

The practice did not always have a good track record on safety.

- The practice could not demonstrate that comprehensive risk assessments were carried out in relation to safety issues, including for health and safety and a premises risk assessment.
- We visually checked equipment at the practice and fire extinguishers and saw these had recently been checked, tested or calibrated as appropriate.
- The practice could not demonstrate a fire risk assessment or records of fire drills taking place at the practice. The fire marshal role was not always covered.
- The practice did not demonstrate compliance with COSHH regulations (Control of Substances Hazardous to Health Regulations 2002), which could not be shown as having been assessed.
- There was a lack of evidence to demonstrate the practice understood risks and had a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice could not demonstrate that they always 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 was a lack of evidence of adequate systems for reviewing and investigating when things went wrong. We found the practice did not always record that they learned and shared lessons, identified themes and took action to improve safety in the practice. We found that the practice did not keep a log of significant events or the action taken. They were unable to evidence how many significant events had been recorded in the last year, adequate recorded detail of every event, the actions taken and any subsequent learning.
- The practice could not evidence that they always acted on and learned from external safety events as well as patient and medicine safety alerts. We found that the practice did not keep a log of safety alerts or the action taken in response to these.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice, and all of the population groups, as inadequate for providing effective services.

The practice was rated as inadequate for providing effective services because:

- There was a lack of documented clinical pathways and protocols at the practice.
- We found there was conflicting information about the arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There was limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.
- We were not shown evidence that a programme of learning and development for staff was in place, or that their needs always were assessed.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always demonstrate they assessed needs and delivered care and treatment in line with current legislation, standards and guidance as there was a lack of documented clinical pathways and protocols.

- Patients' immediate and ongoing needs were not always 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:

We rated the practice as inadequate for providing effective services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. We saw evidence that 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.

- We saw evidence of timely care plans that met best practice guidelines.
- 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:

We rated the practice as inadequate for providing effective services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met, with the exception of patients on certain high-risk medicines and those who were pre-diabetic. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- We saw evidence that staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. For example, we reviewed a patient record where we saw evidence of positive clinical outcomes for a patient diagnosed with hypertension and high cholesterol.
- The practice could not always demonstrate how it identified patients with commonly undiagnosed conditions. For example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension). We found there was no written protocol for the action to be taken by the health care assistant once a patient with a high blood pressure (hypertension) had been identified.
- Longer appointments and home visits were available when needed.
- The practice's performance on quality indicators for long term conditions was in line with local and England averages.

Are services effective?

Families, children and young people:

We rated the practice as inadequate for providing effective services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice was aware of this. They explained that as they had a lower than average number of young children registered at the practice, they felt each child affected the practice indicator disproportionately. The practice were taking appropriate steps to encourage uptake of child immunisations.
- We found there was conflicting information about the arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. It was not clear who had oversight of such actions as we found that staff were completing tasks in individual teams and were not always aware of each other's actions.

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

We rated the practice as inadequate for providing effective services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- The practice's uptake for cervical screening was 68%, which was in line with the England average of 72% but below the 80% coverage target for the national screening programme. They took appropriate action to encourage uptake of screening. They also described staffing issues that had affected their results for this indicator.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. 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:

We rated the practice as inadequate for providing effective services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- We saw evidence that end of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, 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):

We rated the practice as inadequate for providing effective services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- 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.
- We saw evidence of comprehensive care plans that met best practice guidelines.
- 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.

Monitoring care and treatment

There was limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.

- We found some evidence that clinicians took part in local and national improvement initiatives, such as locally enhanced services in the city

Are services effective?

- There was a lack of documentary evidence to demonstrate that clinical audits were complete and led to quality improvement.

Effective staffing

The practice could not demonstrate that staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role. For example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice could not demonstrate they understood the learning needs of staff and provided protected time and training to meet them. Documentary evidence of up to date records of skills, qualifications and training were not being maintained. Staff were proactive and self-driven to develop.
- Staff told us they were not always provided with ongoing support. There was some evidence of induction programmes for new staff. However, we were not provided with evidence that all staff received one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- The practice approach to supporting and managing staff when their performance was poor or variable was not clear. Staff told us they could raise performance concerns but felt they would not be addressed by management.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment, but this was not always well documented.

- 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.
- We saw evidence that the practice shared information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents.

- 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, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was 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 in line with or above local and England averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- The practice's GP patient survey results were in line with or above local and England 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 (if available) or quiet space to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

The practice was rated as requires improvement for responsive because:

- The processes used to identify and follow up children who were at risk were not clear.
- We could not be assured that lessons were learnt from all concerns, and that complaints were shared appropriately to improve the quality of care. We were not shown evidence of analysis of trends.

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. This included that the practice provided several additional services, including a specialist service for patients diagnosed HIV (human immunodeficiency virus) and delivering new models of care for patients with serious mental health issues.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered. However, we noted there was no emergency assistance alarm within the disabled toilet.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Overall, care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. The practice held regular multi-disciplinary meetings and palliative care meetings.

Older people:

We rated the practice as requires improvement for providing responsive services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice GPs also accommodated home visits for those who had difficulties getting to the practice.
- We saw positive examples of recent medication reviews. We also saw that the practice worked with a pharmacist from the clinical commissioning group, as part of a frailty framework.

People with long-term conditions:

We rated the practice as requires improvement for providing responsive services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- Patients with long-term conditions received an annual review to check their health and medicines needs were being appropriately met, with the exception of patients on certain high-risk medicines and those who were pre-diabetic. We saw examples that multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice attended multi-disciplinary meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

We rated the practice as requires improvement for providing responsive services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- We found the processes used to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances, were not clear. The practice did not evidence minutes of internal or external safeguarding meetings, including multi-agency. They told us they liaised with other agencies as appropriate to follow up on concerns but they did not demonstrate how this was recorded.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Are services responsive to people's needs?

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

We rated the practice as requires improvement for providing responsive services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- 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 on Wednesday evenings and access to a telephone consultation by another service.

People whose circumstances make them vulnerable:

We rated the practice as requires improvement for providing responsive services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- We saw evidence that 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):

We rated the practice as requires improvement for providing responsive services. The rating of all population groups has been affected by the concerns. However, there was some good practice:

- The practice delivered a new model of care for patients with a serious mental illness. This was coordinated with other services including secondary care and community mental health nurses. The practice completed annual reviews with the patient, including to consider past experiences and ways to seek help in a crisis.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice conducted annual medication reviews and care plan reviews.

- The practice referred to a memory assessment clinic if appropriate. They also offered double appointments when required, including when there were concerns from relatives and/or carers.

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. For example, the practice had recently extended appointment times to 15 minutes per appointment. This meant patients were given enough time with their GP. They had made this change to reduce delays, and therefore waiting times at the practice.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use, although we received some comments that patients were dissatisfied with the waiting time for a booked appointment.
- The practice's GP patient survey results were in line with or above local and England averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice could not demonstrate that they always took complaints and concerns seriously and respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- We found that investigations of complaints were not all well documented. The practice did not keep a log of complaints or the action taken in response to these. We could not be assured that lessons were learnt from all concerns, and that complaints were shared appropriately to improve the quality of care. We were not shown evidence of analysis of trends.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- There were not always clear responsibilities, roles and systems of accountability to support good governance and management. This included that not all roles were covered effectively.
- Staff stated they felt respected, supported and valued within their own teams, but not always by management.
- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective

Leadership capacity and capability

Leaders did not all have the capacity and skills to deliver high-quality, sustainable care. We found issues that threatened the delivery of safe, high quality care were not all identified or adequately managed.

- The partners demonstrated that they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice planned to merge with their sister practice, to address their workforce challenges and to develop the practice.
- Not all leaders were visible and approachable. Staff told us that some of the leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, not all management and lead roles were covered effectively during practice opening hours.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- Although the leaders of the practice described their vision and set of values, we were not provided with documentary evidence to support this. The practice had a strategy but we were not shown a supporting business plan as to how they would achieve their priorities.
- Staff were not all aware of the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population. For example, they provided several additional services.

Culture

The practice did not always have culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued within their own teams, but not always by management.
- Staff we spoke with at the practice told us they focused on the needs of patients. They commented that as it was a small practice they knew their patients well and gave personalised care.
- We found that leaders and managers did not always act on behaviour and performance inconsistent with the vision and values. We were given examples of performance concerns being raised and these had not been addressed.
- We found a lack of evidence to assure that the practice always demonstrated openness, honesty and transparency when responding to incidents and complaints.
- Staff we spoke with told us they were mostly able to raise concerns and were encouraged to do so. However, they did not all have confidence that these would be addressed.
- The practice could not demonstrate that processes for providing all staff with the development they need were effective. For example, appraisal and career development conversations. Some staff we spoke with had sourced and completed training for their own development, due to a lack of oversight and support from management at the practice. The practice could not demonstrate that all staff received regular annual appraisals in the last year. Clinical staff we spoke with were supported by partners to meet the requirements of professional revalidation where necessary.
- There was not a strong emphasis on the safety and well-being of all staff. For example, the practice did not demonstrate that comprehensive risk assessments in relation to safety issues, including for health and safety and a premises risk assessment had been carried out.
- Staff told us that working at the practice was like being in a small family and they supported each other.

Governance arrangements

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

Are services well-led?

- Structures, processes and systems to support good governance and management were not all clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were not always clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had not established policies, procedures and activities to ensure safety and did not demonstrate that they assured themselves that they were operating as intended. We found that practice policies and procedures were not all regularly reviewed and contained up to date information.

Managing risks, issues and performance

There was a lack of clarity for the processes for managing risks, issues and performance.

- We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective. For example, the processes to monitor and follow up on safeguarding concerns, the recording and oversight of safety alerts, significant events and complaints, the systems for monitoring patient health in relation to the use of medicines, and the management and storage of medicines.
- The practice had some processes to manage current and future performance.
- There was a lack of evidence that clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice could not demonstrate they had a major incident plan, nor that staff had completed training in responding during major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- There was some evidence that quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The practice used performance information which was reported and monitored and management and staff were held to account. The practice worked with an IT coordinator, who completed tasks such as the monitoring of QOF.
- The information used to monitor performance and the delivery of quality care was accurate and useful. We were not provided with evidence of plans to address any identified weaknesses.
- The practice used information technology systems to monitor the quality of care.
- There were not always robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, unfiled and loose records in unlocked filing cabinets in the practice managers office, in relation to personnel information and letters, safeguarding paperwork, and letters of complaint.

Engagement with patients, the public, staff and external partners

There was some evidence that the practice involved patients, the public, staff and external partners in discussing and planning service.

- There was an active patient participation group (PPG). We saw evidence that patient surveys had been completed in collaboration with the practice.
- We saw that the practice had discussed the merger with St Peter's Medical Centre with the PPG in March 2018. The practice had taken the decision not to confirm the merger to staff until it was finalised, as per advisement from stakeholders. This was to minimise the risk of the public becoming aware prior to the formal announcement. Staff we spoke with told us they were formally made aware of this decision on the week of our inspection visit.

Continuous improvement and innovation

Evidence of systems and processes for learning, continuous improvement and innovation was limited. Although the practice was able to describe work completed, we found there was a lack of evidence to support this. We were provided with one clinical audit to show where improvements had been made to patient outcomes.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

- There were not always clear responsibilities, roles and systems of accountability to support good governance and management. This included that not all roles were covered effectively.
- Staff stated they felt respected, supported and valued within their own teams, but not always by management.
- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective

Leadership capacity and capability

Leaders did not all have the capacity and skills to deliver high-quality, sustainable care. We found issues that threatened the delivery of safe, high quality care were not all identified or adequately managed.

- The partners demonstrated that they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice planned to merge with their sister practice, to address their workforce challenges and to develop the practice.
- Not all leaders were visible and approachable. Staff told us that some of the leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. For example, not all management and lead roles were covered effectively during practice opening hours.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- Although the leaders of the practice described their vision and set of values, we were not provided with documentary evidence to support this. The practice had a strategy but we were not shown a supporting business plan as to how they would achieve their priorities.
- Staff were not all aware of the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population. For example, they provided several additional services.

Culture

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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

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The practice was unable to demonstrate that appropriate therapeutic monitoring, of patients prescribed high risk medicines, was being carried out consistently when prescribing. The practice could not demonstrate that they were ensuring patients' health was always monitored in relation to the use of medicines and then being followed up appropriately. The practice was not ensuring the proper and safe management and disposal of medicines. The practice was unable to demonstrate effective systems and processes to ensure the safe management of medicines in respect of supply and ordering. The practice did not have an effective system for the management of blank prescription forms and pads. The practice could not always demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

: The practice was failing to ensure that systems and processes were established and operating effectively to prevent abuse of service users. The practice was unable to demonstrate governance, scrutiny and oversight of safeguarding. The practice was unable to demonstrate that all staff received safeguarding training that is relevant, updated at appropriate intervals and at a suitable level for their role. The practice was unable to demonstrate that staff had access to current procedures and guidance for raising and responding to concerns of abuse.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The practice was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. The practice could not demonstrate that significant events, complaints and safety alerts were always thoroughly recorded, acted on, analysed and appropriately stored. The practice was unable to demonstrate effective systems and processes that enabled them to evaluate and improve practice in respect of the processing of information relating to service user experience. The practice was unable to evidence that the practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice was unable to demonstrate effective systems to manage records relating to governance arrangements. They were not ensuring that staff had access to practice policies and procedures that were regularly reviewed and contained up to date information. The practice was unable to demonstrate systems to maintain securely such records that are necessary to be kept in relation to persons employed in the carrying on of the regulated activity and the management of regulated activity. The practice was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk arising from the carrying on of the regulated activities. The practice could not demonstrate effective systems and processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The practice was not ensuring that all staff received regular appraisal of their performance in their role from

This section is primarily information for the provider

Enforcement actions

an appropriately skilled and experienced person and any training, learning and development needs identified, planned for and supported. The practice could not demonstrate effective systems and processes to ensure that suitably qualified, competent, skilled and experienced persons were deployed. We found that appropriate recruitment checks had not been undertaken prior to employment of all staff.