

Dr Roy Alexander

Quality Report

Marshalls Road Surgery
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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to Dr Roy Alexander

4

Detailed findings

5

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Roy Alexander in June 2016. . The overall rating for the practice was requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Dr Roy Alexander on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 29 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Inadequate.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? – Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

At this inspection we found:

- Although systems were in place to enable staff to report and record significant events, during our inspection the practice could not demonstrate that all significant events were reported or recorded.
- Patients were potentially at risk of harm because systems were not operated effectively to keep patients safe including those for dealing with safety alerts.
- A fire risk assessment had been undertaken in 2016; however parts of the assessment had not been completed.
- Prescription stationery was not stored securely and was not tracked in line with guidance.
- The practice had regular meetings with the health visitor to enable joint working, discussion and review of children at risk. However, the practice could not provide a copy of a child safeguarding policy and non-clinical staff had not received safeguarding training.

Summary of findings

- Systems to ensure the security of controlled drugs were not being operated effectively. Arrangements to respond to emergencies needed to be reviewed and improved.
- There were limited processes in place for disseminating guidance from the National Institute of Health and Care Excellence (NICE) and local guidelines. Clinical meetings were not held within the practice.
- There was limited evidence to demonstrate quality improvement. Although some audits had been undertaken; there had been no two-cycle audits completed where improvements had been made and the monitored.
- Data from the Quality and Outcomes Framework highlighted areas where improvements were required.
- Information about services and how to complain was available and easy to understand.
- Policies and processes needed to be reviewed to ensure these were fit for purpose and being operated effectively.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Evidence provided during our inspection indicated that service improvement was not a priority amongst leaders. For example there was no evidence of action being taken to address below average satisfaction scores for consultations with GPs.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

- Review and improve arrangements for the identification of carers in order to offer them with support where needed
- Review the practice website to ensure content is up to date

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

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

Dr Roy Alexander

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a nursing specialist advisor. The team was accompanied by a GP observing the inspection.

Background to Dr Roy Alexander

Dr Roy Alexander provides primary medical services from a registered location at 7 Marshalls Road, Raunds, Wellingborough, NN9 6ET. The practice is also known as Marshalls Road Surgery.

The provider is registered to provide the following regulated activities:

- Maternity and midwifery services;

- Diagnostic and screening procedures;
- Treatment of disease, disorder or injury;
- Surgical procedures

Services are provided to approximately 2640 patients. The practice is a dispensing practice. The level of income deprivation is below the national average with the practice population being in the third least deprived decile.

Dr Alexander is the sole GP working within the practice with the support of a practice nurse. There is a team of five reception and administrative staff including a practice manager and dispensing staff. The practice manager worked remotely attending the premises less than once a week.

Following our inspection in June 2016; four breaches of regulation were identified and requirement notices issued. These related to safe care and treatment; staffing; good governance and fit and proper persons employed. Requirement notices were issued in respect of these breaches of regulation.

Are services safe?

Our findings

At our previous inspection in June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of areas including risk assessment, prescription security and recruitment checks were not adequate.

These arrangements had not improved when we undertook a follow up inspection on 29 January 2018. The practice is now rated as inadequate for providing safe services.

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

- No evidence could be provided to demonstrate that non-clinical staff had completed safeguarding training; no child safeguarding policy was available.
- Arrangements to identify, monitor and mitigate risks needed to be improved; including fire risk, arrangements to deal with emergencies; the management of controlled drugs; the storage of prescription stationery and recruitment checks.
- Systems to disseminate safety alerts and record action taken in respect of these were not operated effectively.
- Not all significant events were identified, reported and recorded.

Safety systems and processes

The practice had some systems in place to keep patients safe and safeguarded from abuse; however, there were areas where improvements were required.

- The practice conducted some safety risk assessments including general premises risk assessments covering slips and trips and blinds with pull cords and a risk assessment relating to the reception staff working area.
- Health and safety policies were in place which were available to staff. We reviewed a copy of the health and safety policy provided as part of our inspection; the document identified the GP as the lead for health safety.
- Staff received safety information for the practice as part of their induction and training.
- The practice had systems in place to safeguard children and vulnerable adults from abuse; staff were able to explain what they would do in the event of concerns

about a child or vulnerable adult. However, a copy of a policy in respect of child safeguarding or child protection could not be provided by the practice on the day of the inspection.

- Clinical staff had received safeguarding training at a level appropriate to their role; however, the practice could not provide evidence to demonstrate that non-clinical staff had completed safeguarding training.
- The GP met with the health visitor regularly to discuss safeguarding of children.
- We reviewed employment information relating to five members of staff. We saw evidence that the practice carried out some (DBS
- In addition the practice could not provide evidence of information relating to the employment of some members of staff including, application forms, employment histories, evidence of satisfactory conduct in previous employment.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. The practice nurse was the lead for infection control. We saw that infection control audits were undertaken and actions identified were completed or highlighted as areas for improvement in future refurbishment plans.
- During our inspection we identified high numbers of blood collection tubes which were out of date. In addition the sharps waste bin in the second treatment room was over two thirds full and had not been signed or dated in line with guidance.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

- The practice's arrangements to cover sickness absence and planned leave were not always effective. For example there was generally only one member of reception staff on duty in the afternoons meaning there was no one to provide cover if they were asked to act as a chaperone. The practice had not assessed the risk of leaving the reception area without a staff member.
- Evidence indicated that the practice manager was rarely on the premises and worked primarily from home.
- Adequate cover was not provided for the nurse when they were on leave to ensure that patients received continuity in the level of service they required.

Are services safe?

- We were told that the GP rarely took time off; we were told that cover was provided by another local practice in the event the GP's absence.
- 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, for example, sepsis. There was a system in place in respect of sepsis guidelines however we were told that the alert template had not yet been implemented.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice's systems for appropriate and safe handling of medicines needed to be improved.

- During our inspection we identified issues relating to the security of storage of emergency medicines. For example, medicines were stored in an unlocked box in a treatment room regularly accessed by community based staff.
- The emergency medicines, defibrillator and oxygen were each stored in separate rooms within the practice. The emergency medicines were stored with an intubation kit; the intubation tubes contained within the kit were discoloured and the material was visibly degraded. Staff were unsure as to how long the equipment had been there.
- The practice did not keep stock of all of the emergency medicines recommended for general practice, specifically medicines required for the treatment of

suspected bacterial meningitis. There was confusion amongst staff in respect of whether or not this was stocked and where it was kept. The risk of not having this medicine in the practice had not been assessed.

- Prescription stationery was not stored securely and systems in place to monitor its use were not operated effectively. The policy related to the management of prescriptions within the practice did not reflect guidance for the management of prescriptions.
- Vaccines were stored appropriately within the practice.
- Arrangements in place to monitor the health of patients taking high risk medicines were generally operated effectively; however improvements needed to be made to ensure records clearly indicated that test results had been reviewed before prescribing certain medicines.
- Arrangements for dispensing medicines at the practice did not ensure that patients were kept safe; this included the dispensing of controlled drugs. The controlled drugs register was kept in the dispensary and the controlled drugs cupboard was located in the GP's room. The stock recorded in the register did not match the level of stock within the practice. Following our inspection, the practice informed us that they have made the decision to no longer dispense controlled drugs.
- The air temperature in the dispensary was not being monitored. This meant that the practice could not be assured that medicines were being kept at the required temperature.

Track record on safety

- The practice had undertaken some risk assessments in relation to safety issues; for example in relation to the reception working area.
- We were provided with a copy of the fire risk assessment which had been undertaken in May 2016. We were informed that this was the most recent fire risk assessment and that it had not been reviewed since it was undertaken. The risk assessment was undertaken by a former member of reception/administrative staff; the practice could not provide us with any assurance that this member of staff was competent to undertake a fire risk assessment.
- The fire risk assessment was incomplete and it was not clear if the document covered the entirety of the premises. We noted that some sections had not been fully completed.

Are services safe?

- The fire risk assessment document indicated that there would be an annual review of fire risk; however the practice could not provide any evidence that this had been reviewed.
- There was evidence of regular checking and maintenance of firefighting equipment and the fire alarm systems. Staff had received fire safety training.

Lessons learned and improvements made

- There was some evidence of the practice having learned and made improvements when things went wrong. There was a system for recording and acting on significant events and incidents. There was evidence of significant events being reviewed.
- However, we saw that systems for reporting and recording significant events were not always operated effectively. Specifically, we were not assured that all significant events were being identified and recorded; this posed the risk of missed opportunities for learning

and also, of events reoccurring. During our inspection staff told us about a recent incident involving a medical emergency which resulted in an ambulance being called; this had not been recorded as a significant event. We also identified a complaint relating to a medication error which had not been recorded as a significant event.

- We were told there was a system for receiving and acting on safety alerts which involved alerts being received and disseminated by the practice manager. However, there was no evidence in place to support this and during our inspection the practice were unable to provide assurance of the action taken in relation to safety alerts. Alerts received were not logged or retained and there was no evidence of discussion of new alerts. A review of the clinical system in respect of a recent alert demonstrated that recording of actions was unclear and did not support a well governed system.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in June 2016, we rated the practice as good for providing effective services.

These arrangements had deteriorated when we undertook a follow up inspection on 29 January 2018. The practice is now rated as required improvement for providing effective services.

The practice was rated as requires improvement for providing effective services because:

- There was limited evidence of clinical audit being used to drive improvements in quality.
- There were areas where performance was below local and national averages.

Effective needs assessment, care and treatment

Clinical staff could demonstrate how they stayed up to date with National Institute of Health and Care Excellent (NICE) guidance and local guidelines individually although there was limited evidence to demonstrate that guidance was discussed within the practice.

- Patients' needs were 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.
- The GP engaged with other GPs locally; however, clinical staff working within the practice acted independently to keep themselves up to date. There was no evidence of a coordinated approach a practice level when guidelines were changed or updated.

Monitoring care and treatment

There was evidence of some quality improvement activity to review the effectiveness and appropriateness of the care provided. Some clinical audits had been undertaken within the practice; however there had been no two-cycle clinical audits completed to demonstrate an improvement in quality.

There was evidence that the practice had reviewed performance in some areas and made changes to effect improvement; for example, the practice had improved their performance in respect of antibiotic prescribing.

The most recently published Quality and Outcomes Framework (QOF) results showed that the practice had achieved 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 8% compared with the CCG average of 12% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice was rated requires improvement for providing effective care for all population groups. There were some examples of effective care within specific population groups.

Older people

- The achievement for indicators relating to rheumatoid arthritis was 92% which was 6% below the CCG average and 5% below the national average.
- The practice had a high number of older patients with 491 patients over the age of 70; the GP held monthly meetings with the multidisciplinary team to discuss vulnerable older patients.
- The frailty index was not yet being used within the practice to aid the identification of frail older people.

People with long-term conditions:

- Achievement for hypertension related indicators was 100% which was 3% above the local average and 3% above the national average.
- Achievement for diabetes related indicators was 90% which was 3% below the local average and 1% below the national average.
- Achievements for indicators relating to COPD (chronic obstructive pulmonary disease; the name for a collection of lung diseases) and asthma were 100%.
- Regular clinics were held in the practice with diabetes specialist nurses and respiratory specialist nurses to manage patients with diabetes and respiratory conditions.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Published data showed that uptake rates for the vaccines given were above the target percentage of 90%.

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

- The cervical screening rate was 76% which was above the CCG average of 71% and the national average of 72% but below the national programme coverage of 80%.
- The breast cancer screening rate was 80% which was above the CCG average of 76% and the national average of 70%.
- 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.
- The bowel cancer screening rate was 58% which was above the CCG average of 57% and the national average of 55%.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Data from QOF indicated that 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 5% below the local average and 4% below the national average. However, the exception reporting rate for this indicator was 49% which was significantly higher than local and national exception reporting rates. The practice's clinical prevalence for dementia was above local and national averages.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a

comprehensive, agreed care plan documented in the previous 12 months. This was 7% above the local average and 10% above the national average. The exception reporting rate for this indicator was 0%.

- Practice achievement for depression was 0%. There was no clear rationale as to the reason for this low achievement.

Effective staffing

Staff had the skills and experience to carry out their roles.

- 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.
- There were gaps in evidence available in respect of training although clinical staff were able to provide copies of their training certificates. There was no evidence available to demonstrate that non-clinical staff had completed safeguarding training or information governance training.
- The practice provided staff with some ongoing support. This included an induction process, and appraisals. There was limited formalised clinical supervision for the practice nurse on an ongoing basis.
- Appraisals were undertaken regularly.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated 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. We saw examples of care plans in place.
- 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

Are services effective?

(for example, treatment is effective)

- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. There was a range of health promotion material available in the practice.
- Staff discussed changes to care or treatment with patients 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.

Are services caring?

Our findings

At our previous inspection in June 2016, we rated the practice as good for providing caring services.

Following the inspection of 29 January 2018 we found that arrangements had deteriorated and the practice is now rated as required improvement.

The practice was rated as requires improvement for caring because:

- There were areas where patient satisfaction was significantly below local and national averages.
- The practice could not provide evidence to demonstrate that they had identified any carers in order to offer them support they may require.

Kindness, respect and compassion

During our inspection we observed that staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information as required and in a timely manner.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer to speak with them away from the main reception area.
- We received feedback from 35 patients via completed Care Quality Commission comment cards. Feedback from 30 of these was wholly positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. A total of 226 surveys were sent out and 118 were returned. This was a 52% response rate and represented 4.5% of the practice population.

However, the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 78% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time compared with the CCG average of 85% and the national average of 86%.

- 86% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 86%.

The practice was above or in line with the average for its satisfaction scores for interactions with nurses and reception staff. For example:

- 96% of patients who responded said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 95% of patients who responded said the nurse gave them enough time compared to the CCG average of 91% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 91%.
- 93% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

There was no evidence of the practice having reviewed or acted upon the results of the national GP patient survey.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients find further information and access community and advocacy services if required.

Are services caring?

The practice was unable to demonstrate that they were aware of patients on their list who had a caring responsibility. The practice's computer system had the facility to alert GPs if a patient was also a carer. During the course of the inspection visit, the practice ran a search of the computer system which indicated that they had not identified any patients as carers. The practice told us they thought this was incorrect but no further evidence has been provided.

Staff told us that if families had experienced bereavement, the GP contacted them where appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 84% and the national average of 86%.

- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

Results for nurses were above local and national averages. For example:

- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.
- 92% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in June 2016, we rated the practice as good for providing responsive services.

These arrangements had been maintained when we undertook a follow up inspection on 29 January 2018. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice told us they had recently introduced online services for appointment booking.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were provided for those patients who required them.
- Care and treatment for patients approaching the end of life and for those with conditions which required it was coordinated with other services.
- Phlebotomy services were provided within the practice by the nurse.
- Midwifery and counselling services were hosted by the practice on a result basis.
- Joint injections were offered by the GP.

The practice had a website in place; however this needed to be reviewed and updated. The website's latest news section contained news which was a number of years old and there was very limited information about the services offered by the practice. There was no facility to link to online booking from the practice website.

Older people:

- All patients were allocated to the sole GP which provided continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition were offered an annual review to check their health and medicines needs were being appropriately met. The review of patients with diabetes and respiratory conditions was supported by specialist nurses.
- The practice held regular meetings with the local community teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Patients could access community midwifery services within the practice.

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

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Appointments could be booked up to six weeks in advance.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had 27 patients on the learning disability register.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Counselling services could be accessed within the practice.

Timely access to the service

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

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages in most areas. This was supported by observations on the day of inspection and feedback from patients in the comment cards. A total of 226 surveys were sent out and 118 were returned. This was a 52% response rate and represented 4.5% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 90% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 67% and the national average of 71%.
- 93% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 94% of patients who responded said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.

- 91% of patients who responded described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 50% of patients who responded said they don't normally have to wait too long to be seen; compared with the CCG average of 59% and the national average of 58%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available and it was easy to do. There was information displayed in the waiting area regarding the complaints process. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- Records showed there had been three complaints received in the last year. We reviewed these complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

At our previous inspection in June 2016, we rated the practice as requires improvement for providing well-led services as governance arrangements required improvement.

We found arrangements had deteriorated when we undertook a follow up inspection of the service on 29 January 2018. The practice is now rated as inadequate for being well-led.

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

- Governance arrangements were not always operated effectively to ensure oversight of the provision of regulated activities.
- Policies, procedures and processes needed to be strengthened to ensure the delivery of safe, high quality care.
- Arrangements to assess, monitor and mitigate risks across the practice needed to be improved.

Leadership capacity and capability

Leaders did not always demonstrate that they had the capacity and skills to deliver high-quality, sustainable care.

- The GP and the practice manager were experienced in the delivery of care but there was no coordinated strategy or business plan in to ensure the delivery of safe, high quality care.
- The GP was visible and approachable when working at the practice; however, the practice manager had very limited presence on site largely working remotely and often outside of core hours.
- The practice manager displayed limited knowledge of what was happening operationally within the practice on a day to day basis.
- The GP was a singlehanded provider offering 10 clinical sessions per week with limited managerial or operational support on site. The evidence collected as part of the inspection indicated that there was limited operational management within the practice leading to gaps in systems and processes and ineffective governance.

Vision and strategy

- The practice had clear aims to deliver high quality care but these were not documented. The practice did not have a documented strategy and could not clearly articulate plans for the future, for example in respect of succession planning.
- The practice did not have formalised arrangements in place, such as clinical, business or management meetings, to enable them to discuss business planning and monitor progress against objectives.

Culture

- Staff stated they generally felt respected, supported and valued. However, there were issues relating to being able to take leave and cover for staff in the event of leave. This resulted in some staff finding it difficult to plan and take leave.
- The practice staff told us they were focused on the needs of patients. However, the GP patient survey which reflected that patient satisfaction was below average in some areas. There were no plans in place to demonstrate action was being taken to effect improvements in patient satisfaction.
- Openness, honesty and transparency were generally demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. However, the practice could not be assured that all significant events were being reported and recorded as we were made aware of two events which should have been considered as significant events during the course of the inspections.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were some processes for providing staff with the development they need. This included appraisals. Most staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There were generally positive relationships between staff members.

Governance arrangements

Processes were not operated effectively to ensure that there were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

Inadequate 

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

Practice leaders needed to make improvements to ensure the establishment of clear, effective policies, procedures and processes to ensure safety and to assure themselves that they were operating as intended. This included, but was not limited to

- Processes in relation to the practice's policy and operating arrangements in respect of the security of prescriptions
- Processes in relation to the operation of the dispensary
- Safeguarding policies
- The recording and monitoring of staff training
- Health and safety and risk management including fire risk
- The effective use of clinical audit to drive improvement
- The management of controlled drugs in line with legislation
- The arrangements to respond to emergencies
- Systems and processes for the management of safety alerts (including alerts from the Medicines and Healthcare Regulatory products Authority (MHRA))

There was limited awareness from partners and the management team in respect of areas maintaining oversight of performance requiring improvement. For example, in respect of areas of QOF where achievement was below local and national averages and in respect of areas of the GP patient survey identified for improvement.

Managing risks, issues and performance

The practice did not have clear and effective processes in place to manage risks, issues and performance.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not in place. For example, in respect of fire risk, the risk not stocking specific emergency medicines, the risk associated with reception staff working alone in the afternoons and risks associated with the security of patient notes.
- The practice had some processes to manage current and future performance as a provider although these were not formalised. There were arrangements in place to monitor individual staff through appraisals.
- No evidence could be provided to demonstrate that practice leaders had oversight of MHRA alerts.

- There was little evidence available to demonstrate that clinical audit was driving change within the practice or having a positive impact on quality of care and outcomes for patients.
- The practice had a business contingency plan in place; however this contained very limited detail and did not clearly identify how the practice would continue to operate in the event of specific situations; for example in respect of the practice's premises being unavailable.

Appropriate and accurate information

- Some quality and operational information was used to improve performance. There was some evidence of the practice reviewing information provided by the CCG and acting on this; for example in relation to antibiotic prescribing.
- There was limited evidence of the practice having reviewed or acted upon the results of the national GP patient survey.
- There was no evidence of discussions of quality and sustainability at a management level. However, there were discussions with the whole staff team relating to areas such as complaints and significant events.
- The practice did not have effective systems in place to ensure the safety and security of patient records. During our inspection we identified that there were patient notes being stored in an unlocked cupboard in one of the treatment rooms; this room was regularly used by community staff including the counsellor and the midwives; it was also used by the accountant.
- Note summarising was undertaken by the practice manager from home; the risks associated with taking patient records off site and storing these away from the practice had not been assessed.

Engagement with patients, the public, staff and external partners

There was some evidence that the practice involved patients, staff and external partners to support the delivery of services. The practice engaged with staff and welcomed their views on how to improve services. The patient participation group was not currently active.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This included risks relating to arrangements for dealing with emergencies; fire risk; and the arrangements for the security of prescriptions.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not ensuring that governance arrangements were operated effectively to assess, monitor and improve the quality of services; to assess, monitor and mitigate risks relating to the service and to evaluate and improve the service.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>