

R J Mitchell 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?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at RJ Mitchell Medical Centre on 6 February 2018. The overall rating for the practice was requires improvement with requires improvement in well led and inadequate in safe. Breaches of legal requirements were found and a warning notice was served in relation to good governance and requirement notices in relation to safe care and treatment and fit and proper persons employed. The full comprehensive report on the February 2018 inspection can be found by selecting the 'all reports' link for RJ Mitchell Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 23 April 2018 to confirm that the practice met the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 February 2018. We found serious concerns about patient safety, therefore we went back to complete the inspection on 27 and 30 April 2018. We told the practice to submit an action plan by 8 May 2018 to detail how the serious concerns that put patients at risk had been/would be addressed. An action plan was submitted and the provider submitted an application to cancel their registration with the Care Quality Commission. Should they have remained registered we would have taken greater enforcement action.

Our key findings were as follows:

- Staff that checked the temperature of the vaccine fridge were aware of the correct temperature range for vaccine storage. The practice's cold chain policy had been updated to include guidance on ensuring the cold chain was maintained when transporting flu vaccines to local care homes.
- Emergency medicines had been reviewed and suggested emergency medicines were held in a central location at the main practice. A formal system to check that the emergency medicines were in date had been implemented.
- A risk assessment had been completed to demonstrate how risks to patients would be mitigated in the absence of recommended emergency medicines taken on GP home visits.
- A system to track the use of prescriptions used in printers throughout the practice had been implemented.
- Legionella risk assessments had been completed and an action plan put in place to mitigate risks identified.

Staff had been referred for assessment of staff immunity against health care acquired infections. Risk assessments had been completed where immunity was not present.

- Access arrangements for disabled patients through the entrance doors of the practices had been reviewed.
- Patients told us they were treated with dignity and respect and there was easy access to appointments.
- Systems to safeguard vulnerable adults and children from the risk of abuse were not effective.
- An effective system to ensure the monitoring of patients on high risk medicines was not in place.
- Systems to monitor the collection of repeat prescriptions were not effective.
- Systems for the prescribing of controlled medicines were not effective and did not keep patients safe.
- A clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place.
- Patients with infections did not always receive recommended treatment or investigations.
- Staff recruitment checks did not meet legal requirements. There was no formal system in place to monitor that professional registrations were in date. Medical indemnity cover for clinical staff had been put in place.
- Patients with a learning disability had been offered a review of their health however care plans had not been put in place. Care plans were not in place for patients receiving end of life care or patients experiencing poor mental health.
- Patient referral letters to other services, completed by administrative staff, contained inadequate medical histories and examination findings and were not signed or checked by a GP before being sent.
- There were systems for reviewing and investigating when things went wrong however the learning identified was not always applied to practice.
- A clearly defined strategy to deliver the practice's vision had not been put in place.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Ensure specified information is available regarding each person employed.
- Ensure, where appropriate, persons employed are registered with the relevant professional body.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Develop a clearly defined strategy to deliver the practice's vision.

We found several risks we identified at our previous inspection had not been effectively mitigated. In particular:

- Incomplete recruitment checks.
- A system to monitor professional registrations were in date had not been implemented.
- An effective system to ensure the monitoring of patients on high risk medicines was not in place.
- Systems to monitor the collection of repeat prescriptions were not effective.
- A clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place.
- A clearly defined strategy to deliver the practice's vision was not in place.

For further information, please refer to the evidence table that accompanies this report.

At our previous inspection we rated the practice as inadequate in delivering safe services. At this inspection we found the service had failed to make sufficient improvement, and remains rated as inadequate for delivering safe services. The practice is also rated inadequate in well led and inadequate overall.

I am placing this service into 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.

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included two GP specialist advisors and a second CQC inspector.

Background to R J Mitchell Medical Centre

We previously carried out an announced comprehensive inspection at RJ Mitchell Medical Centre on 6 February 2018. The overall rating for the practice was requires improvement with requires improvement in well led and inadequate in safe. Breaches of legal requirements were found and a warning notice was served in relation to good governance and requirement notices in relation to safe care and treatment and fit and proper persons employed. The full comprehensive report on the February 2018 inspection can be found by selecting the 'all reports' link for RJ Mitchell Medical Centre on our website at www.cqc.org.uk.

RJ Mitchell Medical Centre was previously registered with the Care Quality Commission (CQC) as a partnership provider. It changed to a single handed GP in August 2017. The practice provides care and treatment to approximately 4,443 patients of all ages. The practice holds a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice delivers services from two locations which we visited during this inspection:


- RJ Mitchell Medical Centre, 19 Wright Street, Butt Lane, Talke, Stoke-On-Trent, Staffordshire, ST7 1NY

- Waterhayes Surgery, 74 Crackley Bank, Chesterton, Newcastle, ST5 7AA

The practice area is one of average deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. Demographically the practice has a lower than average older patient distribution when compared with the Clinical Commissioning Group (CCG) and national averages. For example, 14% of the practice population are 65 years and older compared with the CCG average of 22% and the national average of 17%. The percentage of patients with a long-standing health condition is 60% which is slightly higher than the local CCG average of 57% and national average of 54%.


The practice staffing comprises of:

- A lead GP (male)
- A salaried GP (male)
- A long term locum GP (male)
- Two practice nurses.
- A practice manager and assistant practice manager.
- Twelve members of administrative staff working a range of hours.



Telephone consultations are available to suit the needs of the patient. Cover to patients in the out-of-hours period is provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice offers a range of services for example, management of long term conditions such as diabetes,



contraceptive advice, immunisations for children, travel vaccinations and wound management. Further details can be found by accessing the practice's website at www.rjmitchellmedicalcentreppg.btck.co.uk

Are services safe?

At our previous inspection we rated the practice as inadequate for providing safe services. This was because:

- The safeguarding policy for vulnerable adults did not reflect updated categories or definitions of the types of abuse for example, modern slavery.
- Not all staff had received safeguarding training relevant to their role.
- Staff recruitment checks did not meet legal requirements. There was no formal system in place to monitor that professional registrations were in date.
- A legionella risk assessment had not been completed.
- Assessment of staff immunity against health care acquired infections was not present for all members of staff. Risk assessments to demonstrate how patients and staff would be protected had not been completed.
- Not all staff that checked the temperature of the vaccine fridge were aware of the correct temperature range for vaccine storage. The practice's cold chain policy did not include guidance on ensuring the cold chain was maintained when transporting flu vaccines to local care homes.
- Staff were unsure and confused where emergency medicines were held at the main practice. A formal system to check that the emergency medicines were accessible and in date at the main practice was not in place.
- A risk assessment had not been completed to demonstrate how risks to patients would be mitigated in the absence of recommended emergency medicines taken on GP home visits.
- There was no system in place to track the use of prescriptions used in printers throughout the practice.
- A system to ensure the effectiveness of the monitoring of patients on high risk medicines was not in place.
- Systems to monitor the collection of repeat prescriptions were not effective.
- A clear process in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) was not in place.

At this inspection we continued to rate the practice as inadequate for providing safe services because some issues identified at our previous inspection had not been addressed and we found additional concerns:

- The practice did not have appropriate systems to safeguard children and vulnerable adults from the risk of abuse.

- Staff recruitment checks did not meet legal requirements. There was no formal system in place to monitor that professional registrations were in date.
- Patients with severe infections did not always receive recommended treatment or investigations.
- Care plans were not in place for patients receiving palliative care, patients experiencing poor mental health and those patients with a learning disability.
- Patients receiving palliative care were not reviewed regularly at multidisciplinary meetings.
- Systems to monitor the collection of repeat prescriptions were not effective.
- Patient referral letters to other services, completed by administrative staff, contained inadequate medical histories and examination findings and were not signed or checked by a GP before being sent.
- Systems for the prescribing of controlled medicines were not effective and did not keep patients safe.
- Patients' health was not effectively monitored in line with MHRA alerts.
- Patients' health was not effectively monitored in relation to the use of high risk medicines or followed up appropriately.
- Patients were not fully involved in regular reviews of their medicines.
- There were systems for reviewing and investigating when things went wrong however the learning identified was not always applied to practice.

Safety systems and processes

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

- There was an effective system to manage infection prevention and control. Following our previous inspection staff had received assessment of their immunity to healthcare acquired infections and risk assessments had been completed in the absence of immunity to hepatitis B.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- 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). Following our previous inspection the

Are services safe?

practice had updated their policy for safeguarding vulnerable adults to reflect updated categories and definitions of the types of abuse and staff had completed safeguarding training for children and vulnerable adults.

However:

- The lead GP for safeguarding was not aware of where the practice's safeguarding policies were located. The safeguarding policies were stored in two different systems within the practice's computer system causing confusion where policies could be accessed. The safeguarding policy for children differed between the two systems that policies were stored in.
- Practice staff we spoke with told us they were not aware of who the safeguarding lead was within the practice.
- A list of vulnerable adults registered with the practice was not in place. There was no system in the patient records system to alert staff if a patient was a vulnerable adult.
- Key professionals did not always attend meetings to discuss children at risk.
- Children at potential risk were not identified on their patient records.
- An effective system to follow up children that attended emergency services or failed to attend hospital appointments was not in place.
- At our previous inspection we found that staff recruitment checks did not meet legal requirements and there was no system in place to monitor that professional registrations were in date. At this inspection we found these issues had not been fully addressed.

Risks to patients

Adequate systems to assess, monitor and manage risks to patient safety were not always in place.

- 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 and staff were suitably trained in basic life support. Following our previous inspection the practice had put in place all the suggested emergency medicines

and implemented a system to monitor that they were in date. They had also completed a risk assessment to mitigate the potential risk of GPs not taking emergency medicines on home visits.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Staff had some understanding of their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. At our previous inspection we identified that reception staff had not received training in recognising the rapidly deteriorating patient. At this inspection we saw that training was planned for reception staff and there were posters displayed by the reception desk and on the computer screens highlighting sepsis risk factors. However, we found that clinicians did not always know how to manage patients with infections.

Information to deliver safe care and treatment

Staff did not have all the information they needed to deliver safe care and treatment to patients.

- Patients' individual care records were not written and managed in a way that kept them safe.
- The practice had systems for sharing information with staff and other agencies however they were not always effective.
- Clinicians made timely referrals in line with protocols for patients with possible cancer. However, other hospital referrals had been completed by administrative staff who extracted information from the GPs' consultation notes.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Staff we spoke with who checked the temperature of the vaccine fridge were aware of the correct temperature range for vaccine storage. Following our previous inspection we saw that the practice's cold chain policy had been updated to provide guidance on ensuring the cold chain was maintained when transporting flu vaccines to local care homes.
- Following our previous inspection, a system to track the use of prescriptions used in printers throughout the practice had been implemented.

Are services safe?

- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance. The prescribing of antibiotics was in line with the clinical commissioning group (CCG) and national averages.

However,

- At our previous inspection we found that systems to monitor the collection of repeat prescriptions were not effective. At this inspection we found ongoing concerns.
- Systems for the prescribing of controlled medicines were not effective and did not keep patients safe.
- Patients' health was not effectively monitored in line with MHRA alerts.
- Patients' health was not effectively monitored in relation to the use of high risk medicines or followed up appropriately. At our previous inspection we found that a system to ensure the effectiveness of the monitoring of patients on high risk medicines was not in place. At this inspection we found ongoing concerns regarding the monitoring of these medicines. We also found there was no system in place in patients' records to highlight they were on these high risk medicines.
- Patients were not fully involved in regular reviews of their medicines.

Track record on safety

The practice had completed risk assessments identified at our previous inspection.

- Annual infection control audits were completed at the practice.
- There were comprehensive risk assessments in relation to safety issues. Following our previous inspection, legionella risk assessments had been completed at both practices and action plans put in place to mitigate identified risks.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learnt when things went wrong but did not always implement their learning.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong however the learning identified was not always applied to practice.
- The practice had not always acted on and learnt from external Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall and across all population groups except for older people and working age people which we rated as good and people whose circumstances make them vulnerable which we rated as inadequate.

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

- There were no care plans in place to monitor the effectiveness of the care provided for patients receiving end of life care, patients with a learning disability and patients experiencing poor mental health.
- End of life care was not delivered in a coordinated way.
- The needs of vulnerable adults and children identified as at risk were not always assessed or acted upon. Patients at potential risk were not clearly identified on their patient records.
- The system for following up patients who failed to collect repeat prescriptions for long term medication was not effective.
- The practice manager and assistant practice manager had not received an appraisal in the last 12 months.
- Patient referral letters to other services had been completed by administrative staff and contained inadequate medical histories and examination findings.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice however clinicians did not always assess patients' needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Practice nurses followed templates to review and monitor the care of patients with long term conditions.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

However, we found examples where assessment of patients' needs, care and treatment was not effective:

- Medicines and Healthcare products Regulatory Agency (MHRA) alerts had not been reviewed and acted upon to assess the effectiveness of the treatment prescribed for some patients.
- There were no care plans in place to monitor the effectiveness of the care provided for patients receiving end of life care, patients with a learning disability and patients experiencing poor mental health.
- The needs of vulnerable adults and children identified as at risk were not always assessed or acted upon.

Older people:

This population group was rated as good for providing effective services.

- Older patients who were frail received an assessment of their physical, mental and social needs. Through a system of searches the practice identified 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had identified 200 patients eligible for this health check and 100 of these checks had been carried out.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated as requires improvement for providing effective services.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. We were told six weekly meetings were held with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to discuss and manage the care and treatment of patients with the most complex needs. However, when we reviewed the minutes from these meetings we saw patients had not been reviewed since January 2018.
- GPs monitored hospital discharge letters to follow up patients who had received treatment in hospital or through out of hours services for long term conditions.

Are services effective?

- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention. Patients with suspected high blood pressure that owned a blood pressure machine were offered ambulatory blood pressure monitoring. The practice had applied for a grant to purchase blood pressure monitoring equipment for those patients who did not own a device. Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension through new patient checks, NHS checks and wellbeing clinics.

However,

- Whilst nursing staff responsible for reviews of patients with long term conditions had received specific training, we found that medication reviews for some patients in this population group had been recorded as completed by administrative staff in patient records.

Families, children and young people:

This population group was rated requires improvement for providing effective services.

- Data from the current provider was not available for this inspection. Data from the previous provider showed that childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- Following our previous inspection, the practice had implemented a system to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for recalling and following up children that failed to attend immunisation appointments.
- The practice nurse provided appropriate immunisations to pregnant women for example, immunisation for whooping cough.

However:

- Children at potential risk of abuse were not clearly identified on their patient records.
- Systems to follow up children who failed to attend hospital appointments or attended minor injury units and A&E were not effective. We found examples of children who had not received the appropriate follow up and care.

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

This population group was rated as good for providing effective services.

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. However, it was in line with the Clinical Commissioning Group (CCG) and the national averages. We saw that the practice nurse maintained a spreadsheet of patients that attended for cervical screening and monitored that all the results had been received by the practice. If a patient failed to attend for screening, up to three prompt letters were sent to the patient. The third prompt letter was supported by a telephone call. A practice nurse offered appointments starting at 8.30am and finishing at 6pm to support working aged patients to access services outside of normal working hours.
- The practices' uptake for breast and bowel cancer screening was in line the CCG and national averages.
- 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:

This population group was rated as requires improvement for providing effective services.

- End of life care was not delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Care plans were not in place to monitor the effectiveness of care and treatment delivered. There was no evidence that the six patients on the end of life list, at the time of our inspection, had been discussed with other professionals

Are services effective?

at multidisciplinary meetings. The percentage of patients with cancer who had a review recorded within six months of the date of diagnosis was significantly below CCG and national averages.

- The practice did not hold a register of patients living in vulnerable circumstances. A system to identify and alert staff to patients who were vulnerable was not in place.
- Following our previous inspection we saw that patients with a learning disability had been invited for a review of their health and that seven had attended. However, care plans had not been put in place to monitor the effectiveness of care and treatment delivered.

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

This population group is rated as requires improvement for providing effective services.

- 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 sign posting 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.
- Data for the previous provider showed that the percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the previous 12 months was comparable with the CCG and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. The percentage of patients experiencing poor mental health that had received discussion and advice about alcohol consumption was comparable with the CCG and national average.
- 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.

However,

- Data for the previous provider showed that patients diagnosed with schizophrenia, bipolar affective disorder

and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. We reviewed the records of these patients and found that 18 out of 32 patients did not have a care plan in place.

- The system for following up patients who failed to collect repeat prescriptions for long term medication was not effective.

Monitoring care and treatment

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. QOF data relates to 2016/17. Verified data for this provider was not available at the time of our inspection. The most recent published results for 2016/17 showed the previous provider's QOF results were comparable with all of the CCG and national averages. We looked at the end of year 2017/18 unverified data for the current provider and saw that the results were comparable with the previous year.

We saw that the practice had started three clinical audits however there was no evidence that changes made had led to quality improvement.

Effective staffing

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.
- At our previous inspection we found that systems to ensure staff had completed all mandatory training as identified by the practice were not effective. At this inspection, we found staff had completed mandatory training as identified by the practice.
- The practice provided staff with ongoing support. This included an induction process and support for revalidation. All appropriate staff had received an appraisal in the previous 12 months except for the practice manager and assistant practice manager.

Are services effective?

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

There were systems in place for staff to work together and with other health and social care professionals however they were not always effective.

- We saw records that showed appropriate staff, including those in different teams and organisations, had been involved in assessing, planning and delivering care and treatment. However, the meetings did not always include appropriate key professionals or had not been held at regular intervals as determined by the practice.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- Patients did not always receive coordinated and person-centred care. Patient referral letters to other services had been completed by administrative staff and contained inadequate medical histories and examination findings.
- Personal care plans were not in place for patients with a learning disability, those receiving end of life care and some patients experiencing poor mental health.
- The practice had not 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 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 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 ambulatory blood pressure monitoring. They had developed links with the local library and church to help to provide additional social support.
- 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, tackling obesity and cervical screening.

Consent to care and treatment

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

- Clinicians considered the requirements of legislation and guidance when considering consent and decision making.
- The practice monitored the process for seeking consent appropriately through consent forms.

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 treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The GP national patient survey data for this provider was not available at the time of our inspection. However, the data from the previous provider showed that patient satisfaction was in line other practices in the clinical commissioning group (CCG) and national averages for questions related to kindness, respect and compassion. This was supported by the seven patients we spoke with on the day of our inspection.

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) and displayed information in the reception area to inform patients of services available to them.

- Staff communicated with people in a way that they could understand, for example, the practice had access to a sign language and braille service.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment and there was a carer's information board in the reception areas.
- The practice proactively identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services except for the population groups for older people, long term conditions and working age people which were rated as good and people whose circumstances make them vulnerable which we rated as inadequate.

The practice was rated as requires improvement for responsive because:

- The practice did not provide effective care coordination for patients who were more vulnerable or who had complex needs.
- Key professionals from the practice did not always attend meetings to discuss children at risk.
- Children identified as been at risk were not always coded in the practice's computer system to alert staff of concerns.
- A system was not in place to follow up children that attended A&E or failed to attend hospital appointments.
- The practice did not hold a register of vulnerable adults.
- There was no system in the patient records system to alert staff if a patient was a vulnerable adult.
- Vulnerable patients such as those nearing the end of their life, patients experiencing poor mental health and patients receiving palliative care did not have care plans in place to ensure they received the care they required.
- Responses to verbal complaints were not recorded.

Responding to and meeting people's needs

The practice did not organise and deliver care to meet the needs of all of the six population groups.

- The practice had an awareness of the needs of its population however there was no evidence of analysis of the needs. Where identified, services were tailored in response to those needs.
- Telephone GP 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.
- The practice made reasonable adjustments when patients found it hard to access services. Following our previous inspection, a door bell had been added to the front door so that patients with mobility problems could call for assistance into the practice if required.
- The practice did not provide responsive care coordination for patients who were more vulnerable or

who had complex needs. We identified two vulnerable adults from practice meeting minutes but there was no record in their notes that any action had been taken to protect them from the risk of abuse.

- There was a system in place to provide coordinated care and treatment with other services for patients with multiple long-term conditions. However, when we reviewed the minutes from these meetings we saw that these patients had not been reviewed since January 2018. The six patients on the current palliative care list had not been discussed at palliative care meetings.

Older people:

This population group is rated as good for responsive services:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home. Managers of two care homes told us the GPs were responsive to the needs of patients and provided on the day appointments when needed.
- 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:

This population group is rated good for responsive services:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group is rated requires improvement for responsive services:

- Key professionals did not always attend meetings to discuss children at risk. We reviewed the minutes of three Health Visitor meetings and saw that Health Visitors had not attended two of the meetings and no clinicians had attended another.
- Children identified at Health Visitor meetings as been at risk were not always coded in the practice's computer system to alert staff of concerns.
- A system was not in place to follow up children that attended A&E or failed to attend hospital appointments.

Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was rated good for responsive services:

- The practice had made some adjustments to the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations for patients who could not attend during normal opening hours.
- Patients were able to access care and treatment at both practices.

People whose circumstances make them vulnerable:

This population group is rated inadequate for responsive services:

- The practice did not hold a register of vulnerable adults.
- There was no system in the patient records system to alert staff if a patient was a vulnerable adult.
- Vulnerable patients such as those nearing the end of their life and patients with a learning disability did not have care plans in place to ensure they received the care they required.

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

This population group is rated requires improvement for responsive services:

- A psychologist provided weekly clinics at the practice to support patients experiencing poor mental health.
- Information about mental health services was available in the practice and on the website.

However,

- Eighteen out of 32 patients experiencing poor mental health were coded in the practice's computer system as having a care plan but when we checked the records of three of these patients there were no care plans in place.

Timely access to care and treatment

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

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

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 on the practice website and in the reception areas. Staff treated patients who made complaints compassionately.
- Responses to written complaints were recorded but responses to verbal complaints were not.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, following a complaint regarding a chaperoned GP examination of a patient, staff who chaperoned and GPs had been provided with additional chaperone training.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our previous inspection we rated the practice as requires improvement for well led. This was because:

- Most staff we spoke with were not aware of the practice's vision. A clearly defined strategy to achieve the vision was not in place.
- Policies, procedures and activities did not always ensure safety.
- There were gaps in processes for managing risks, issues and performance.
- There were gaps in the practice's processes to manage current and future performance.

At this inspection we rated the practice inadequate. This was because:

- All of the governance issues identified at our previous inspection had not been satisfactorily addressed.
- A clearly defined strategy to achieve the practice vision was not in place.
- Key members of the management team, the practice manager and assistant manager, had not received an appraisal in the last year.
- Systems for managing risks were not effective.
- The practice had not submitted notifications to the CQC as required.
- Arrangements to ensure the confidentiality of identifiable data, records and data management systems were not in line with data security standards.
- There was little innovation or service development.

Leadership capacity and capability

Leaders had the skills to run the practice but did not always demonstrate how they ensured high quality care was being provided by all staff.

- The practice had processes to develop leadership capacity and skills, including succession planning for when the practice manager retired. The management structure for non-clinical staff had recently been reviewed to ensure clearer lines of accountability and accessibility.
- Leaders were visible and approachable at the main practice. A practice manager visited the branch practice once a week.

However, leaders had not addressed all of the issues and challenges relating to the quality and future of services as identified at our previous inspection.

Vision and strategy

The practice had a vision for the practice. Patients were made aware of the vision through a practice charter leaflet and there were posters displaying the vision by the reception desks. They also told us they aimed to establish systems to provide efficient and safe health care. However, a clearly defined strategy to achieve the vision was not in place.

Culture

The practice had a culture of openness and transparency.

- Staff stated they felt respected, supported and valued and felt they could approach the management with any concerns.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. However, key members of the management team, the practice manager and assistant manager, had not received an appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were mainly positive relationships between staff and teams. Staff morale was low in some areas following a recent significant event investigation and staff changes within the practice.

Governance arrangements

Whilst there were clear responsibilities and systems of accountability to support governance and management, the necessary management infrastructure and leadership and the governance processes and systems were not operated effectively or consistently.

- Staff were clear on their roles and accountabilities in respect of infection prevention and control.

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out or effective. The information available to staff to make decisions was confusing and inconsistent. For example, there were two electronic systems in place for staff to access policies and procedures. We looked at the policies for safeguarding children in each system and saw that the two policies contained different information and guidance. For example, one policy contained details of who to contact for support and the other did not.

Managing risks, issues and performance

There were processes for managing risks, issues and performance but they were not always effective.

- The practice had addressed some of the risks we identified at our previous inspection. For example, risk assessments for legionella, staff immunity for health care acquired infections and a limited supply of emergency medicines taken on GP home visits had been completed. A system to check that the emergency medicines were accessible and in date and appropriate support to facilitate unaccompanied patients in a wheelchair to enter the practice had been implemented.

However, we found ongoing risks:

- Practice leaders had implemented a system to provide oversight of processes in regard to the receipt, analysis and response to Medicines and Healthcare products Regulatory Agency (MHRA) alerts. However, this only encompassed alerts issued after our inspection in February 2018 and the alerts we had identified during our inspection. MHRA alerts issued prior to this had not been considered.
- Staff recruitment checks did not meet all of the appropriate legal requirements.
- Clinical audits had been carried out at the practice but there was no evidence that the action taken to change practice had improved quality.
- The practice had plans in place and had trained staff for major incidents. A business continuity plan was in place that covered potential disruptions to services within the practice. However, it did not include contact numbers for utility services that may need to be contacted urgently.
- Learning from significant events was not always implemented. Specifically in relation to the prescribing of controlled medicines.

- A system to identify vulnerable patients was not in place.
- The system for following up patients who failed to collect repeat prescriptions for long term medication was not effective.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. Performance information was combined with the views of patients.
- Quality and service performance was discussed in relevant meetings where 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 was exploring ways in which to use information technology systems to monitor and improve the quality of care. For example, ambulatory blood pressure monitoring.

However,

- The practice had not submitted notifications to the CQC as required.
- Arrangements to ensure the confidentiality of identifiable data, records and data management systems were not in line with data security standards.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support the development of services.

- Patients' and staff views and concerns were encouraged. There was an active patient participation group (PPG) however they found it challenging to get the practice to take on new ideas and technology.
- The service was transparent and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning but little innovation or service development. For example, there was a system for learning from significant events however when improvements from incidents were identified they were not always implemented or embedded into practice.

Are services well-led?

Please refer to the Evidence Tables for further information.

Requirement notices

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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Systems to monitor the collection of repeat prescriptions were not effective.• Systems for the prescribing of controlled medicines were not effective and did not keep patients safe.• Patients' health was not effectively monitored in line with MHRA alerts• Patients' health was not effectively monitored in relation to the use of high risk medicines or followed up appropriately.• Patients were not fully involved in regular reviews of their medicines. <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <ul style="list-style-type: none">• A list of vulnerable adults registered with the practice was not maintained.• There was no system in the patient records system to alert staff if a patient was a vulnerable adult or a child identified as at risk.• An effective system to follow up children that attended A&E or failed to attend hospital appointments was not in place.• Patients with severe infections did not always receive recommended treatment or investigations.• Care plans were not in place for patients receiving palliative care, patients experiencing poor mental health and those patients with a learning disability.• Patients receiving palliative care were not reviewed regularly at multidisciplinary meetings.

This section is primarily information for the provider

Requirement notices

- Patient referral letters to other services were completed by administrative staff, contained inadequate medical histories and examination findings and were not signed or checked by a GP before being sent.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met.

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Access to data management systems, patient identifiable data and patient records were not stored securely.

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- A plan to address the issues identified at our previous inspection had not been effective. We found on going areas of risk that had not been mitigated.
- There were systems for reviewing and investigating when things went wrong however the learning identified was not always applied to practice.

There was additional evidence of poor governance. In particular:

- The practice had not submitted a notification to the CQC following the death of a service user receiving regulated activities.
- Key members of the management team, the practice manager and assistant manager, had not received an appraisal in the last year to support them in their management role.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met.

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Disclosure and Barring Service (DBS) checks had not been undertaken for a GP before they commenced work at the practice.
- There was no proof of identity including a recent photograph in four staff records that we looked.

The registered person employed persons who must be registered with a professional body, where such registration is required by, or under, any enactment in relation to the work that the person is to perform. The registered person had failed to ensure such persons were registered. In particular:

- The professional registration of a locum GP had been due for renewal on 2 February 2018 however, there was no evidence that the practice had checked this had been renewed.
- There was no system in place to monitor that professional registrations of staff who worked at the practice were in date.