

# Denmark Road Surgery

## Inspection report

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

## Ratings

### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



# Overall summary

**This practice is rated as Inadequate overall.** (Previous rating December 2016 – Not sufficient evidence to rate)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Denmark Road Surgery on 15 August 2018 as part of our planned inspection programme. The practice was newly-formed at the time of the last inspection in 2016, and so there was not enough evidence to give the practice a rating for each key question or an overall rating. In 2016, we rated the practice as good for being safe and being well-led.

At this inspection we found:

- The practice had not adequately assessed and mitigated a number of risks, including those related to fire, infection control and substances hazardous to health.
- There was not an effective system to ensure learning and improvement after things went wrong.
- There were areas where the care of patients was below average. In some of these, evidence provided by the practice showed that performance had deteriorated further from 2016/17 (the last published data). There were no documented action plans in place to address these at the time of inspection.
- There was no effective system to ensure that all staff received the training and support required for their roles.
- There were not effective systems to identify patients who needed support and to ensure that it was provided.
- The practice had not acted effectively on longstanding feedback that patients found it difficult to get through to the practice by telephone.
- The complaints policy was not in line with recognised guidance and complaints were not managed in line with the timescales advertised. There was little or no evidence of improvement following complaints.

- There was insufficient leadership of some areas of practice governance, particularly related to safety and the management of staff.
- Systems had been established but had not been monitored to ensure they were working effectively. Some processes were not clearly set out or effective.

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:

- Take action to improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Take action to improve the uptake of cancer screening.
- Take action to improve arrangements for managing confidentiality at the reception desk.

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

# Overall summary

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

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

## Background to Denmark Road Surgery

The practice operates from one site in South Norwood, London, in the Croydon Clinical Commissioning Group (CCG) area. The practice was formed in April 2016 following the closure of its predecessor, Woodside Group Practice, in the same premises. Two of the GP partners from the predecessor organisation formed a new partnership at Denmark Road Surgery.

There are approximately 6200 patients registered at the practice. Most patients are between 15 and 64 years of age. The practice has slightly more patients aged under 18, and slightly fewer older than 65, than an average practice in England. Slightly more patients than at an average practice in England are unemployed.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include extended hours access, out of area registration, minor surgery, learning disabilities, childhood vaccination and immunisation, and flu and pneumococcal immunisation. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The GP team includes a female GP partner, a male GP partner, two female salaried GPs, one female and one male long term locum. The GPs provide a combined total of 32 fixed sessions per week. The nursing team includes a female practice nurse and a female health care assistant. The clinical team is supported by an acting practice manager and nine reception/administrative staff.

The practice is open from 8.00am to 6.30pm Monday to Friday. It is closed on bank holidays and weekends. Appointments are available at various times between 8.00am and 6.30pm Monday to Friday. Extended hours are available from 7.30am to 8.00am and from 6.30pm to 8.00pm on Wednesdays. The practice directs patients needing urgent care outside of normal hours to contact a local contracted Out of Hours service.

The practice operates over two floors in a purpose built building which houses one other GP practice. On the ground floor there is a treatment room, a phlebotomy room for blood testing, a minor surgery area, a waiting area and patient toilets (one with wheelchair access) which are all shared with the other practice; there are six consulting rooms and a reception area. On the first floor, which is accessible by a lift, there is an administrative

office which is used by external health professionals such as district nurses, and two administrative rooms. There is wheelchair access throughout the ground floor, accessible parking and baby changing facilities available.

# Are services safe?

## We rated the practice as inadequate for providing safe services.

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

- There were not effective systems to keep patients safe from abuse, manage infection prevention and control, and manage other risks to the safety of patients and staff.
- There was not an effective system to ensure learning and improvement after things went wrong.

### Safety systems and processes

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

- Staff had received training in how to safeguard children and adults from abuse. Most of the training that had been completed took place after we announced the inspection date. We were told that staff who were in post a year earlier had completed safeguarding training previously, and we asked for evidence of this, but it was not provided.
- The practice's safeguarding policy had recently been presented to staff. Staff we spoke to were able to describe circumstances that they would consider to be a safeguarding concern, and how to report one. Staff we spoke to were able to describe circumstances that they would consider to be a safeguarding concern, and how to report one. In response to the draft report the practice sent us some previous safeguarding policies. We reviewed these and found them to be incomplete.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice did not follow their policy on recruitment checks to confirm the suitability of staff before they started in post.
- There were no checks on the ongoing suitability of staff for their roles.
- There was not an effective system to manage infection prevention and control.

- The practice had assumed, but not assured itself, that the premises building team took adequate measures to ensure the building was safe. There were arrangements to ensure that clinical equipment was in good working order but not to ensure its safety.
- Arrangements for managing waste and clinical specimens were not sufficient to keep people safe.

### Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- Non-clinical staff did not receive a sufficient induction or training before commencing in post. There was an induction system for temporary clinical staff. In response to the draft report the practice told us that staff are given induction booklets when they commence their roles, have their capability and skills assessed at the end of their induction period and have their probation period extended if necessary to give them support. The practice also told us that suitability of staff for roles is done through appraisals. None of the staff files we checked during the inspection had evidence of induction and we did not see evidence of staff suitability being assessed during appraisal.
- The practice had equipment to deal with medical emergencies, but staff had not all received training in emergency procedures in line with recommended guidance.
- On the inspection we understood that there was no written guidance to allow non-clinical staff to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. In response to the draft report the practice sent us a number of documents that detailed equipment or protocols for managing patients in need of urgent attention. We noted that most of these were overdue for review and that it was not clear how the different documents related to each other.
- The practice had recently changed their patient information system. The impact on safety had not been adequately assessed or monitored. The system to follow up urgent referral consultations had ceased to function.

### Information to deliver safe care and treatment

# Are services safe?

- Practice staff had the information they needed to deliver safe care and treatment to patients, but were not consistently documenting all of the necessary information in patient records.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines, but some were not effective.

- The systems for managing and storing most medicines, including vaccines, medical gases, emergency equipment, minimised risks. Emergency medicines were stored in a double locked cupboard in a clinical room. The issues that this might pose in the event of a medical emergency had not been assessed. We reviewed emergency medicines stored in the emergency room. There was not a full range of emergency medicines. In response to the draft report the practice sent us a list of emergency medicines and told us that these medicines were all contained in doctors bags. We did not check the doctors bags during the inspection.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, necessary monitoring information for some medicines was not always recorded in patients notes. We noted that the records of five patients recently prescribed a high risk medicine with no evidence of appropriate monitoring on their records. After the inspection we were sent evidence that the monitoring had been undertaken and the results were on a different system, but had not been added into the patient's medical record.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up appropriately. Most patients with long term conditions were involved in regular reviews of their medicines.

## Track record on safety

The practice did not have a good track record on safety. We rated the practice as good for safety in 2016, but evidence showed that the systems in place at that inspection had not been maintained.

- The practice had not carried out adequate risk assessments in relation to safety issues.
- The practice did not monitor and review key safety information, e.g. the assessments completed by the building management team.

## Lessons learned and improvements made

The practice did not ensure that learning took place and improvements were made when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses, but the analysis of events that were reported was not sufficiently comprehensive to ensure that learning was identified. Events were recorded, but the records did not include a clear account of the events, the discussion, and the learning. There was little evidence of improvement as a result of learning and no monitoring of actions that were agreed. The practice had not identified and assessed a theme in significant events that had occurred.
- The practice acted on patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

**We rated the practice and the population groups people whose circumstances may make them vulnerable and families, children and young people as inadequate for providing effective services.**

**We rated the other population groups (older people, people with long term conditions and people experiencing poor mental health) as requires improvement.**

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

- Evidence showed that the practice had failed to address some areas where patients did not receive good care and treatment.
- Staff did not all receive the training and support required for their role.

## Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Most patients' immediate and ongoing needs were assessed, including their clinical needs and their mental and physical wellbeing. However, the needs of some population groups were not fully assessed and met.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

*This population group was rated as requires improvement for effective because of overarching issues with how the practice ensured the effectiveness of care. There were, however, examples of good practice:*

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines. 72% of patients aged over 75 had received a one-off health check.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

*This population group was rated as requires improvement for effective because of overarching issues with how the practice ensured the effectiveness of care. There were, however, examples of good practice:*

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages. There was one area of below average performance in 2016/17, and we saw (unvalidated) data that showed that this had improved in 2017/18.

Families, children and young people:

*This population group was rated as inadequate for effective because of overarching issues with how the practice ensured the effectiveness of care and because of specific evidence for this population group:*



## Are services effective?

- Childhood immunisation uptake rates were below the target percentage of 90% in 2016/17. Based on data provided by the practice, performance deteriorated further in 2017/18. There was no documented action plan to improve uptake rates.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

*This population group was rated as requires improvement for effective because of overarching issues with how the practice ensured the effectiveness of care. There were, however, examples of good practice:*

- The practice's uptake for bowel cancer screening was below the national average in 2016/17. Unvalidated data for 2017/18 showed that bowel cancer screening rates had fallen. There was no documented action plan in place. In response to the draft report the practice sent us evidence of a project (in 2017) with the screening centre and an email from the bowel screening service that said that uptake was improving. The practice told us that an action plan to improve bowel screening was in place as part of an enhancement to their GP contract.
- The practice did not provide NHS health checks for patients aged 40-74.
- The practice's uptake for cervical screening was 75% in 2016/17, which was below the 80% coverage target for the national screening programme. The practice showed us unvalidated data for 2017/18, which showed improvement, but as the Public Health England data had not been published it was too early to tell if the practice has met the 80% coverage target.

People whose circumstances make them vulnerable:

*This population group was rated as inadequate for effective because of overarching issues with how the practice ensured the effectiveness of care and because of specific evidence for this population group:*

- The practice held a register of patients with a learning disability. There were no registers of other patients living in vulnerable circumstances, such as homeless people and travellers. The practice registration form did not ask patients about circumstances that might make them vulnerable. In response to the draft report the practice told us that all registered patients had provided a home

address. We noted that a practice policy on changes of address said that patients should attach proof of address, with no guidance as to how staff should advise patients who could not provide evidence of their address.

- The practice offered annual health checks to patients with a learning disability, but only 14% of eligible patients received a health check in 2017/18 and staff could not show us a documented action plan to improve this during the inspection, although one was sent to us shortly afterwards. This was undated and had details of a meeting that staff had attended, the template that would be used and how patients who did not attend would be managed. Six patients were reported to have been booked for a review. In response to the draft report the practice sent us an action plan dated September 2018, which set out the protocol for inviting patients for a review, recording reviews and how patients who did not attend would be managed.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. 57% of patients with diabetes received a flu vaccination in 2017/18, according to data provided by the practice.

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

*This population group was rated as requires improvement for effective because of overarching issues with how the practice ensured the effectiveness of care. There were, however, examples of good practice:*

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 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.

# Are services effective?

- 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.

## Monitoring care and treatment

There was quality improvement activity, but this failed to ensure improvement in all of the areas where the practice's effectiveness was below average.

- The practice used information about care and treatment to make some improvements, but there were some areas where there was information that demonstrated weaknesses that had not been addressed.
- There was some evidence of improvement from practice-led quality improvement activity and from initiatives led by the Clinical Commissioning Group.
- The practice had made improvement in some areas of below average performance in 2016/17, but others had deteriorated further.
- Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The exception rates for some specific indicators or conditions were above average in 2016/17. We discussed these with the practice and saw that the rate of patients excepted was lower in the data submitted for the 2017/18 QOF year (unverified and unpublished at the time of our inspection).

## Effective staffing

Staff did not have the skills, knowledge and experience to carry out their roles.

- There was no effective system to ensure that staff had the training required for their role. Up to date records of skills, qualifications and training were not maintained.
- The induction arrangements for non-clinical staff did not ensure that they had the skills and knowledge required. From the evidence seen, there was a system to address poor or variable staff performance, but limited support to ensure improvement. In response to the draft report the practice told us that staff are given induction booklets when they commence their roles, have their capability and skills assessed at the end of their induction period and have their probation period extended if necessary to give them support. The

practice also told us that suitability of staff for roles is done through appraisals and sent us evidence that they have access to employment advice. None of the staff files we checked during the inspection had evidence of induction and we did not see evidence of staff suitability being assessed during appraisal.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and told us how they stayed up to date.

## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- When the practice identified patients who may be in need of extra support they directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. Relatively few carers had been identified.

## Are services effective?

- There were posters in the building advertising local social prescribing workshops.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

### Consent to care and treatment

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

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

**Please refer to the evidence tables for further information.**

# Are services caring?

## We rated the practice as requires improvement for caring.

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

- The practice had not adequately assessed the support it provided to patients so that they could be involved in decisions.
- There were not effective systems to identify all patients who needed support.
- The practice had not acted to ensure patient confidentiality at reception.

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Some of the responses in the 2017 National GP Patient Survey for care provided by nurses were below average, although statistically comparable with other practices. Practice staff did not review the National GP Patient survey results published in July 2017 until August 2018, and no actions were noted. The practice was unaware that the 2018 results were available.
- The practice had a survey form on their website. A staff member could show us that eight responses had been received, but were unable to retrieve the detailed responses to discuss with us. The staff member told us that the website survey was checked periodically, with the last review approximately four weeks ago. The staff member could not recall any recent responses, and thought that most were from 2016. In response to the draft report the practice told us that since the start of

Friends and Family survey, the practice relies on this rather than the website survey. We saw no evidence of action taken in response to feedback on the Friends and Family survey.

## Involvement in decisions about care and treatment

The practice had no systems to help patients to be involved in decisions about care and treatment, although staff told us that they would help individual patients when requested. No steps had been taken to ensure that the practice met the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- There were no communication aids or easy read materials, to support patients with learning disabilities to be involved with their care.
- There was no mechanism to ask patients on registration about their support needs, so that these could be met without patients making individual requests.
- On an individual basis, staff helped patients and their carers find further information and access community and advocacy services.
- Few carers had been identified. Support (other than the offer of a flu vaccination) was offered on an individual and ad hoc basis.

## Privacy and dignity

Staff recognised the importance of people's dignity and privacy, but the reception facilities made this challenging.

- The practice had not taken any steps to ensure confidentiality following the installation of security screens and a speak system.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff told us that they would offer a private room to discuss their needs.

## Please refer to the evidence tables for further information.

# Are services responsive to people's needs?

**We rated the practice, and the population group people whose circumstances may make them vulnerable, as requires improvement for providing responsive services. We rated the other population groups as good.**

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

- *The practice had not acted effectively on longstanding feedback that patients found it difficult to get through to the practice by telephone.*
- *Complaints were not responded to in line with the policy in place at the time and there was little evidence of improvement as a result.*

## Responding to and meeting people's needs

The practice had taken some steps to organise and deliver services to meet patients' needs. Patients' needs and preferences were addressed on an ad hoc basis.

- 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 told us that they made reasonable adjustments when patients indicated that they found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

*This population group was rated as requires improvement for responsive because of overarching issues with how the practice ensured the responsiveness of care. There were, however, examples of good practice:*

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

People with long-term conditions:

*This population group was rated as requires improvement for responsive because of overarching issues with how the practice ensured the responsiveness of care. There were, however, examples of good practice:*

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

Families, children and young people:

*This population group was rated as requires improvement for responsive because of overarching issues with how the practice ensured the responsiveness of care. There were, however, examples of good practice:*

- There were systems 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.
- Staff told us that children were prioritised for appointments. However, there was no consensus or clear guidance as to the upper age of patients to which this prioritisation applied.

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

*This population group was rated as requires improvement for responsive because of overarching issues with how the practice ensured the responsiveness of care. There were, however, examples of good practice:*

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

People whose circumstances make them vulnerable:

*This population group was rated as inadequate for responsiveness because of overarching issues with how the practice ensured the responsiveness of care and because of specific evidence for this population group:*

# Are services responsive to people's needs?

- The practice held a register of patients with a learning disability. There were no registers of other patients living in vulnerable circumstances, for example, homeless people or travellers.
- Staff gave us conflicting accounts as to whether people with no fixed abode could register if they could not provide an address for correspondence.

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

*This population group was rated as requires improvement for responsive because of overarching issues with how the practice ensured the responsiveness of care. There were, however, examples of good practice:*

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

## Timely access to care and treatment

There were some difficulties for patients in accessing care and treatment from the practice within an acceptable timescale for their needs.

- The practice told us that patients with the most urgent needs had their care and treatment prioritised, but there was no written guidance to allow staff to identify these patients.
- Some patients reported difficulties making an appointment. Patients reported that the appointment system was easy to use.
- Data from the National GP Patient survey data published in July 2017 showed that the practice was below average for satisfaction with access by telephone (although statistically the data was comparable to other practices). The practice had not considered these results until 7 August 2018, and was unaware that the 2018 results showed continued dissatisfaction.
- In response to longstanding feedback that patients find it difficult to get through on the telephone, the practice

had recently agreed to expand the telephone provision to allow more (up to 99) patients to queue rather than receive the engaged tone at busy times. This had not yet been implemented, and the practice had not considered that this might not constitute an improvement for patients, or established plans for monitoring. In response to the draft report the practice told us that an engineer visited the site to identify if there were any issues with the telephone lines and that the practice had taken the telephone providers advice and the situation was being monitored for improvement.

## Listening and learning from concerns and complaints

The practice did not respond to complaints appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available, but was incorrect. In response to the draft report, the practice told us that it had changed the complaints guidance. We looked at the information on the practice website. We noted that the practice had removed all of the incorrect information about NHS England's role, but had not replaced it with correct information.
- The complaint policy and procedures were not in line with recognised guidance.
- There was no effective monitoring system to ensure that complaints were responded to according the practice policy. At least one of the complaints that we reviewed was responded to later than the timeframe given in the published policy. The practice told us that the policy had recently been changed. As complaints forms were undated and there was no documented tracking system, we could not tell whether other complaints we looked at were responded to in line with the policy in place at the time of the complaint.
- There was little evidence of improvement in response to complaints and no evidence of monitoring of changes to ensure they were effective.

**Please refer to the evidence tables for further information.**



# Are services well-led?

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

*The practice was rated as inadequate for providing well led services because:*

- *There was insufficient leadership of some areas of practice governance, particularly related to safety and the management of staff.*
- *Systems had been established but had not been monitored to ensure they were working effectively. Some processes were not clearly set out or effective.*
- *The practice failed to act effectively to improve care when there was evidence that it was below the standard required.*

### Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were aware of external issues and priorities relating to the quality and future of services, but had failed to recognise and act on some current issues with the quality of care provided by the practice, particularly as related to safety and the management of staff.
- Although some areas of poor clinical performance had been addressed, there had been a lack of leadership in relation to other areas of weakness.

### Vision and strategy

The practice had not established processes and procedures that delivered their mission statement to patients.

- There was a mission statement on the website and minutes showed that staff were told about a mission and vision statement. In response to the draft report the practice told us that the mission statement in the minutes of the meeting is a summary of the practice aim and vision.
- Staff were clear that their roles involved meeting patients' needs.
- The practice was involved with an improvement initiative led by the clinical commissioning group, but had not otherwise considered their services in the context of health and social care priorities across the region or the particular needs of the practice population.

### Culture

The practice aspired to deliver high-quality sustainable care, but had not established effective systems to deliver it.

- We were told that there had recently been high staff turnover amongst reception staff, for various reasons.
- Staff we spoke with told us they were able to raise concerns. We noted that there had been several significant events caused by issues with administration of processes and (from the records kept) these led, in most cases, to staff being advised to be more careful – rather than comprehensive review of the processes to reduce the risk of human error, or consideration that there might be wider training needs.
- There was not an effective process to ensure that all staff received the support, development and training they needed, including comprehensive induction and high quality appraisal.
- Staff had not completed equality and diversity training.
- The practice apologised when responding to incidents and complaints, but there was no reference in the practice significant event policy to the requirements of the duty of candour.
- We were told that there were positive relationships between staff and teams.
- Staff told us that they felt privileged to work at the practice and enjoyed helping people.

### Governance arrangements

There were not effective systems to support good governance and management.

- Practice leaders had established a number of policies, procedures and activities to ensure safety, but had not assured themselves that they were operating as intended.
- There were a number of processes and systems that were not clearly set out or effective.
- There was not an effective system to ensure staff understood their responsibilities in respect to safeguarding and infection prevention and control.

### Managing risks, issues and performance

Processes for managing risks, issues and performance were not effective.

- The practice systems had failed to identify and address several areas of risk to patient and staff safety.

## Are services well-led?

- Practice leaders had oversight of safety alerts, incidents, and complaints. There was little or no evidence that incidents and complaints had led to improvement.
- There was some evidence from clinical audit of positive impact on quality of care and outcomes for patients.
- The practice did not have plans in place and had not trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

### Appropriate and accurate information

The practice acted did not consistently act on appropriate and accurate information.

- Performance did not improve in all areas that quality and operational information indicated were below average.
- The practice had not acted effectively on the available feedback from patients.
- From the minutes there was no meaningful discussion of quality in practice meetings, beyond reminders to adhere to existing procedures and reactive review of incidents. Clinical and partner meeting minutes had evidence of some fuller discussion, for example in response to prescribing initiatives and audits. None of the meetings had clear actions with details of the person responsible and the timeline, despite the practice template having a table for this information.
- Systems to ensure the confidentiality of patient identifiable data were not effective.

- The practice had recently changed to a new patient information system, and was learning how to use it to monitor the quality of care.
- The practice submitted data or notifications to external organisations as required.

### Engagement with patients, the public, staff and external partners

The practice engaged with patients, the public, staff and external partners, but there was no evidence that this had led to substantive improvements to services.

- There was an active, although newly formed, patient participation group.
- Staff told us that they could make suggestions for improvement.
- The practice told us that they submitted notifications to external partners as required.

### Continuous improvement and innovation

There were not consistent effective systems and processes for learning, continuous improvement and innovation:

- There was discussion of issues as they arose and focused quality improvement activity, but no evidence of wider continuous learning and improvement.
- The practice did not take full advantage of incidents and complaints to review and improve systems and processes.

**Please refer to the evidence tables for further information.**



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**Warning notices were served.**

#### 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  
**Warning notices were served.**