Spring Street Surgery

Inspection report

The Bourne Hall Health Centre
Chessington Road, Ewell
Epsom
Surrey
KT17 1TG
Tel: 02083941362
www.springstreetsurgery.co.uk

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

Ratings

Overall rating for this location	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

Spring Street Surgery was previously inspected in November 2014 and August 2015 and was rated good overall and in all domains.

At this inspection in July 2018 the practice is rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Spring Street Surgery on 18 July 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- A number of systems and processes were not operating effectively to keep patients, staff and people visiting the practice safe. Recruitment procedures did not ensure the necessary documentation was on file and we found gaps in recruitment documentation for the GP locum. There were no GP locum induction packs. Some Patient Group Directions (PGD) were out of date. (PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription).
- The management of significant events and patient and medicine safety alerts needed improvement.
- Policies and procedures did not always contain adequate, or practice specific information, some had not be reviewed for a number of years and information was not easy to locate.
- Some data relating to the management of long term conditions was significantly lower than clinical commissioning group (CCG) and England averages. We also noted that in some areas there was a higher number of patients who were exception reported. (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).
- Staff had not completed mandatory training including safeguarding vulnerable adults and children and most non-clinical staff had not received an appraisal.
- Not all staff were aware who the leads were for safeguarding and the practice policy and procedures did not contain adequate information.
- The practice acted on external information about patients experiences.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- The practice was equipped to treat patients and meet their needs.
- We observed the premises to be visibly clean and tidy.

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

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

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

Overall summary

- Consider ways to identify more patients who are carers and strengthen ways in which they can be supported.
- Review ways to increase uptake for cervical screening.
- Review meeting structures for non-clinical staff and the frequency of attendance of clinical staff to ensure greater shared learning.
- Consider different ways to gather patient feedback.
- Review how information is displayed for patients who wish to make a complaint.

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 FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Spring Street Surgery

Spring Street Surgery is situated in the village of Ewell and provides a range of primary care services to approximately 6,800 patients.

Spring Street Surgery is run by three GP partners (two male and one female) and three salaried GPs (all female). Two practice nurses, a team of administrative staff and a practice manager, also support the practice.

The practice provides clinics for particular patient groups. These include flu, antenatal care, cervical screening, minor surgery, childhood and adult immunisations

Services are provided from one location:

The Bourne Hall Health Centre, Chessington Road, Ewell Epsom Surrey, KT17 1TG

http://www.springstreetsurgery.co.uk/

Opening hours are Monday to Friday 8am until 6pm.

Extended hours are 6.30pm to 8.20pm, on alternating Monday and Thursday evenings. (These are pre-bookable appointments only with either a GP or a Health Care Assistant).

The practice is part of a federation of GP practices that offer evening appointments until 9pm and weekend appointments 9am until 1pm. These appointments are run from locations in Leatherhead, Epsom and on the Downs.

Patients (birth to 16 years) are also able to attend a children's clinic Monday to Friday from 4pm to 8pm run from separate locations.

The practice is registered to provide the following regulated activities:

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

During the times when the practice was closed 6pm until 8am, the practice had arrangements for patients to access care from an Out of Hours provider.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Not all staff had received safeguarding training and polices did not contain relevant information for staff to refer to. Staff we spoke with were unsure who the leads were for both safeguarding vulnerable adults and children.
- Some Patient Group Directives (PGD) were out of date.
- The practice did not have oversight of all significant events and completed outcomes were not always recorded.
- The practice did not always record actions taken from MHRA alerts and so could not evidence that required action had taken place.
- Locum recruitment files we reviewed did not contain inductions to the practice.
- There were gaps in recruitment files we reviewed.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse. However, not all staff had received training for safeguarding children or vulnerable adults and polices did not contain relevant information.

- The practice stored all policies and procedures in a shared folder within the computer system. However, most folders contained information that was out of date and possibly were no longer relevant. For example, there was no policy or procedures for staff to follow in the Locum folder or in the Health and Safety folder.
- When we reviewed the safeguarding folder, we found there were a number of documents relating to safeguarding. However, most of these were out of date. The policy for children's safeguarding did not contain relevant information. This meant that the staff did have up to date information that they could easily refer to. For example, phone number to call.
- Staff we spoke with understood safeguarding. However, not all staff had received up-to-date safeguarding training appropriate to their role. Clinical staff we spoke with told us they had completed safeguard training but we saw no evidence of training completed. Some of the staff we spoke with were not aware of who the leads were.
- 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 had recruitment procedures in place but we found that they were not always followed. We viewed three recruitment files for recently employed staff and found there was missing information in each of them.
- There was an effective system to manage infection prevention and control and an up to date audit was in place.
- The practice had arrangements in place to ensure that facilities and equipment were safe and in good working order and maintained regularly.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some systems in place 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.
- There was an effective induction system for staff tailored to their role. However, we noted that locum GPs did not have evidence of an induction to the practice. The practice manager told us they were working on a new induction pack to give to locum GPs.
- The practice was equipped to deal with medical emergencies. However, not all staff were trained in basic life support.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, non-clinical staff were not familiar with the 'red flag' sepsis symptoms that might be reported by patients, or how to respond in such a situation.

Inadequate

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The practice held a register for patients with a learning disability.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- 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 some systems in place for the appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. 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 on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had emergency medicines in place which were easily accessible and all staff knew of their location.
- The provider had an effective system in place to monitor and track blank prescriptions in accordance with national guidance.
- Staff did not always have the appropriate authorisations in place to administer medicines. We viewed Patient Group Directions (PGDs) and found some of these were no longer in date. A PGD is a written instruction for the administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Track record on safety

The practice's track record on safety was not consistent.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources. However, the practice had not identified the issues found during this inspection.
- Staff were encouraged to raise any areas of concern relating to safety.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, the management of significant events was not robust and actions were not always recorded after Medicines and Healthcare Regulatory Agency (MHRA) alerts.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, one of the GPs we spoke with was unsure as to how to access significant events documentation.
- There were systems for reviewing and investigating when things went wrong. However, the practice not always keep a complete record of significant events or the action taken and so there was no central information recorded to refer to. During the inspection we were made aware of a further two significant events which were not stored centrally. One we were unable to see any documentation for including action taken or any learning. Therefore, we could not be certain that that practice had oversight of all significant events and that information was available for staff to review for shared learning. We saw no evidence that significant events were reviewed again after their initial investigation to look for trends or to review if actions taken place had proven positive.
- The practice received external safety events and patient and medicine safety alerts. We noted there was no clear record of when alerts were received, the actions required and if the actions had been completed.

Please refer to the evidence tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services and overall for the five population groups.

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

- Staff had not completed mandatory training.
- Not all non-clinical staff had received an appraisal.
- Some outcomes for QOF were below England and local averages. The practice had not investigated why or how it was going to effectively manage the health of the patients who had not been reviewed.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice

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.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice operated a GP buddy system. This meant that if a patient could not see their own GP they would be offered an appointment with the GPs buddy. This helped with continuity of care.

Older people:

This population group was rated as requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- 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.
- The practice looked after patients at several local care homes.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people was in line the England average.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.

People with long-term conditions:

This population group was rated as inadequate for effective because:

Patients with long term conditions was not being effectively managed.

- Not all patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice's performance on quality indicators for long term conditions were below local and England averages.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 51% compared to a local average of 75% and England average of 78%
- 31% of patients with COPD who needed a review undertaken (including an assessment of breathlessness) in the preceding 12 months had been exception reported. Compared to an exception rate of 11% for both the local clinical commissioning group area and England average. Only 72% of those included in the QOF data did then have a review. Compared to 92% for the local clinical commissioning group area and 90% for England. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- 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.
- The practice provided unverified 2017/2018 QOF data which showed improved scores however, exception reporting was not included in the data sent.

Inadequate

Are services effective?

Families, children and young people:

This population group was rated as requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- Childhood immunisation uptake rates were below the target percentage of 90%.
- 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:

Concerns found in the effective domain affected all population groups

- The practice's uptake for cervical screening was 76.6%, which was comparable to the local and England average but below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was in line the England average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for effective because:

Concerns found in the effective domain affected all population groups

- 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.
- The practice could offer longer appointments for patients where necessary. For example, for patients with a learning disability or whose first language was not English.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

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

This population group was rated as inadequate for effective because:

Patients experiencing poor mental health was not being effectively managed.

- The practices performance on quality indicators for mental health was below local and England averages. Therefore the practice could not demonstrate that they assessed and monitored the physical health of all people experiencing poor mental health.
- 62% of patients with schizophrenia, bipolar affective disorder and other psychoses needing to have a comprehensive, agreed care plan documented in the preceding 12 months had been exception reported. Compared to an average exception rate of 11% for the local clinical commissioning group area and 12% for England. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- 52% of patients diagnosed with dementia needing to have a face-to-face review in the preceding 12 months, had been exception reported. Compared to an exception rate of 6% for the local clinical commissioning group area and 7% for England . Only 56% of those included in the QOF data did then have a review. Compared to 81% for the local clinical commissioning group area and 84% for England.
- 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.
- The practice provided unverified 2017/2018 QOF data which showed improved scores however, exception reporting was not included in the data sent.

Monitoring care and treatment

The practice had a programme of quality improvement activity. However, they did not routinely review the effectiveness and appropriateness of the care provided in relation to reviewing QOF figures. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published QOF results were 81% of the total number of points available, which was 14% below

the clinical commissioning group (CCG) average and 15.5% below the England average. The clinical exception reporting rate was 11% which was above the CCG average (9.3%) and the England average (9.6%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) However, we noted there were pockets of high exception reporting for certain health concerns. For example, patients with chronic obstructive pulmonary disease.

- We spoke with the practice manager in relation to the QOF results. They told us that the practice exception reported patients if they still had not attended a review after their third reminder. However, the practice could not provide evidence that they had investigated why their rate was higher than the CCG and England averages or if they were effectively managing patients care in particular areas where QOF figures differed from CCG and England averages.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, people requiring contraceptive reviews.
- We viewed staff training and found gaps in training. For example, fire awareness training, safeguarding vulnerable adults and children, Basic Life Support and infection control. This included both clinical and non-clinical staff.
- The practice had recently changed their on line training for staff. Staff we spoke with were aware of the training they needed to complete. However, they told us that they did not always have the time to complete this, as they did not have protected time for training. Staff had not been given time-frames in which training needed to be completed by.
- The practice manager told us that training requirements for non-clinical staff would be discussed at annual appraisal. However, we found that most non-clinical staff had not received an appraisal
- The practice provided staff with ongoing support. There was an induction programme for new staff. However, we noted that the locum GP did not have evidence of an induction and the practice manager informed us they were in the process of creating a locum pack.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and 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 deciding care delivery for patients with long term conditions and when coordinating healthcare for care home residents. The 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 have 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 were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.

Inadequate

Are services effective?

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

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and England averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- 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.
- The practices GP patient survey results were in line with local and England averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Comments from patients spoken with or from CQC comment cards, informed us that patients felt their dignity and privacy was respected.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had installed a blood pressure monitor within the waiting area that patients could use.

Older people:

- All patients had a named GP who supported them with same day appointments for those with enhanced needs.
- The practice provided flu vaccinations for this patient group.

People with long-term conditions:

- Clinical staff were trained to treat patients with a long-term condition. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A specialist diabetic nurse attended the practice every two weeks.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice could offer additional appointments at an external children's clinic Monday to Friday 4pm to 8pm for a child under the age of 16.

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

- 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, evening and weekend appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was able to use translation services for those patients who first language was not English.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. These patients were offered longer appointments when required.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

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.
- The practices GP patient survey results were in line with local and England averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

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. Staff treated patients who made complaints compassionately. However, we noted that patients could only access a copy of the practice's complaints procedure by contacting the Practice Manager.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

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

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

- There was a lack of management oversight in governance including, policies and procedures, staff training and appraisals and ensuring correct PGDs were in use.
- There was a lack of evidence that the provider investigated and acted on the quality of care for patients when QOF figures showed they were below England and local averages.
- Opportunities for learning and improvement from significant events were not utilised.

Leadership capacity and capability

On the day of inspection the leaders in the practice told us they prioritised safe, high quality and compassionate care.

- Leaders were knowledgeable about external issues affecting demands for care and the quality and future of services. There were other areas, particularly related to safety, where the leaders did not have sufficient knowledge or oversight.
- Leaders at all levels were visible and approachable.

Vision and strategy

The practice did not have a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. However, not all areas of this were implemented effectively.
- The practice did not effectively monitored progress against delivery of the strategy.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- 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.
- Processes for providing all staff with the development they needed were not effective. Not all staff had not completed mandatory training or had received an appraisal. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. However, staff had not received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Systems and processes to support governance were lacking.

- Staff were clear on their own roles and accountabilities but were unsure on specific roles within the practice. For example who the safeguarding leads were.
- Practice leaders had not established adequate policies and procedures. For example, some polices we reviewed did not contain a created or reviewed date, some did not contain information for staff to follow, or practice specific information. Polices were stored within folders on the practice's computer shared drive. However, we noted that in some cases relevant information was hard to locate. For example, the health and safety folder did not contain a policy but instead various guidance one of which was dated 2006.
- The practice was lacking an effective system to ensure all staff had received appropriate training for their role.
- Non-clinical staff had not received an appraisal with the exception of one staff member.
- Some Patient Group Directives (PGD) were out of date.
- The management of significant events and MHRA alerts needed to be strengthened.
- Some outcomes for QOF were below England and local averages and the practice. The practice could not provide evidence that they had investigated why or how it was going to effectively manage the health of the patients who had not been reviewed.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not always effectively implemented.

Inadequate

Are services well-led?

- Practice leaders did not have an effective oversight of performance. For example, in relation to the quality and outcomes framework (QOF), the management of alerts, incidents and staff training.
- There was evidence of clinical audits and change to practice to improve quality. However, the practice had completed three clinical audits, two of which were single cycle. Only one had been re-audited but was dated November 2015 and there was no record of the third cycle of this audit which had been recommended.

Appropriate and accurate information

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

- Quality and operational information was available but the practice had not used the information to ensure and improve performance.
- Performance information was not always combined with the views of patients. The PPG had been inactive for over a year and the practice had not conducted any recent patient surveys.
- Quality and sustainability were discussed in relevant meetings. However, not all staff had sufficient access to information.
- There was no evidence to suggest that accurate performance information in relation to QOF was used to monitor performance and the delivery of quality care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, signed confidentiality agreements were not evident in all staff files.

Engagement with patients, the public, staff and external partners

The practice was not always pro-active in involving patients, the public, staff and external partners to support high-quality sustainable services.

- The patient participation group (PPG) had not been active since July 2017 due to illness and patients stepping down from the role. The PPG Chair and the practice manager had arranged a meeting for August 2018 to discuss how they could re-engage patients to join. We spoke with the chair who told us the practice and the PPG was a joint initiative, to support both the practice and its patients. They told us the practice actively sort their views and listened to their opinions and that the plan was to continue this going forward with new members.
- The service was transparent, collaborative and open with stakeholders about performance.
- Staff we spoke with told us that their views counted and helped to shape services. However, we noted there were no proactive systems in place for providing non-clinical staff opportunities to provide feedback. For example, non-clinical staff did not attend formal meetings.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Monitor the action taken from significant events to prevent further occurrences and ensure improvements are made as a result.The service provider had failed to ensure the proper and safe management of medicines. In particular:Ensuring PDGs were up to date.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person's had failed to ensure there were effective systems and processes established and operating effectively to prevent abuse of service users. In particular:Not all staff had received training in safeguarding for vulnerable adults or children.Polices did not contain relevant information for staff to follow.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person's had failed to ensure there were effective systems and processes established to assess, monitor and improve the quality and safety of the service provided. The provider had failed to ensure information was up to date and accurate. In particular:Policies and proceduresThe monitoring of significant eventsThe monitoring of Alerts received and the recording of actions taken.The provider had failed to

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monitor plans to improve the quality and safety of services and take appropriate action without delay where progress is not achieved. In particular:Investigate QOF results - where lower than local and England averages and where exception reporting is above local and England averages.

Regulated activity	Regulation
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 The registered person's recruitment procedures did not ensure that required information was available for persons employed. In particular:Interview summaries Signed contractsPhotographic proof of identitySigned confidentiality policyMedical indemnityRecruitment policy did not refer to the Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, and appraisals as was necessary to enable them to carry out the duties they were employed to perform. In particular: Appraisals for non-clinical staffStaff mandatory training