

The Heaton Medical Practice

Inspection report


Haworth Road Health Centre
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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?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous rating December 2016 – Rating Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at The Heaton Medical Practice name on 11 September 2018, as part of our inspection programme.

At this inspection we found:

- Staff were not sufficiently trained in safeguarding awareness relevant to their role.
- The provider had not acted on issues identified during a recent infection prevention and control audit or ensured that all staff were trained in infection prevention and control.
- The provider did not consistently ensure that a GP was onsite, and Advanced Nurse Practitioners were routinely seeing acutely ill children under the ages of two years, without having received enhanced training to undertake this role.
- Newly appointed staff did not have a programme of planned training as part of their induction or documented updates on their progress. The practice provided staff with limited ongoing support.
- During the inspection, we identified 210 outstanding test results on the system, 62 of these dated back to January 2018.
- Temperature sensitive medicines were not transported to patients' home in an approved medical grade cool box.
- Prescription stationery was not monitored by the provider for audit and security purposes.
- There was an absence of risk assessment activity, including both fire and Health and Safety.
- The provider's management of significant events and learning from them was insufficient.
- The practice could not consistently ensure that End of Life care was delivered in a coordinated way because there were insufficient GPs available to visit patients in need.

- There was not an effective system in place for following up patients with a mental illness who failed to attend for their appointments.
- The practice did not have a full understanding of the learning needs of staff and did not consistently provide protected time and training to meet them. We received mixed views from staff we interviewed; some staff felt well-supported whilst others told us they felt left to cope in a high-pressure environment.
- Members of the leadership team, which comprised the Registered Manager, second GP partner and the Business Manager did not visit the site on a regular basis or maintain effective oversight of activities at the location.
- The leadership team did not arrange or attend meetings with either the clinical or non-clinical team. We saw that the practice had not had a staff meeting since March 2018.
- A range of policies we reviewed contained out of date information. Staff were not sufficiently trained or aware of their role in notifying external organisations of significant events.
- The provider had not shared the findings of the survey with the staff team or drafted an action plan to address the issues raised.

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.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.

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

- Improve the provision of independent interpretation services for patients who need this service to be assured of their privacy, dignity and safety.

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

Overall summary

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.

We are taking further action in line with our enforcement processes. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted

within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to The Heaton Medical Practice

The Heaton Medical Practice, is located at Haworth Road Health Centre, Haworth Road, Bradford, West Yorkshire, BD9 6LL. The practice provides services for 5,663 patients under the terms of a Personal Medical Services contract. The practice buildings are accessible for those with a physical disability or mobility issues. In addition, the practice has on-site parking available for patients, with designated spaces for disabled patients who require them.

The practice population catchment area is classed as within one of the second most deprived areas in England on a scale of one to ten, with a rating of one being the most deprived and ten the least deprived. The age profile shows that the practice has a higher number of patients aged 18 years and under. This is 32% for the practice compared to 24% as a local average and 21% as a national average. Life expectancy of the practice population is in line with other GP practices in the NHS Bradford District Clinical Commissioning Group (CCG) and is lower than the national average.

The National General Practice Profile states that 57% of the practice population is from an Asian background.

The Heaton Medical Centre is registered with the Care Quality Commission to provide; surgical procedures, diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice offers a range of enhanced local services including those in relation to:

- childhood vaccination and immunisation
- travel vaccinations
- Influenza and Pneumococcal immunisation
- Joint injections

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including spirometry for lung conditions, ECG and blood pressure monitoring, advice and support for alcohol misuse, weight loss and social prescribing including help in accessing welfare benefits.

Allied with the practice is a team of community health professionals that includes health visitors, community matrons, midwives and members of the district nursing team.

The clinical team consists of one part-time locum GP (male) providing four clinical sessions each week, two full-time Advanced Nurse Practitioners (one male, one

female), one practice nurse and a health care assistant (both female). Additional GP locums are booked on an as required basis and could be either gender dependent on availability. The GP partnership does not provide any clinical sessions, with the exception of an occasional joint-injection clinic provided by one of the partners. The clinical team is supported by an onsite part-time assistant practice manager and a team of administrative and management support staff. The business manager works full time at another location, but is available via the telephone and undertakes occasional visits to the site as required.

The practice appointments include:

- Pre-bookable appointments
- Urgent and on the day appointments
- Telephone consultations

- Home visits

Appointments can be made in person or by telephone.

Practice opening times are:

Monday - 8am to 6.30pm

Tuesday – 8am to 8.30pm

Wednesday – 8am to 6.30pm

Thursday – 8am to 6:30pm

Friday – 8am to 6.30pm

Out of hours care is provided by Local Care Direct, reached by dialling 111.

The previously awarded ratings are displayed as required in the practice and on the practice's website.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Staff were not sufficiently trained in safeguarding awareness relevant to their role.
- The provider had not acted on issues identified during a recent infection prevention and control audit or ensured that all staff were trained in infection prevention and control.
- The provider did not consistently ensure that a GP was onsite and ANPs were routinely seeing acutely ill children under the ages of two years, without having received enhanced training to undertake this role.
- During the inspection, we identified 210 outstanding test results on the system, 62 of these dated back to January 2018.
- Temperature sensitive medicines were not transported to patients' home in an approved medical grade cool box.
- Prescription stationery was not monitored by the provider for audit and security purposes.
- There was an absence of risk assessment activity.
- The provider's management of significant events and learning from them was insufficient.

Safety systems and processes

- The practice had a system in place to safeguard children and vulnerable adults from abuse. However, most clinical staff had not received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available. However, we saw that a report sent to the staff from the local Trust following the death of a vulnerable adult had not been formally reviewed by the provider. The findings of the report contained a number of valuable opportunities for review and learning which had not been noted or acted upon.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff took steps, including working with the local health visitor, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis in most cases. However, we saw that a newly appointed member of staff was attending clinical sessions as an observer, prior to the completion of a DBS check. The provider told us during the inspection that a DBS check had been undertaken, but had not been documented.
- The system to manage infection prevention and control was ineffective and had not been fully implemented or actioned. We saw that an audit had been undertaken in July 2018. However, no action plan had been drafted to act on issues identified. Not all staff had received infection prevention and control training relevant to their role. A policy sent to us following the inspection was dated 2018. However, the document was based on a range of guidance published between 2000-2010 which had since been superseded by more recent guidance.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were limited systems in place to assess, monitor and manage risks to patient safety.

- There were insufficient arrangements 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. We saw that ANPs frequently managed clinics without a GP being onsite. We were told that a GP was not always present at the location and the long-term locum did not have protected administration time. We spoke to a local nursing home who confirmed that a GP was not always available to visit and manage End of Life care arrangements. They told us that patients would sometimes be referred to the out of hours service or directly to Accident and Emergency. ANPs routinely saw acutely ill children aged under two years. The ANPs had

Are services safe?

not received any enhanced training to undertake these consultations. We asked the practice to voluntarily cease this practice, which the provider agreed to do, following the inspection.

- Newly appointed clinical staff did not have a formal programme of induction or mentorship commensurate with their responsibilities. We did not see evidence of clinical supervision, although clinicians assured us they could telephone the partners for advice. However, we were told that they usually contacted the locum, even on his days off, as they found this easier.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

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

- The care records we reviewed showed that clinical recording and planned actions were appropriate. However, there was an inconsistent approach to managing test results and filing correspondence from secondary care services. During the inspection, we identified 210 outstanding test results on the system, 62 of these dated back to January 2018. The majority of these were marked abnormal and had not been opened, read or acted upon. Following the inspection, the provider sent us evidence that this backlog of results and correspondence had been reviewed and acted upon.

Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines.

The systems for managing and storing medicines at the location, including vaccines, medical gases, emergency

medicines and equipment, minimised some risks.

However, we saw that medicines requiring refrigeration were occasionally transported to patients' homes in a domestic cool bag and not a medical grade cool box. We saw that stocks of blank prescription stationary were stored in a locked room. However, there was no supporting system to track subsequent usage across the practice. During the inspection, we saw that a number of blank prescriptions had been retained on the premises, assigned to staff who no longer worked at the location.

- Staff prescribed, 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.
- There were effective protocols for verifying the identity of patients during telephone consultations.
- 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.

Track record on safety

- A fire risk assessment had not been undertaken by the provider.
- The provider had not undertaken any health and safety or premises risk assessment activity.

Lessons learned and improvements made

The practice did not demonstrate sufficient learning or improvements when things went wrong.

- Staff did not fully understand their duty to raise concerns and report incidents and near misses. Leaders and managers did not consistently support them when they did so.
- There were insufficient systems for reviewing and investigating when things went wrong.
- The practice acted on medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice and three of the population groups as inadequate for providing effective services. The population groups of People with long-term conditions, Families and People whose circumstances make them vulnerable were rated as inadequate. The remaining population groups were rated as requires improvement.

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

- There was insufficient monitoring and a failure to act upon patient test results and correspondence in a timely way.
- The practice could not consistently ensure that End of Life care was delivered in a coordinated way because there were insufficient GPs available to visit patients in need.
- There was not an effective system in place for following up patients with a mental illness who failed to attend for their appointments.
- The practice did not have a full understanding of the learning needs of staff and did not consistently provide protected time and training to meet them. We received mixed views from staff we interviewed; some staff felt well-supported whilst others told us they felt left to cope in a high-pressure environment.
- The practice provided staff with limited ongoing support. We did not see a documented induction programme for new staff, planned training or documented updates on their progress.

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.

- However, insufficient monitoring and a failure to act upon patient test results and correspondence in a timely way did not provide assurance that patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

The concerns identified with the effectiveness of the practice affected all population groups.

- 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 medication.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

The concerns identified with the effectiveness of the practice affected all population groups.

- 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 ANPs and GPs 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. For example, in the treatment of diabetes.
- 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 some quality indicators for long term conditions was below local and national averages. However, we saw that improvements in outcomes were being achieved when compared to the previous year.

Families, children and young people:

Are services effective?

The concerns identified with the effectiveness of the practice affected all population groups.

- Childhood immunisation uptake rates were in line or above 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):

The concerns identified with the effectiveness of the practice affected all population groups.

- The practice's uptake for cervical screening was 62%, which was below the 80% coverage target for the national screening programme. However, the practice had achieved a 7% increase in uptake from the previous year following a campaign to encourage hard to reach patients.
- The practice's uptake for breast and bowel cancer screening was below the national average and the practice told us they opportunistically encouraged uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

The concerns identified with the effectiveness of the practice affected all population groups.

- The practice could not consistently ensure that end of life care was delivered in a coordinated way. This was because usually only one long-term locum GP was willing to undertake home visits or attend care homes and only attended the provider for four clinical sessions each week. The ANPs offered home visits, but were not able to offer support for certain aspects of end of life care.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or receiving End of Life care.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

The concerns identified with the effectiveness of the practice affected all population groups.

- 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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was comparable with local and national averages.

Monitoring care and treatment

The practice pharmacist undertook quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, we saw that ANPs were routinely seeing acutely ill children under two years of age, without having received enhanced training for this role. The provider voluntarily agreed to stop undertaking these consultations and refer these children to a GP.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice did not have a full understanding of the learning needs of staff and did not consistently provide

Are services effective?

protected time and training to meet them. We received mixed views from staff we interviewed; some staff felt well-supported whilst others told us they felt left to cope in a high-pressure environment.

- The practice provided staff with limited ongoing support. We did not see a documented induction programme for new staff, planned training or documented updates on their progress.
- There was no clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating 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. However, the practice could not consistently ensure that end of life care was delivered in a coordinated way. This was because usually only one long-term locum GP was willing to undertake home visits or attend care homes. The locum worked four clinical sessions a week, which meant that there were occasions where a care provider would need to contact an out of hours provider or admit a patient to Accident & Emergency.
- 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 have relocated into the local area or who were recognised as being vulnerable.

- 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.

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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported local and national priorities and initiatives to improve the population's health, for example, reducing hypertension, managing diabetes, and tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Feedback from patients during the inspection was variable and the outcome of the most recent national patient survey was lower than the national average.

Kindness, respect and compassion

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

Involvement in decisions about care and treatment

Staff did help the majority of 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.
- 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 practice proactively identified carers and supported them.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff told us they offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. However, we saw that the provider routinely expected a patient's family to act as an interpreter during consultations.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

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

- Feedback from patients during the inspection was variable and the outcome of the most recent national patient survey was lower than the national average. The provider had not shared the findings of the survey with the staff team or drafted an action plan to address the issues raised.
- All patients had a named GP. However, the named GP was the Registered Manager who rarely attended the location and did not offer any clinical sessions.
- Patients had access to initial assessment, test results, diagnosis and treatment. However, we saw that the management of test results was not always prioritised, leading to potential delays in treatment.
- The provider had removed access to the online booking system so patients had to telephone or attend in person to make an appointment.
- The provider did not manage their complaints process effectively.

Responding to and meeting people's needs

- Telephone consultations and early morning appointments 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 at times when patients found it hard to access services, although locum GPs were not consistently willing to undertake home visits.
- 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, although a GP was not always available to undertake home visits.

Older people:

The concerns identified with the responsiveness of the practice affected all population groups.

- All patients had a named GP. However, the named GP was the Registered Manager who rarely attended the location and did not offer any clinical sessions.
- The practice offered home visits when there was capacity to do so and urgent appointments for those with enhanced needs. The ANPs, GPs and practice nurse also accommodated home visits for those who had difficulties getting to the practice, although capacity to deliver these services was limited.

People with long-term conditions:

The concerns identified with the responsiveness of the practice affected all population groups.

- Most patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Joint-injections were offered by one of the GPs on an occasional basis.

Families, children and young people:

The concerns identified with the responsiveness of the practice affected all population groups.

- We found 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. We have advised the provider that they must ensure suitably qualified staff are available to treat any acutely ill children under two years of age.

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

The concerns identified with the responsiveness of the practice affected all population groups.

- Early morning appointments were available with an ANP on request, to assist people who could not attend the practice during the usual working day. However, access to the online appointment booking system had been removed by the provider.

People whose circumstances make them vulnerable:

The concerns identified with the responsiveness of the practice affected all population groups.

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- However, the provision of independent interpretation services for patients who need this service to be assured of their privacy, dignity and safety required improvement.

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

The concerns identified with the responsiveness of the practice affected all population groups.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. However, there was not an effective system for following up patients with a mental illness who failed to attend for their appointments.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had access to initial assessment, test results, diagnosis and treatment. However, we saw that the management of test results was not consistently prioritised, leading to potential delays in treatment. Not all staff with responsibility for managing results could demonstrate insight into the need to manage pathology results in a timely manner.
- Long waiting times and delays were reported to us by patients during the inspection.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was very hard to access. The provider had disabled the online appointment booking facility and advised patients to queue in person or telephone the practice. Patients told us that there could be long delays in have calls answered.
- The practices GP patient survey results were significantly below local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints courteously. However, no record was made of verbal complaints. We also saw that some issues of complaint were not fully addressed in the response provided.
- The complaint policy and procedures were in line with recognised guidance, but contained some out of date information and did not consistently advise patients of their right to refer a complaint to the Parliamentary and Health Service Ombudsman. The practice had not provided suitable training for the manager with responsibility for managing complaints and we saw that complaints were not reviewed with the Registered Manager. The provider was unable to offer any examples of how learning from complaints had improved processes or patient care.

Please refer to the evidence tables for further information.

Are services well-led?

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

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

The partners did not provide effective leadership to the staff team based at Heaton Medical Centre.

- Members of the leadership team, which comprised the Registered Manager, second GP partner and the Business Manager did not visit the site on a regular basis or maintain effective oversight of activities at the location.
- The leadership team did not arrange or attend meetings with either the clinical or non-clinical team. We saw that the practice had not had a staff meeting since March 2018. Some staff felt isolated and unsupported.
- Leaders were unable to demonstrate sufficient governance oversight of safeguarding, training, risk assessments, significant events or the management of complaints.
- Staff told us that they had raised concerns about the need for additional clinical staff. However, they had been told that additional clinical staff could not be funded due to financial constraints.
- A range of policies we reviewed contained out of date information.
- Staff were not sufficiently trained or aware of their role in notifying external organisations of significant events.

Leadership capacity and capability

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

- Leaders at all levels were described by all staff as approachable. However, they were rarely seen at the service.
- The practice had ineffective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- A business plan given to us during the inspection was undated. The business manager advised it that it had been written in August 2018. The plan did not contain

sufficient detail regarding how future priorities would be achieved. In addition, we found that some of the statements contained within the business plan were inaccurate.

Culture

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

- Staff told us that the governance systems across the practice were fragile.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. However, they did not have confidence that issues would be addressed.
- Not all staff had received an appraisal.
- Some staff told us they did not always feel supported.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were not clearly understood.

- Staff we spoke to could not consistently demonstrate appropriate levels of training in areas such as safeguarding and information governance.
- Practice meetings had not been held since March 2018 and the partners had not attended any meetings at the location during 2018.
- Practice leaders had established policies and procedures. However, a number of those we reviewed were found to contain out of date information. For example, safeguarding, infection prevention and control and complaint policies.

Managing risks, issues and performance

There were insufficient processes for managing risks, significant events and staff capacity.

- Risk assessments for fire, health and safety and premises had not been undertaken.
- Practice leaders had insufficient oversight of incidents and complaints.
- The timely management of pathology results were not prioritised by the practice.

Are services well-led?

- The practice had business continuity plans in place and told us they had trained staff for major incidents. However, a recent failure in the telephone system was not managed in accordance with the prescribed procedure, exacerbating access difficulties for patients.
- The practice had not sufficiently considered or understood the impact on the quality of care of service changes or developments. In particular, the decision to remove the on-line appointment booking facility.
- We saw that some members of the clinical staff had met in August 2018 to discuss their ongoing concerns around ongoing clinical pressures, risks to patient safety and a lack of support and leadership from the senior management team. We were advised that following this meeting, the partners (who had not been invited to this meeting) were told of the concerns and they confirmed that no additional resources were available to increase the number of clinicians.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve performance. For example, in the management of diabetes and hypertension.

- However, the practice did not have effective systems in place to submit notifications to external organisations as required. For example, a significant event regarding the failure of the telephone system was not reported internally or externally in a timely way.

Engagement with patients, the public, staff and external partners

- The provider had a patient group, that had been active since 2016. However, no notes were available of any recent meetings and there had been no actions to report.

Continuous improvement and innovation

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

- The practice pharmacist undertook appropriate medicine reviews.
- The provider had shown improvement in the management of diabetes, hypertension and cervical screening uptake.

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	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:The provider did not record or acknowledge verbal complaints. The complaints procedure contained information that has been out of date until since 2013 (advising patients to contact the Patient and Liaison Advice service). Responses we reviewed did not advise patients to contact the Parliamentary and Health Service Ombudsman if unhappy with the outcome. Complaints did not consistently address all issues that had been raised. Feedback to the staff team was not undertaken. The provider could not evidence any examples of how complaints had led to learning or improvements. Complaints were not routinely discussed or reviewed with the Registered Manager.This was in breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: Fire risk assessments had not been completed. Health and safety risk assessments had not been completed. The registered person 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: Staff were not sufficiently trained in safeguarding awareness relevant to their role. The provider had not acted on issues identified during a recent infection prevention and control audit or ensured that all staff were trained in infection prevention and control. Newly appointed staff did not have a programme of planned training as part of their induction or documented updates on their progress. The practice provided staff with limited ongoing support. A range of policies we reviewed contained out of date information. Staff were not sufficiently trained or aware of their role in notifying external organisations of significant events. Temperature sensitive medicines were not transported to patients' home in an approved medical grade cool box. Prescription stationery was not monitored by the provider for audit and security purposes. The provider's management of significant events and learning from them was insufficient. COSHH data sheets were not available for three cleaning products in use on the premises. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

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

There were insufficient systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The registered provider did not consistently ensure that a suitably qualified, competent, skilled and experienced person was available at all times to ensure that, if care or treatment was required, this could be given in accordance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not ensure that all pathology and medical correspondence relating to patient care, received by the registered provider was reviewed and actioned by a suitably qualified clinician. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.