

# Dr George & Partner

## Quality Report

1st Floor, North Road Primary Care Centre 183-195  
North Road Westcliffe-on-Sea Essex  
SS0 7AF

Tel: 01702 342589

Website: [www.centralandthorpesurgery.co.uk](http://www.centralandthorpesurgery.co.uk)

Date of inspection visit: 19 April 2016

Date of publication: 05/01/2017

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 5    |
| The six population groups and what we found | 11   |
| What people who use the service say         | 15   |
| Areas for improvement                       | 15   |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                      | 17 |
| Background to Dr George & Partner        | 17 |
| Why we carried out this inspection       | 17 |
| How we carried out this inspection       | 17 |
| Detailed findings                        | 19 |
| Action we have told the provider to take | 31 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr George and Partner on 19 April 2016. Overall the practice is rated as inadequate. The practice is rated as inadequate for safe, effective and well led domains. It is rated as requires improvement for responsive and caring domains.

Our key findings across all the areas we inspected were as follows:

- There was a an overall lack of clear leadership within the practice and little oversight and governance for recognising and addressing issues in relation to safety and quality improvement
- Published information in relation to safety such as safety alerts was not widely shared with staff or acted on to help minimise risks to patients.
- Learning from when things went wrong was not embedded into practice and reviewed to help minimise recurrences.
- Repeat prescriptions were routinely issued by reception staff without the appropriate medicines reviews having been carried out.
- GPs had access to relevant guidance in relation to assessing, treating and monitoring patients. However this was not followed consistently. Medicine and health reviews for patients with long term conditions, older patients, patients suffering from poor mental health and vulnerable patients were not carried out in line with guidance.
- Some staff had not received training in safeguarding adults and children and for the role of chaperone. There were insufficient numbers of staff working at the practice to meet the needs of patients.
- Appropriate checks such as Disclosure and Barring Disclosure (DBS) checks were not carried out for relevant staff, including staff who carried out chaperone duties and there were no risk assessments in place to determine that these checks were not needed.

# Summary of findings

- There were limited systems for assessing some risks including those associated with medicines. Fridge temperatures were not monitored properly to ensure that temperature sensitive medicines such as vaccines were stored properly.
- There were procedures in place to ensure that equipment was tested and calibrated where necessary to ensure that it worked properly.
- There were arrangements in place to minimise the risk of fire. The practice had appropriate equipment, which was tested regularly. Fire exits were clearly signposted. However staff had not undergone fire safety training since 2013.
- There were procedures in place to minimise the risk of infection. However these were not adhered to consistently. The practice was visibly clean and infection control audits were carried out. However staff did not have infection control training and the practice could not demonstrate that relevant staff had been vaccinated / had immunity to Hepatitis B.
- There was no business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- The practice did not have a complete supply of recommended emergency medicines and did not stock oxygen for use in the event of a medical emergency.
- The risks of legionella had been assessed.
- Staff were not recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice.
- There were procedures in place for obtaining patients consent to care and treatment however consent was not routinely recorded and the GPs were unable to demonstrate that patients had been told about the intended benefits or potential risks of treatments such as joint injections.
- There was a lack of clinical audits, reviews or other quality improvement in place at the practice to monitor and improve patient care and treatment.
- The majority of staff had not undertaken training in areas including fire safety, safeguarding, chaperone duties, basic life support and infection control. Staff had not undertaken training in basic life support since 2011.
- There was a system for staff appraisal. However the practice manager had never had an appraisal. There were no procedures in place for dealing with underperformance or alleged misconduct of staff including GPs.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. They said that staff were helpful, polite and courteous.
- Data from the most recent GP patient survey showed that the practice performed similarly to or better than the local and national averages for helpfulness of reception staff and the nurse; and lower for some aspects of care including GPs treating patients with care and concern, giving them enough time and listening to them.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to promptly and apologies given to patients when things went wrong or their experienced poor care or services.
- The practice offered a range of appointments including face to face, telephone and online consultations. Data from the most recent GP patient survey showed that the practice performed better than the local and national averages for patient satisfaction in relation to access to appointments and opening times. This was also supported by comments made by patients who we spoke with and those who completed comment cards.
- The practice was located in purpose built premises with disabled access toilets and baby changing facilities.
- The practice could not demonstrate that they proactively sought feedback from staff and patients. Where patients made comments or suggestions or raised complaints these were acted on.

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

Importantly the provider must:

- Ensure that safety is monitored and risks to patients and staff are assessed and managed, including acting on safety information such as safety alerts to help reduce the risks of unsafe care and treatment, learning from significant events and when things go wrong and embedding this into staff practices. This includes

# Summary of findings

identifying and managing risks to patients such as the risks associated with medicines, the issuing of prescriptions, carrying out appropriate patient reviews, infection control and dealing with emergency situations including medical emergencies.

- Ensure that staff are recruited robustly with all of the appropriate checks carried out in relation to their suitability and skills to carry out their roles.
- Ensure that staff performance is appraised, conduct monitored and that staff undertake appropriate training in respect of their roles and responsibilities and to keep people safe. This includes chaperone training and training in safeguarding, fire safety, basic life support and infection control.
- Ensure that there are sufficient numbers of suitably trained staff to meet the needs of patients.
- Ensure that systems are in place for monitoring and improvement of the service quality through reviews, clinical and non-clinical audit or by other means. This also includes improving the leadership and governance arrangements at the practice.

Additionally the provider should:

- Review the arrangements for recording information about patients' needs and any changes to these so that information is accessible to relevant staff.
- Review the practice performance from national surveys and implement improvements where needed.
- Consider ways in which patients views and suggestions for improvement can be encouraged.

- Review the procedures for obtaining and recording consent so that these demonstrate that patients have been made aware of the intended benefits and potential risks of treatment.
- Ensure that a business continuity plan is in place in the event of circumstances that might disrupt the services to patients.
- Improve the identification of patients who are carers.

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

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services. Improvements were required to keep patients and staff safe:

- There were limited procedures in place for acting on and learning from safety events such as accidents, incidents or near misses and published medicine and patient safety alerts.
- Safety alerts were shared with staff but there was little evidence that these were reviewed or acted upon.
- The practice had a dedicated GP safeguarding lead to oversee safeguarding procedures. However some staff had not undertaken training since 2013 and they did not have access to up to date information to assist them in recognising and reporting concerns.
- There were no procedures for staff to follow when carrying out chaperone duties. Staff had not received training and Disclosure and Barring Services (DBS) checks had not been carried out for staff.
- Reception staff who issued repeat prescriptions had not undertaken training in relation to their roles and responsibilities. We saw that repeat prescriptions were issued for medicines including high risk medicines without the proper checks being made by GPs to ensure that patient's medicines reviews and blood tests were carried out.
- There were health and safety risk assessments and information available for staff to follow.
- There was a legionella risk assessment in place.
- The practice had fire extinguishers and fire notices were displayed throughout the practice. There was a fire safety risk assessment and there was a fire alarm system in the practice. Staff had not undertaken fire safety training since 2013.
- Electrical equipment had been tested and clinical and diagnostic equipment had been calibrated to ensure that they were working properly.
- The premises were clean and there were infection control procedures in place. However there was no infection control lead. Some staff had not undertaken training and the practice could not show that clinical staff had been protected against the risk of hepatitis B.
- An infection control audit had been carried out to test the effectiveness of the infection control procedures. However this

Inadequate



# Summary of findings

indicated that training and instructions were available for staff including handwashing techniques and handling samples and the practice were unable to demonstrate that this had occurred.

- Medicines not required to be stored in a fridge were stored securely and medicines we saw were in date.
- Fridges were used to store medicines which required cold storage such as vaccines. However records showed that maximum and minimum temperatures achieved by the fridges over a 24 hour period were not monitored to ensure that these did not fall below or exceed the manufacturer's instructions.
- Staff were not recruited robustly and all of the required checks including Disclosure and Barring Services (DBS) checks were not carried out. Locum GPs were employed without any checks other than evidence that they were on the performers list and had medical indemnity insurance.
- Staff had not undertaken basic life support training since 2013. The practice did not have oxygen or the range of medicines recommended for use in medical emergencies. There was no business continuity plan in place.

## Are services effective?

The practice is rated as requires inadequate for providing effective services.

Data showed performance was lower than other GP practices both locally and nationally in the management of some long term conditions such as diabetes. For example data from 2014/15 showed:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 64% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 48% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 60% compared to the national average of 81%

Staff had access to but did not always refer to guidance from the National Institute for Health and Care Excellence, local and national initiatives when assessing and treating patients. For example data from 2014/15 showed that:

- Patients did not always have regular blood test and other reviews when they had one or more long term condition or were prescribed medicines which required monitoring.

**Inadequate**



# Summary of findings

- 79% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. The national average was 84%.

On the day of our inspection we saw that 78 patients were on the practice dementia register and that 49 patients had a record of a review. However we reviewed the notes for three patients and there were no care plans in place for these patients.

We also found that:

- The practice ensured that information required to treat patients was shared within the practice team and with other health care professionals. This was done through meetings and other communications.
- Staff had not undertaken training relevant to their roles and responsibilities and the practice manager had never had an appraisal.
- The practice did not have robust procedures in place for monitoring and reporting where appropriate allegations of poor or misconduct of staff.
- Patients consent was not routinely recorded and GPs could not demonstrate that patients had been provided with information such as the intended benefits, risks and limitations of treatments such as joint injections.
- The practice did not routinely use clinical audits as a means for monitoring and improving outcomes for patients and there were no other quality improvement processes in place.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

Patients who we spoke with and those who completed comment cards felt that they were treated with kindness, respect and dignity by staff. They said that:

- Patients said that reception staff were welcoming and helpful.
- GPs and the nurse listened to patients and gave them time to discuss any issues or concerns.
- GPs and nurses explained treatments and involved patients in making decisions about their care and treatment.

The results of the most recent GP patient survey showed that the practice scored in line with other practices both locally and nationally for some aspects of care. For example:

- 89% said they had confidence and trust in the last GP they saw compared to the CCG of 93% and national average of 95%

**Requires improvement**



# Summary of findings

- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG of 84% and the national average of 87%.

However the results also showed that the practice scored lower than other practices both locally and nationally for other aspects in relation to how staff treated patients. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 73% said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 70% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 85%.

We found that patients including those who were diagnosed with dementia and those who had a learning disability did not have care plans in place to describe their care and treatment and any changes to these.

The practice identified patients who were also carers and advised them about the benefits and support that was available to them such as annual flu vaccines.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

GPs told us that they reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided a number of enhanced services to meet the needs of patients.

However we found that the practice was not responsive or proactive in carrying out reviews for patients including those who had one or more long term condition and patients with a learning disability. The practice could not demonstrate that they responded appropriately in making referrals to secondary care.

The practice did not proactively encourage feedback from patients, did not carry out patient surveys or promote patients participation in the NHS Friends and Family feedback.

**Requires improvement**





# Summary of findings

The most recent GP patient survey showed that the practice performed the same as or better than some other GP practices both locally and nationally for several aspects of its service including access to appointments. For example:

- 88% of patients described their experience of making an appointment as good compared to the CCG average of 70% the national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

We found that:

- Routine appointments could be booked in person, by telephone or online via the practice website.
- Same day emergency appointments were available.
- Telephone consultations were available each day as were home visits for those who were unable to attend the practice.
- Patients who completed comment cards and those who we spoke with said that they were happy with the appointments system and access to the practice.
- The practice suitable facilities and was equipped to treat patients and meet their needs.
- The practice had considered the needs of patients with physical and / or sensory impairment and the premises were suitable to meet their needs.
- Translation services were available if needed.
- The practice responded quickly to complaints raised and offered apologies to patients when things went wrong or the service they received failed to meet their needs.
- Information about the practice services (such as how to access services when the practice was closed) and how to complain was easily accessible.

## Are services well-led?

The practice is rated as inadequate for being well-led.

- There was a lack of leadership and governance systems in place for monitoring and improving services and for managing risks to patients and staff.
- GP partners had not identified and were not always aware of areas where improvements were needed so that these could be addressed. Learning was not being routinely shared with staff.

Inadequate



# Summary of findings

- Relevant legislation and guidance, while available was not referred to and used in many aspects of the management of the practice.
- While there appeared to be a culture of openness and transparency the GP partners could not demonstrate that they dealt with the management of staff performance and conduct appropriately.
- Staff had not received appropriate levels of training to support them in carrying out their roles and this had not been addressed by the leadership at the practice.
- The practice did not proactively seek feedback from staff and patients and use this to make improvements to the delivery of services.
- Where patients made comments or suggestions; for example through complaints these were acted on.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe, effective and well led domains. It was rated requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including older people.

- Older people had a named GP who was responsible for their overall care and treatment. However older people who were at risk of deteriorating health did not have a care plan in place.
- Patients' health and medicine reviews were not being carried out effectively to ensure that they received safe and appropriate care.
- Same day urgent and pre-booked routine appointments were available and could be booked in person or by telephone and patients told us that they could access appointments easily.
- Longer visits, home visits and telephone consultations were available as needed.
- There were regular meetings with other professionals to identify and meet the needs of older patients.

Inadequate



### People with long term conditions

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe, effective and well led domains. It was rated requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including people with long-term conditions.

- Nationally reported data showed that practice performance for monitoring and treating patients with some long-term conditions was lower than other practices. This included the monitoring of diabetes and chronic obstructive pulmonary disease (COPD).
- We were told that locum GPs focussed mainly on acute care which meant that people with long-term health conditions did not always have their health checks done. This included patients with a terminal illness.
- Medicine reviews including those for patients who were prescribed high risk medicines were not being monitored effectively to ensure their medicines were prescribed at the correct and safe dosage.

Inadequate



# Summary of findings

- Data from the most recent GP patient survey showed that the practice performed lower than others both locally and nationally for some aspects of care including:
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

## Families, children and young people

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe, effective and well led domains. It was rated requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including families, children and young people.

- The practice offered same day appointments for children.
- Appointments were available outside of school hours.
- Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- Immunisation rates were similar to other GP practices for all standard childhood immunisations.
- Age appropriate information was available for young people in relation to sexual health.
- Data from the most recent GP patient survey showed that the practice performed lower than others both locally and nationally for some aspects of care including:
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Inadequate



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

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe, effective and well led domains. It was rated requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including working-age people (including those recently retired and students).

Inadequate



# Summary of findings

- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks and its performance was similar to other practices for the uptake of these checks.
- Medicines and health reviews were not carried out in line with relevant guidance
- Appointments were flexible and extended opening hours with late evening appointments were available.
- Patients had access to telephone consultations if they could not attend the practice.

## People whose circumstances may make them vulnerable

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe, effective and well led domains. It was rated requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including people whose circumstances may make them vulnerable.

- The practice had a dedicated safeguarding lead who liaised with local safeguarding teams and needed to help safeguard vulnerable adults and children. However staff were not trained in safeguarding people who may be vulnerable or chaperoning patients.
- GP partners were unaware of the Mental Capacity Act as it related to their responsibilities when treating patients who may not be able to make informed decisions about their care and treatment.
- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. However these patients did not have care plans in place and patients with learning disabilities did not have regular health checks.
- There were 33 patients with a learning disability on the practice register. We reviewed the records for two of these patients and found that neither patient had a medicines review or health check within the preceding three years.
- The practice identified patients who were carers and provided information about the range of benefits and support that were available to them.
- Data from the most recent GP patient survey showed that the practice performed lower than others both locally and nationally for some aspects of care including:
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.

Inadequate



# Summary of findings

- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

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

The provider was rated as inadequate overall and this includes for this population group. The provider was rated as inadequate for safe, effective and well led domains. It was rated requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, people experiencing poor mental health (including people with dementia).

- The practice provided dementia screening reviewed and monitored patients with dementia in face-to-face reviews. However these patients did not have care plans in place.
- GPs were unaware of the Mental Capacity Act and their responsibilities in relation to this where patients lacked capacity to make decisions in relation to their care and treatment.
- Data available to us showed that the practice performance for monitoring for people with poor mental health conditions was lower than other GP practices for some aspects.
- 90% of patients with a mental health disorder had a record of their alcohol consumption. This was the same as the national average.
- 53% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place, which was significantly lower than the national average of 88%.

Inadequate



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 92 responses from 247 surveys sent out which represented 37% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 88% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 80% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 71% and a national average of 85%.
- 90% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 70% described their experience of making an appointment as good which was the same as the CCG average and compared with the national average of 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.

- 69% felt they did not normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.
- 76% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards all of which were positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with four patients on the day of the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received.

Patients said that they could get appointments that suited them, usually on the same day when needed and told us that access to appointments had improved in recent months. Patients also spoke very positively about the GPs and nurses. They told us that staff treated them with compassion and empathy. They said that GPs and nurses were professional and knowledgeable. Patients told us that GPs and nurses listened to them and spent time explaining tests and treatments in a way that they understood.

## Areas for improvement

### Action the service MUST take to improve

- Ensure that safety is monitored and risks to patients and staff are assessed and managed, including acting on safety information such as safety alerts to help reduce the risks of unsafe care and treatment, learning from significant events and when things go wrong and embedding this into staff practices. This includes identifying and managing risks to patients such as the risks associated with medicines, the issuing of prescriptions, carrying out appropriate patient reviews, infection control and dealing with emergency situations including medical emergencies.
- Ensure that staff are recruited robustly with all of the appropriate checks carried out in relation to their suitability and skills to carry out their roles.
- Ensure that staff performance is appraised, conduct monitored and that staff undertake appropriate training in respect of their roles and responsibilities and to keep people safe. This includes chaperone training and training in safeguarding, fire safety, basic life support and infection control.
- Ensure that there are sufficient numbers of suitably trained staff to meet the needs of patients.

# Summary of findings

- Ensure that systems are in place for monitoring and improvement of the service quality through reviews, clinical and non-clinical audit or by other means. This also includes improving the leadership and governance arrangements at the practice.

## **Action the service SHOULD take to improve**

- Review the arrangements for recording information about patients' needs and any changes to these so that information is accessible to relevant staff.
- Review the practice performance from national surveys and implement improvements where needed.
- Consider ways in which patients views and suggestions for improvement can be encouraged.
- Review the procedures for obtaining and recording consent so that these demonstrate that patients have been made aware of the intended benefits and potential risks of treatment.
- Ensure that a business continuity plan is in place in the event of circumstances that might disrupt the services to patients.
- Improve the identification of patients who are carers.
- Ensure that systems are in place for monitoring and improvement of the service quality through reviews, clinical and non-clinical audit or by other means. This also includes improving the leadership and governance arrangements at the practice.
- Ensure that staff performance is appraised, conduct monitored and that staff undertake appropriate training in respect of their roles and responsibilities and to keep people safe. This includes chaperone training and training in safeguarding, fire safety, basic life support and infection control.
- Ensure that there are sufficient numbers of suitably trained staff to meet the needs of patients.



# Dr George & Partner

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr George & Partner

Dr George and Partner are located in a purpose built medical centre in a residential area of Westcliff on Sea, Essex. The practice provides services for 5000 patients.

The practice has a branch surgery (Thorpe Surgery) which is located at Thorpe Surgery, 38 Acacia Drive, Thorpe Bay Essex. We did not visit the branch surgery as part of this inspection. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is lower than the national average for younger people and children under 18 years. The practice population is significantly (more than double the national percentage) for older people aged 65 years and over.

Economic deprivation levels affecting children, older people are higher than the practice average across England. Life expectancy for men and women is slightly lower than both the local CCG and national averages. The practice patient list is higher than the national average for

long standing health conditions. It has a lower than the national average for working aged people in employment or full time education and similar numbers of working age people that are unemployed.

The practice is managed by two GP partners who hold joint financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice employs two locum GPs. In total three male GPs and one female GP work at the practice. The practice also employs one practice nurse, a practice manager and a team of receptionists and administrators.

The practice provides the following directed enhanced services:

- Minor surgical procedures.
- Extended opening hours.
- Childhood immunisations and vaccinations.
- Learning disabilities.
- Flu vaccinations.

The practice is open from 8.30am to 6.30pm on weekdays with late evening opening up to 8pm on Tuesdays or Wednesdays. Morning appointments are available between 8.40am and 11.10am on Mondays, Tuesdays, Wednesdays and Fridays, and between 9.30am and 12pm on Thursdays. Afternoon appointments are available 2pm and 4pm on Wednesdays.

# Detailed findings

Evening appointments are available between 4.30pm and 6pm on Mondays, Tuesdays, Wednesdays and Fridays and between 4.15pm and 5.45pm on Thursdays. Late evening appointments are available up to 7.50pm on Tuesdays or Wednesdays.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

## Why we carried out this inspection

We inspected Dr George and Partner as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 April 2016. During our visit we spoke with a range of staff including the both GP partners, the practice nurses, practice management and reception / administrative staff. We also spoke with three patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medicines and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medicines from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received by the practice manager who reviewed and shared these with the staff team and they signed to indicate that they had read these. However neither GP who we spoke with could demonstrate that they had acted on these alerts. For example we discussed recent MHRA alerts including one relating to the effect of smoking / smoking on Olanzapine (a medicine prescribed for mental health conditions). GPs could not demonstrate that they had considered this and taken any action.

The practice had systems in place for investigating and learning from when things went wrong and all staff we spoke with were aware of these procedures and the reporting forms. Records showed that there had been three significant events reported within the previous twelve months. These had been discussed at clinical meetings. However the GPs could not describe these events or demonstrate what action had been taken or learning shared with staff to help minimise a recurrence.

### Overview of safety systems and processes

Improvements were needed to ensure that the systems and processes within the practice kept people safe. We found:

- The practice did not have appropriate procedures in place for safeguarding vulnerable adults and children. Safeguarding policies and procedures were not detailed to include information to assist staff recognise and report concerns. Some staff had not undertaken safeguarding training since 2013. GPs had level 3 safeguarding training and one GP partner was the safeguarding lead and they told us that they attended local safeguarding meetings whenever this was possible and provided information and reports where these were requested.
- There were no notices displayed to advise patients that chaperones were available, if required. We were told that chaperone duties were carried out by the practice nurse and all reception staff. Staff had not undertaken chaperone training. There were no procedures in place to advise staff of their roles and responsibilities. Staff who had carried out these duties had not undergone a disclosure and barring check (DBS). (These 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). No risk assessment had been undertaken to determine the need for these checks.
- There was a detailed health and safety policy available and risks to health and safety of patients and staff, for example in relation to premises and equipment had been carried out
- Electrical equipment had been checked to ensure that it was safe to use.
- Diagnostic equipment was checked and calibrated to ensure it was working properly.
- The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials.
- The risks in relation to legionella had been assessed and managed.
- There were arrangements in place to assess and manage the risk of fire. There was a fire alarm system in place and fire extinguishers located throughout the practice. Fire equipment was regularly tested. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas. However staff had not undertaken fire safety training since 2013.
- The practice had some policies and procedures in place for infection prevention and control. However at the time of our inspection there was no identified infection control lead with responsibility for overseeing infection control procedures within the practice. The practice manager told us that the practice nurse was the infection control lead, however the nurse told us that they were unaware of this and that they took responsibility for keeping their clinical area clean.
- We observed the premises to be visibly clean and tidy. The practice employed an external cleaning company for daily cleaning. There were cleaning schedules. We saw one infection control audit which had been carried out to test the effectiveness of the infection prevention

## Are services safe?

procedures. However this indicated that staff had received training or instruction on hand washing techniques and handling samples. However staff could not demonstrate that this had occurred.

- Staff had not undertaken infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons.
- The practice manager told us that staff had undergone screening for Hepatitis B vaccination and immunity. However they were unable to provide any evidence to support this. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- There were no written procedures or guidance for reception staff in relation to repeat prescribing and staff had not undertaken training. Reception staff told us and we saw that they authorised repeat prescriptions without checking with GPs.
- We reviewed 15 repeat prescriptions for patients and we saw that patients had no medicines review within the previous 12 months. Records indicated that the majority of patients did not have a medicines review since 2013 and the most recent reviews were carried out in 2014.
- Reception staff had some awareness of high risk medicines such as Methotrexate. However we saw that one patient who was prescribed Hydroxychloroquine had 15 repeat prescriptions issued and that they had no medicines review recorded since May 2013 and no hospital review since January 2015.
- Reception staff we spoke with had no understanding about checking procedures for other medicines such as high strength analgesics. We saw that a repeat prescription was issued for 140 Dihydrocodeine without any checks being made about previous prescriptions.
- Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use.
- Medicines we saw were in date and there were records to show that these were checked regularly.
- There were no written procedures or guidance available to staff for handling and storing medicines which required cold storage including vaccines. We found that medicines such as vaccines were stored in fridges and that the actual temperature for these was recorded each day. However the maximum and minimum temperatures achieved by the fridges within each 24 hour period were not being monitored. These help to

ensure that fridge temperatures are maintained at the appropriate temperatures for the storage of medicines, and to alert staff to if fridge temperatures fall outside those recommended by the medicine manufacturers.

- The practice did not have a policy for employing new staff. We looked at the staff file for the most recently recruited member of staff. We saw that proof of identity, one reference and an employment history had been obtained. No DBS check had been carried out and there was no risk assessment to support this decision.
- We found that locum GP staff had been employed without any checks being carried out other than that they were on the performers list and that they had medical indemnity insurance. No other checks in respect of their conduct or fitness to work had been carried out.
- Disclosure and Barring Service checks had not been undertaken prior to employment for nurses or receptionist staff and no risk assessment had been carried out to determine the need for carrying out these checks.
- New staff were provided with information around induction. However this was not detailed and did not include training or information to assist new staff to familiarise themselves with their roles and responsibilities.
- The practice manager and GPs told us that there were issues in relation to staffing. The practice manager did not have any support or assistance in their role and said that they struggled with the workload, regularly working at weekends to manage this. GPs told us that as there was only one practice nurse and no healthcare assistant that this impacted upon some patient reviews, for example carrying out reviews for patients with diabetes.

### Arrangements to deal with emergencies and major incidents

Some staff had not undertaken basic life support training since 2013 and there were no records to demonstrate what this training entailed. The practice did not have oxygen or medicines to support patients in the event of a medical emergency such as epileptic seizures, cardiac events or acute asthma attacks. There were medicines available to treat anaphylaxis. All medicines we saw were in date and there were systems in place to regularly check these.

## Are services safe?

The practice did not have a business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had access to but did not always refer to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. This was demonstrated by the lack of medicine reviews and reviews for some patients with one or more long term condition.

For example on the day of the inspection we reviewed 15 repeat prescriptions, which were being issued by reception staff. We saw that none of the patients had a medicines review within the previous 15 months. Some patients medicines had not been reviewed since 2012 and the most recent review had been carried out in 2014.

The practice had protocols for referring patients to secondary care services. We reviewed 16 recent referrals which had been made. These included eight urgent and eight routine referrals. Records demonstrated that they had been made appropriately.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 64% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 48% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 60% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 67% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible. We discussed these results with GP partners. They attributed this in part to the practice not having a health care assistant to support the practice nurse and GPs and that locum GPs were not engaged in supporting QOF work.

However we saw that GPs were not proactive in carrying out checks or reviews in respect of managing. For example we reviewed the records for three patients who had diabetes and found that none had a medicines review, foot check or a blood pressure check.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 74% compared to the national average of 83%.
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was 100% compared to the national average of 98%.
- The percentage of patients with asthma who had a review within the previous 12 months was 72% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 93% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were variable when compared to GP practices nationally. For example:

- 90% of patients with a mental health disorder had a record of their alcohol consumption. This was the same as the national average.
- 53% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place, which was significantly lower than the national average of 88%.
- 79% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. The national average was 84%.



# Are services effective?

## (for example, treatment is effective)

On the day of our inspection we saw that 78 patients were on the practice dementia register and that 49 patients had a record of a review within the 12 months. However we reviewed the notes for three patients and there were no care plans in place for these patients.

There were 33 patients with a learning disability on the practice register. We reviewed the records for two of these patients and found that neither patient had a medicines review or health check within the preceding three years.

The practice exception reporting was generally in line with GP practices nationally and locally. Exception reporting for some diabetes checks such as carrying out foot examinations and blood pressure checks was approximately 4% higher than other practices locally but similar to the national rate.

Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls, patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets set by QOF.

The practice did not routinely use clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. No clinical audits had been carried out within the previous 12 months other than audits in relation to cost effectiveness of medicines prescribing. For example prescribing generic medicines instead of branded medicines which are more expensive. There were no repeat audit cycles carried out to demonstrate the improvements if any for patients as a result of changes made to their treatment.

The practice performance for prescribing medicines such as second line antibiotics was higher than other GP practices nationally. Both GP partners who we spoke with said that they were unaware of this and had not reviewed their prescribing practices.

### Effective staffing

Improvements were needed to ensure that staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatments:

- Staff we spoke with said that they were supported to carry out their roles and duties.

- We saw that some staff had received an appraisal within the last six months. The practice manager told us that they had never had an appraisal.
- Staff had not undertaken training in basic life support since 2011. The majority of staff had not undertaken training safeguarding adults since 2013.
- Staff were not trained in chaperone duties, fire safety infection control. The practice nurse told us they were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening. We could not confirm this as there were no records available onsite on the day of our inspection.
- The practice nurse told us that they had an annual appraisal and access to clinical support as needed with the GPs. The practice nurse had effective current Nursing and Midwifery Council (NMC) registration.
- All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- GPs told us that they attended the regular Clinical Commissioning Group Time to Learn sessions and other training provided locally.
- GPs confirmed that they did not conduct and peer reviews of each other's practice. They also demonstrated that they would be unsure as to how to address concerns about poor performance or conduct in a colleague. We found records of allegations of inappropriate conduct made by about a member of staff. The GP partners had not taken any appropriate action in respect of these allegations, which had not been investigated, reported or discussed with the person in question.

### Coordinating patient care and information sharing

There were systems for reviewing information received from other healthcare professionals, for example when patients had been referred for specialist treatment or when they were discharged from hospital. GPs told us that they reviewed this information and it was then passed on to the administrative staff to file or action as needed.

GPs told us that multi-disciplinary team meetings took place on a monthly basis where the care and treatment of patients who were receiving palliative care, those who were

# Are services effective?

## (for example, treatment is effective)

identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed. They told us that that all of the relevant health and social care professionals including district nurses, health visitors and social workers were invited to these. However external healthcare professionals did not regularly attend the meetings. GPs told us that information was shared between the relevant professionals by way of telephone, email and written communications to help ensure that patients received coordinated care and treatment.

### Consent to care and treatment

The practice did not have any policies and procedures for obtaining patient consent to care and treatment. One GP partner who we spoke with could not demonstrate that they understood the Mental Capacity Act 2005 and their responsibilities in relation to this. These help to ensure that patients were able to give their consent where they were capable of doing so and that where patients could not consent to treatment that any decisions made in relation to their treatment were done in their best interests.

GPs carried out treatments such joint injections. Written consent was not obtained before these treatments were carried out so that GPs could not demonstrate that patients had been advised of the proposed benefits and potential risks of the treatment or that patients fully understood these.

### Supporting patients to live healthier lives

The practice encouraged patient participation in the national screening programmes.

The practice's uptake for the cervical screening programme for 2014/15 was 73%, compared to the national average of 82%.

The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening:

- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was within the previous 3 years was the same as the local CCG average at 62% compared with national average of 63%
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was 50% compared to the local CCG average of 53% and the national average of 58%.

Childhood immunisation rates for the vaccinations were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 100% compared to the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 98% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 94% compared to the CCG percentage at 95%.

The practice offered health checks for new patients and NHS health checks for people aged 40 - 74 years. There were some information leaflets available to assist patients maintain good health. These included information about alcohol consumption and smoking cessation.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone. Reception staff were mindful when speaking on the telephone not to repeat any personal information. They told us that should patients wish to speak in private that they would be offered a room to do so.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Each of the four patients we spoke with told us that GPs, nurses and reception staff were friendly and caring. We heard numerous accounts of when staff had acted with empathy and patients told us that they were always treated well, with dignity and respect.

We received seven CQC comment cards. These contained very positive comments made by patients in respect to the manner in which they were treated by staff. Patients commented that:

- Staff treated them with kindness and empathy
- Reception staff were helpful and courteous.
- GPs and nurses spent time listening and explaining treatments.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 79% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 73% said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG of 93% and national average of 95%
- 70% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 85%.

- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Each of the four patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they were able to be involved in making decisions about their care and treatment. They told us that they had the opportunity to ask and questions they had about their care.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling services, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice had procedures in place to assist staff to identify patients who were also a carer. There was a practice register of all people who were carers and at the time of our inspection 50 patients were identified as carers. This accounted for approximately 1% of the practice population. We saw that 13 of the 50 patients (26%) had received a flu vaccine within the previous 12 months and staff told us that these had been offered to all carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

## Are services caring?

Patients who were nearing the end of their lives, those receiving palliative care were discussed at multidisciplinary

team meetings with other health care professionals. We reviewed the records for three patients and saw that these included patient's wishes such as their preferred place of death.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example;

- Minor surgical procedures
- Extended opening hours.
- Childhood immunisations and vaccinations.
- Learning disabilities.
- Flu vaccinations.

However we found that the practice was not responsive or proactive in carrying out reviews for patients including those who had one or more long term condition and patients with a learning disability. The practice could not demonstrate that they responded appropriately in making referrals to secondary care.

We also found:

- The practice offered pre-bookable, next day and same day appointments where possible.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- The practice was operated from purpose built premises and had adapted facilities to meet the needs of patients with physical or sensory impairments. There were disabled accessible toilets facilities and baby changing facilities available.

### Access to the service

The practice was open from 8am to 6.30pm on weekdays with late evening opening up to 8pm on Tuesdays or Wednesdays. Morning appointments were available between 8.40am and 11.10am on Mondays, Tuesdays, Wednesdays and Fridays, and between 9.30am and 12pm on Thursdays. Afternoon appointments were available 2pm and 4pm on Wednesdays.

Evening appointments were available between 4.30pm and 6pm on Mondays, Tuesdays, Wednesdays and Fridays and between 4.15pm and 5.45pm on Thursdays. Late evening appointments were available up to 7.50pm on Tuesdays or Wednesdays.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 88% of patients described their experience of making an appointment as good compared to the CCG average of 70% the national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and described the time frames for acknowledging and responding to complaints. There was a designated responsible person who handled all complaints in the practice. All complaints in relation to clinical care and treatment were investigated by a GP.

The patient information leaflet advised patients who to contact should they wish to make a complaint. The practice had a complaints procedure and this was provided to patients when they made a complaint. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied.

Each of the three patients we spoke with said that they had no cause to complain. They said that they were unsure of the process to follow if they wished to make a complaint. However they said they felt confident that they could raise their concerns with the reception staff or the practice manager.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at a summary of three written complaints received within the previous twelve months. We saw that verbal complaints were reviewed and appropriate action taken was needed to improve patient's experiences of using the service.

We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what

they expected. We saw that complaints were discussed at practice meetings. Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice did not have clear vision or plan for the future. One of the GP partners told us that they were eager to drive improvement and to take on extra responsibility for doing so. The other GP partner was intending to reduce their working hours. There was no plan in place to manage the impact of this change on the delivery of services.

### Governance arrangements

Improvements were needed to support the delivery of good quality care. We found that:

- GP partners could not demonstrate that there were robust governance arrangements and that these were effective in improving the quality and safety of services provided and outcomes for patients.
- There was no overarching system in place for ensuring that staff were recruited robustly and trained to fulfil their duties safely and effectively.
- GP partners and the practice manager were unaware of legislation in respect of employing new staff or their responsibilities to investigate and act on concerns relating to staff performance and conduct.
- There was a lack of appropriate guidance, support and monitoring available to staff to ensure that patient care and treatment was reviewed and monitored in line with current guidance. This was evidenced by the lack of proper systems in place for medicines reviews and review for patients with long term conditions.
- The quality of services provided was not routinely monitored to identify areas where improvements were needed. There was a lack of clinical and non-clinical audits in place and no other systems employed such as mentoring or peer support to promote quality improvement.
- GP partners did not refer to or use performance related information to monitor and improve the quality of services provided. For example neither were aware that the practice prescribing for second line antibiotics was higher than some other practices locally and there had been no monitoring or auditing carried out to help improve this.
- Risks to patients and staff were not identified and managed in a consistent way. There was a lack of clear

leadership in relation to monitoring and managing risks to patients. This was evidenced by the lack of sharing information in relation to risks and safety and learning from when things went wrong.

### Leadership, openness and transparency

Staff we spoke with told us that they were aware of the management structure within the practice in terms of decision making. They said that they felt comfortable to approach the practice manager and GP partners.

However there was a lack of clear leadership within the practice. GPs we spoke with, while approachable and open could not demonstrate that they understood the principles of the Duty of Candour. Both GPs partners were unclear about their responsibilities or how to deal with underperformance or alleged misconduct when this was reported.

The GP partners told us that locum GPs were not interested in and did not participate in the monitoring and management of long term conditions, choosing instead to focus on acute care of patients. This had not been addressed by the GP partners with positive leadership, resulting in the practice failure to ensure that patients with one or more long term conditions had regular health and medicine reviews.

### Seeking and acting on feedback from patients, the public and staff

The practice acted on comments made by patients where these were raised, for example when patients made complaints. However they could not demonstrate that they proactively sought the views of patients. The practice manager told us that the practice did not carry out patient surveys. They told us that they had introduced the NHS Friends and Family test survey but that patients had not completed any of these. This was introduced in General Practice in April 2015.

As part of our inspection we sent comment cards for the practice to provide to patients to complete so that we could incorporate their views. When we arrived at the practice we found that none of the comment cards had been completed and that they were located in an area so that they were not easily visible so that patients were not encouraged to complete these.

# Are services well-led?

Inadequate 

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

The practice did not have a patient participation group and the practice manager told us that they had been unable to engage with patients who were interested in joining the group.

The practice manager told us that due to time constraints and the small size of the practice team that it was not always possible to hold practice meetings as often as they would like. We saw that information, views and suggestions were shared between the staff team by way of emails.

We saw that regular clinical meetings took place between the GP and nursing staff. Complaints and any other issues arising were discussed and actions planned to address these during these meetings.

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

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>There were insufficient staff available to meet the needs of patients. A lack of sufficient nursing staff meant that some patient reviews of their long term conditions were not carried out consistently.<br><br>Staff did not undertake training in respect of their roles and responsibilities. Staff had not undertaken training around chaperone duties, safeguarding adults and children, fire safety, infection control and basic life support.<br><br>The practice manager did not have an appraisal. |
| Regulated activity   | Regulation   |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br>Appropriate checks as to the fitness and suitability of staff were not carried out as part of the recruitment process.<br><br>Checks including proof of identity, skills, competence and experience were not carried out. For example locum GPs were employed with minimal checks carried out such as their inclusion on the performers list and evidence of medical indemnity insurance.  |
| Regulated activity   | Regulation   |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>There were inadequate systems in place for monitoring and managing the quality and safety of the services provided.  |

This section is primarily information for the provider

## Requirement notices

There were limited audits and checks in place for monitoring the quality of services. Clinical audits were carried out in relation to reducing prescribing costs and there were no audits carried out to improve outcomes for patients.

Patients records were not routinely audited to ensure that they were included details of reviews and checks including medicines reviews and health checks.

The practice did not review or use performance related data to monitor and improve the quality of service.



## Enforcement actions

### Action we have told the provider to take

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

| Regulated activity                       | Regulation   |
|--|--|
| Diagnostic and screening procedures      | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment   |
| Family planning services                 | Risks to the health, safety and welfare of patients and staff were not assessed, monitored and managed.  |
| Maternity and midwifery services         | There were inadequate arrangements for the safe management of medicines. There were no systems to ensure that repeat prescriptions were issued safely. These were issued with the appropriate reviews and tests being carried out as needed. |
| Surgical procedures                      | Medicines that required cold storage were not stored properly as the fridge temperatures were not monitored properly.  |
| Treatment of disease, disorder or injury | Learning from when things went wrong was not shared, reviewed and used to help minimise risks to patients.   |
|  | Risks of infections were not managed. The practice did not have an infection control lead. There was no evidence that relevant staff were protected against the risk of blood borne infections such as Hepatitis B.                          |
|  | Disclosure and Barring Services (DBS) checks were not carried out for relevant staff.  |