

Dr Kandiah Pathmanathan

Quality Report

Covent Garden Medical 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 service

Inadequate



Are services safe?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kandiah Pathmanathan's practice on 8 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures.

We had found that patients were at risk of harm because systems and processes were not in place in a way to keep them safe: -

- We had concerns in relation to how significant incidents were managed, including learning and reflective practice; with infection prevention and control measures; the management of medicines; health and safety; and arrangements for dealing with emergencies.
- Risks to patients were not consistently assessed, monitored or managed. We identified a number of pathology test results which had not been reviewed and processed for several weeks; and from a review of patients on high risk medication we found no evidence of regular blood tests being carried out to ensure that patients were being prescribed medication safely.
- Patients' care and treatment did not consistently reflect current evidence-based guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally below local and national averages.
- Staff were insufficiently trained to make full and effective use of the practice's clinical computer system.
- Patient feedback indicated delays in obtaining routine appointments.
- The provider told us that due to pressure of work he had to concentrate on patients with acute healthcare issues, leaving the practice nurse to manage patients with long-term conditions.
- The practice's aims and objectives were set out in its statement of purpose, but this was out of date and in need of revision. There were no detailed or realistic plans to achieve the aims and objectives.
- The delivery of high-quality care was not assured by the governance arrangements in place. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- There was no effective system for monitoring performance by means of frequent audits or effective use of the practice management computer system.

Summary of findings

We served warning notices under Section 29 of the Health and Social Care Act 2008 relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'reports' link for Dr Kandiah Pathmanathan on our website at <http://www.cqc.org.uk/location/1-497637421>.

After the inspection, the practice sent us a plan of the action it intended to take to improve the quality of care and meet the legal requirements. As a consequence of being placed in special measures, the practice had been receiving support from various agencies, including the Royal College of General Practitioners and specialist consultants. This inspection was an announced focussed inspection carried out on 18 May 2017 looking at the issues for which we had served warning notices to check and confirm that the practice had carried out its plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 8 November 2016. This report covers our findings in relation to those requirements since our last inspection.

Overall the practice remains rated as inadequate.

Our key findings were as follows:

- We reviewed a number of patients' records and found that they contained very limited information, by way of medical history and notes of consultations. The provider very rarely made use of Read codes, the standard clinical terminology system for maintaining patients' records and performance monitoring. These fell below appropriate and acceptable standards of medical record-keeping, putting patients at risk of receiving inappropriate or unsafe care and treatment.
- Hospital referral letters were not consistently copied onto patients records. The referral letters we saw also contained very little information regarding symptoms and possible diagnoses. This might compromise the effectiveness of the referral and not ensure that patients receive appropriate and safe care and treatment.
- The practice had commenced reviewing its protocols and procedures. However, the documents had been saved in three different locations on the computer system, making it difficult for staff to access them

quickly when they needed to refer to them.

Accordingly, there was the possibility that the protocols and procedures might not be followed, putting patients at risk.

- Staff were still not able to consistently demonstrate a familiarity with the clinical system sufficient to use it effectively, to ensure that safe care and is provided to patients and that performance was monitored.
- Although we had been told that the practice's statement of purpose had been revised, it was not available for us to see to establish the practice's plans for achieving its aims and objectives.
- We had been told previously that the practice manager was to be given guidance and formal mentoring by the manager of a nearby practice. However, it was not clear that the mentoring plans had been taken any further forward.

Importantly, the practice must:

- Ensure that patients' records are maintained to appropriate and acceptable standards, including full medical histories, full and accurate notes of consultations and Read codes.
- Ensure that hospital referral letters contain sufficient and appropriate information and that the letters are included on patients' records.
- Ensure that all procedures and protocols are readily accessible to staff.
- Ensure that all staff members receive sufficient training to make full and effective use of the practice's computer system, to ensure patient safety and to monitor performance.

In addition, the practice should:

- Put in place an effective system for providing full support and mentoring for the practice manager.

The practice is still rated as inadequate for providing safe and well-led services and the overall rating of inadequate remains unchanged. The warning notices remain in place and the practice remains in special measures. Special measures will give people who use the service the reassurance that the care they get should improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. A further comprehensive inspection of the practice will be carried out before 16 August 2017, and if there is not enough improvement we will move to close the service.

Summary of findings

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's rating for providing safe services remains as inadequate.

- We reviewed a number of patients' records and found that they contained very limited information, by way of medical history and notes of consultations. The provider very rarely made use of Read codes, the standard clinical terminology system for maintaining patients' records and performance monitoring. These fell below appropriate and acceptable standards of medical record-keeping, putting patients at risk of receiving inappropriate or unsafe care and treatment.
- Hospital referral letters were not consistently copied onto patients records and the referral letters we saw also contained very little information regarding symptoms and possible diagnoses. This might compromise the effectiveness of the referral and not ensure that patients receive appropriate and safe care and treatment.
- Staff were still not able to consistently demonstrate a familiarity with the clinical system sufficient to use it effectively, to ensure that safe care and is provided to patients and that performance was monitored.

The warning notice we served under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remains in place.

Inadequate



Are services well-led?

The practice's rating for providing well-led services remains as inadequate.

- The practice had commenced reviewing its protocols and procedures. However, the documents had been saved in three different locations on the computer system, making it difficult for staff to access them quickly when they needed to refer to them. Accordingly, there was the possibility that the protocols and procedures might not be followed, putting patients at risk.
- Although we had been told that the practice's statement of purpose had been revised, it was not available for us to see to establish the practice's plans for achieving its aims and objectives.

Inadequate



Summary of findings

- We had been told previously that the practice manager was to be given guidance and formal mentoring by the manager of a nearby practice. However, it was not clear that the mentoring plans had been taken any further forward.

The warning notice we served under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remains in place.

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 practice had resolved some of the concerns for safety and well-led identified at our inspection on 8 November 2016 which applied to everyone using this practice, including this population group. However, we have continuing concerns regarding how patients records are maintained and in relation to leadership, governance and training. We have not revised our ratings in respect of the practice providing safe and well-led care and, accordingly, nor have the population group ratings been revised.

Inadequate



People with long term conditions

The practice had resolved some of the concerns for safety and well-led identified at our inspection on 8 November 2016 which applied to everyone using this practice, including this population group. However, we have continuing concerns regarding how patients records are maintained and in relation to leadership, governance and training. We have not revised our ratings in respect of the practice providing safe and well-led care and, accordingly, nor have the population group ratings been revised.

Inadequate



Families, children and young people

The practice had resolved some of the concerns for safety and well-led identified at our inspection on 8 November 2016 which applied to everyone using this practice, including this population group. However, we have continuing concerns regarding how patients records are maintained and in relation to leadership, governance and training. We have not revised our ratings in respect of the practice providing safe and well-led care and, accordingly, nor have the population group ratings been revised.

Inadequate



Working age people (including those recently retired and students)

The practice had resolved some of the concerns for safety and well-led identified at our inspection on 8 November 2016 which applied to everyone using this practice, including this population group. However, we have continuing concerns regarding how patients records are maintained and in relation to leadership, governance and training. We have not revised our ratings in respect of the practice providing safe and well-led care and, accordingly, nor have the population group ratings been revised.

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice had resolved some of the concerns for safety and well-led identified at our inspection on 8 November 2016 which applied to everyone using this practice, including this population group. However, we have continuing concerns regarding how patients records are maintained and in relation to leadership, governance and training. We have not revised our ratings in respect of the practice providing safe and well-led care and, accordingly, nor have the population group ratings been revised.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice had resolved some of the concerns for safety and well-led identified at our inspection on 8 November 2016 which applied to everyone using this practice, including this population group. However, we have continuing concerns regarding how patients records are maintained and in relation to leadership, governance and training. We have not revised our ratings in respect of the practice providing safe and well-led care and, accordingly, nor have the population group ratings been revised.

Inadequate



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure that patients' records are maintained to appropriate and acceptable standards, including full medical histories, full and accurate notes of consultations and Read codes.
- Ensure that hospital referral letters contain sufficient and appropriate information and that the letters are included on patients' records.
- Ensure that all procedures and protocols are readily accessible to staff.

- Ensure that all staff members receive sufficient training to make full and effective use of the practice's computer system, to ensure patient safety and to monitor performance.

Action the service **SHOULD** take to improve

- Put in place an effective system for providing full support and mentoring for the practice manager.

Dr Kandiah Pathmanathan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised a lead inspector, a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Kandiah Pathmanathan

Dr Kandiah Pathmanathan's practice, also known as the Covent Garden Medical Centre, operates from 47 Shorts Gardens, London WC2H 9AA. The premises are leased from the local authority and occupy the ground floor of a residential block.

The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 2,800 patients. It is part of the NHS Central London (Westminster) Clinical Commissioning Group (CCG) which is made up of 37 general practices. The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and the Treatment of disease, disorder or injury.

The patient profile indicates a population of more working age people than the national average, with a particularly high proportion of younger adults. Many of the patients registered with the practice are adults working or studying in the area. There is a lower proportion of families with young children and teenage patients in the area, compared with the national average. The deprivation level for the practice area is in the fourth "more deprived decile".

The provider, Dr Pathmanathan, is a sole practitioner, who has operated the practice for over twenty years, originally in partnership with other GPs. He has worked on his own for the last nine years. The provider works ten clinical sessions a week. A female locum GP works up to two clinical sessions per week. A part-time practice nurse has recently been appointed. The administrative team of three staff is made up of the practice manager and two receptionists.

The practice's morning opening hours are between 8.00 am and 1.00 pm, Monday to Friday. The afternoon hours are 2.00 pm to 6.30 pm on Monday, Tuesday, Thursday and Friday; and 5.00 pm to 8.00 pm on Wednesday. GP's consulting hours are between 9.00 am and 12.00 noon on Monday, Tuesday, Wednesday and Thursday; and from 8.00 am to 12.00 noon on Friday. Afternoon sessions are between 3.00 pm and 6.30 pm on Monday, Tuesday and Friday; 5.30 pm to 8.00 pm on Wednesday; and 5.30 pm to 6.30 pm on Thursday. Appointments with the practice nurse, who works on Monday, Tuesday and Wednesday, begin at 8.30 am.

The practice is closed at weekends. It has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr Kandiah Pathmanathan's practice on 8 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures. The full

Detailed findings

comprehensive report on the November 2016 inspection can be found by selecting the 'reports' link for Dr Kandiah Pathmanathan on our website at <http://www.cqc.org.uk/location/1-497637421>.

We served warning notices under Section 29 of the Health and Social Care Act 2008 relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our inspection, the practice sent us a plan of the action it intended to take to improve the quality of care and meet the legal requirements. We undertook a focused inspection on 18 May 2017. The inspection was carried out to review in detail the actions taken by the practice.

How we carried out this inspection

During our visit we:

- Spoke with the provider, a locum GP, the practice nurse and the practice manager.
- Reviewed a sample of patients' records.
- Looked at information the practice used to deliver care and treatment.
- Reviewed the practice's action plan, submitted after our comprehensive inspection in November 2016.

Following our visit, we spoke and corresponded with the Royal College of General Practitioners' adviser, who had been providing the practice with support and guidance, as a consequence of it having been placed in special measures.

Are services safe?

Our findings

At our comprehensive inspection on 8 November 2016, we rated the practice as inadequate for providing safe services. We found that systems, processes and practices did not keep people safe. The risks we identified related to the monitoring of test results, how significant incidents were managed, infection prevention and control measures, the management and review of medicines, health and safety, and arrangements for dealing with emergencies. Patients' care and treatment did not consistently reflect current evidence-based guidelines. Staff members were insufficiently trained to make full and effective use of the practice's clinical computer system. We served a warning notice in respect of these issues.

Safe track record and learning

At our comprehensive inspection, there had been limited evidence of learning from significant events and of actions being taken to improve safety.

We had reviewed the care of a number of patients being prescribed high risk medicines, for example Methotrexate - used to treat certain types of cancer and rheumatoid arthritis - and noted an absence of any records regarding regular blood tests being done, as is appropriate for such patients. We had found that 92 pathology test reports had not been reviewed and processed for several weeks. Shortly after the inspection, the provider sent us two significant event forms relating to these incidents. Neither of the forms included an explanation for the apparent oversights. The learning points recorded were limited.

The provider had told us of a prescribing error which occurred earlier that year which had led to the practice revising its procedures. However, we were shown no evidence that the incident had been treated as a significant event or of any procedural change.

In the action plan submitted by the practice following our comprehensive inspection, it was stated that the significant events over the preceding 12 months had been reviewed. We looked at the reviewed significant event record relating to the pathology tests. The recording of learning points had improved and staff were aware of the process for receiving and checking results. The provider checked the results on a daily basis and in his absence the locum on duty would check them. The locum working on the day of our inspection told us they had not been called upon to do so.

We also looked at the significant event record regarding the prescribing error, which had not been available for us to see at the comprehensive inspection. It set out the learning points from the incident and recorded the new procedure that had been implemented. We saw that the significant events had been reviewed and discussed by all staff at a meeting in February 2017. The procedure for dealing with significant events had been set out in a new policy document. Staff we spoke with were familiar with the procedures and knew what action to take when a significant event occurred.

At this inspection, we asked staff to conduct a records search of patients currently prescribed Methotrexate and we noted that they still had difficulty conducting the records search. When the search was eventually completed, we looked at the medical records of 11 patients who had attended the practice a few days before our inspection. We found that all had very limited information, falling below appropriate and acceptable standards of medical record-keeping, putting patients at risk of receiving inappropriate or unsafe care. For example, one recorded only the result of the patient's blood pressure reading and a change of medication; in another case, only the prescription that had been issued was recorded. We discussed another case with the provider, who told us that the patient's medication had been changed, but this was not recorded on their notes. The provider told us that he was familiar with patients' histories. However, other staff members and locums do not share that personal knowledge and the lack of information on patients' notes may prevent them from receiving safe and appropriate treatment and advice. We were told that a significant amount of time was spent at consultations reviewing the patients' medical histories and updating their records. The provider told us that Royal College of General Practitioner's GP adviser had raised and discussed with him concerns over the quality of practice's patients' records shortly before our inspection. In four of the records we looked at, patients had apparently been issued with hospital referral letters, but these had not been saved into their notes. The provider told us that he invariably wrote letters by hand and asked the patients to have the reception staff make copies, which would then be scanned onto the patients' record, before the letters were sent. However, in four cases, the computer record entries stated there had been an attachment error – "inappropriate / inaccurate data entered". The process was not sufficiently robust to ensure

Are services safe?

that referral letters were sent and appropriately recorded on patients' notes. Staff told us that some patients had complained that referral letters had not been sent. In addition, we looked at a number of copy referral letters and noted that they were also very brief, giving little information regarding symptoms and possible diagnoses, thereby possibly compromising the effectiveness of the referral and not ensuring that patients receive appropriate and safe care and treatment. The provider told us that he very rarely made use of Read coding in patients' records. Read codes are the standard clinical terminology system developed by the NHS, covering symptoms, diagnoses and procedures. They are also used to produce performance data and statistics, including those of the Quality and Outcomes Framework, which have been significantly below average for the practice for the last few years.

Cleanliness and infection control

At our inspection in November 2016, we had found that the practice did not maintain appropriate standards of cleanliness and hygiene. It did not maintain suitable records relating to infection prevention and control, including cleaning plans, records of infection control audits and periodic checks, arrangements for the management of clinical waste, records of staff members' Hepatitis B immunisation status, or of a risk assessment relating to legionella having been carried out. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

At this inspection, we saw that cleaning schedules had been introduced and that the practice had started to keep a log of the cleaning carried out. However, the log had been completed fully only for the first week of February; thereafter, only the weekly and monthly tasks had been ticked as completed. We discussed this with staff who agreed to explain the procedure to the cleaning contractor, to ensure that cleaning was done in accordance with the schedule and log. Staff told us there had been issues with the cleaning and the arrangements were being reviewed. An infection control risk audit had been carried out in February 2017 and an action plan produced. The practice nurse, who had initially been a locum, but who had been appointed in April on a 12-month contract had been given responsibility for infection prevention and control matters. We saw evidence of appropriate arrangements for the management and disposal of clinical waste. A record had

been set up of staff members' Hepatitis B immunisation status. We saw evidence that a risk assessment relating to legionella had been carried out in February 2017. From an inspection of the premises, they appeared clean and tidy.

Medicines management

In November 2016, we found that although the practice had arrangements for managing medicines, including emergency medicines and vaccines, these were not applied well enough to keep patients safe. We saw the practice's repeat prescribing protocol, which had been drafted in 2015 and had handwritten annotations stating it had been reviewed and amended in September and November 2016. The protocol was generic and made no specific reference to high risk drugs, such as Methotrexate, Warfarin and Lithium. Blank prescription forms and pads were securely stored, but there was no system in place for recording reference numbers to monitor missing or lost forms, in accordance with the NHS prescription form security guidance. The practice used Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. However, the locum nurse working on the day of the inspection had no PGDs in place.

At this focussed inspection, we saw the practice had worked with its consultants to revise the repeat prescribing protocols, to include high risk medicines, such as Lithium, which is sometimes prescribed for patients with bipolar disorder. A system of securely managing and monitoring blank prescription forms and pads had been introduced. We reviewed the practice nurses PGDs and found them to be in order.

Monitoring risks to patients

At our inspection in November 2016, we had found that risks to patients were not appropriately assessed and managed. We were told that responsibility for health and safety had been delegated to a person not employed by the practice and there was no evidence available to confirm that the person had the appropriate training or relevant experience to carry out the role. The practice was not able to provide evidence of any general health and safety risk assessments being carried out to monitor and manage risks to patients and staff.

Are services safe?

One member of staff was trained as a fire marshal, but there was nobody trained who could cover their absence. The practice's fire safety policy was overdue a review and staff members were not able to produce evidence of a fire risk assessment being conducted more recently than 2012.

At our focussed inspection, we saw that a general risk assessment of the premises and a fire risk assessment had been completed in February 2017. Firefighting equipment had been inspected and certified around the same time and a fire drill had been conducted. Emergency lighting had been inspected in March 2017 and a fire alarm service agreement had been signed shortly before our visit. An additional member of staff had been trained as a fire marshal and more training had been booked for another staff member.

At our comprehensive inspection in November 2016, we had noted there was no formal process to ensure that patients' needs were assessed and that care was delivered in line with guidance and standards, such as those issued by the National Institute for Health and Care Excellence (NICE). The provider had told us that he was aware of NICE guidelines, but usually referred to the British National Formulary. The provider had also told us that patients' unplanned admission to hospital was not routinely monitored, with patients discharged from hospital being followed up only opportunistically.

At our follow up inspection, we saw that all staff had access to a shortcut on the computer desktops, linking through to NICE guidelines. We discussed with the provider an example of recently issued NICE guidelines relating to asthma care management, which had reviewed at a practice meeting in March 2016. The locum GP told us they had not been involved in any reviews of NICE guidelines and their application to patient care. The practice had introduced a policy to run unplanned admission record

searches twice a week. The provider showed us two recent examples of cases of patients' unplanned admission to hospital, which had been appropriately followed up by the practice.

Arrangements to deal with emergencies and major incidents

At our inspection in November 2016, the practice did not have adequate arrangements in place to respond to emergencies and major incidents. The practice had a supply of emergency medicines available. The practice manager told us they were checked monthly, but there were no records to confirm they had been checked more recently than August 2016. The practice did not have a defibrillator - a device used to restart a person's heart in an emergency - and had not carried out a suitable assessment of the risk of not having one. The oxygen cylinder was still wrapped in film and not ready for use; the adult mask and airway were unwrapped and dusty, putting patients at risk of infection if required during an emergency; child mask's safe use period had expired in 2013. The practice had a business continuity plan, but it had not been put to full use during a recent incident which led to the temporary closure of the premises.

At this focussed inspection, we saw that a defibrillator had been obtained, but were informed that training in its use had not been provided. However, we saw evidence that the training had been booked for the end of May 2017. The practice nurse, who had been given responsibility for emergency drugs and equipment, showed us the emergency kit and the weekly monitoring logs that the practice had started to maintain. The oxygen supply, tubing and masks were in order and available for use.

We have not revised the practice's rating, which remains as inadequate for providing safe services. The warning notice we served under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remains in place.

Are services well-led?

Inadequate



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

Our findings

At our previous inspection on 8 November 2016, we rated the practice as inadequate for providing well-led services. We found that the delivery of high-quality care was not assured by the leadership, governance or culture in place. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. There was no effective system for monitoring performance by means of frequent audits or effective use of the practice management computer system. There were no detailed or realistic plans to achieve the practice's stated aims and objectives. We served a warning notice in respect of these issues.

Vision and Strategy

In November 2016, we had noted that the practice's statement of purpose needed reviewing and updating. The statement contained the practice's aims and objectives, but there were no detailed or realistic plans to achieve them. The practice's action plan sent following our inspection stated that the statement of purpose was to be reviewed by the end of February 2017. However, the reviewed document was not available for us to see at our focussed inspection.

The practice manager had been appointed in early 2015, having previously worked at the practice in a more junior role. We were told at the time that they would be given guidance and formal mentoring by the manager of a nearby practice. At our inspection in November 2016, we found that the mentoring given to the practice manager had been limited. The day after the inspection, the provider sought the assistance of the local medical committee for further mentoring support for the practice manager. At our focussed inspection it was not clear that the mentoring plans had been taken any further forward.

Governance arrangements

We found at our comprehensive inspection that the practice had minimal structures and procedures to support an overarching governance framework. A number of protocols and procedures were overdue a review. The practice's action plan stated that the reviews had commenced and we were sent the new review procedure. At our focussed inspection, we saw that the practice had been working with its consultants on reviewing its protocols and a number had been revised. However, we

found that the documents had been saved in three different locations on the computer system, making it difficult for staff to access them quickly when they needed to refer to them. It was therefore possible that the protocols and procedures might not be followed, thereby putting patients at risk.

At our comprehensive inspection in November 2016, we saw that the practice had a business continuity plan, intended for use in major incidents such as power failure or building damage, but it had not been followed during a recent incident. At the focussed inspection, we reviewed the revised business continuity plan, which could be implemented more easily and made provision for the practice to re-locate to a nearby practice in the event of the premises being unusable.

At our comprehensive inspection in November 2016 we had reviewed with the provider the practice's action plan submitted after our previous inspection in March 2015. We established that a significant number of the actions had not at that time been implemented. These included issues relating to following NICE guidelines, procedures and records relating to infection prevention and control and arrangements to deal with emergencies. At our focussed inspection, we saw that these had been addressed satisfactorily. However, we had also discussed the need for staff to be suitably trained to make full and effective use of the practice's computer system. At our focussed inspection, the provider was still not able to demonstrate a familiarity with the system sufficient to use it effectively, to ensure that safe care is provided to patients.

Leadership and culture

At our inspection in November 2016, staff had a lack of awareness of individual roles and responsibilities. Although staff felt supported by the provider, some were vague with their responses to questions about the apparent lack of management capacity which had an impact on the governance systems. We had reviewed records of annual staff appraisals and noted several references to a heavy workload, pressure and stress. In our discussions with the provider, he had mentioned his own heavy workload.

Since the practice was placed in special measures, it has received support from the Royal College of General Practitioners, by arrangement with the Clinical Commissioning Group. The RCGP appointed a team including a GP, practice manager and a nurse to work with

Are services well-led?

Inadequate 

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

the practice. Shortly before our focussed inspection, the provider informed us that he was currently conducting negotiations with new prospective providers who would be taking over the practice, with the provider continuing his involvement in the capacity of salaried GP. This was confirmed in discussions and correspondence we had with the RCGP. The RCGP also confirmed to us that it would continue to provide support and work with the practice until it was taken over by new providers, to ensure that patient safety is maintained.

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

We had seen at our inspection in November 2016 that the practice had an active patient participation group.

However, the practice had not been able to address an issue raised by the group in early 2015, requesting that female practitioners be employed to better meet the needs of female patients. The practice's action plan included measures to appoint a female GP to address this. At our focussed inspection, we found that a female locum GP had been working up to two clinical sessions per week since December 2016 and a female nurse had recently been appointed on a twelve-month contract.

We have not revised the practice's rating, which remains as inadequate for providing well led services. The warning notice we served under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remains in place.