Hatherleigh Medical Centre

Quality Report

Hatherleigh 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 effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Inadequate overall. (Inadequate in Safe and well led. Good in effective, caring and responsive.)

Hatherleigh Medical Centre had been inspected in April 2016 where it was rated inadequate due to breaches in regulations 12 (safe care) 17 (Good governance) 18 (staffing) and 19 (Recruitment). We then re inspected in December 2016 and placed the practice into special measures for continued breaches of the same regulations. On the following inspection in February 2017 the practice was rated as good (requires improvement in well led). The practice was taken out of special measures.

We carried out an announced comprehensive inspection at Hatherleigh Medical Centre on Wednesday 31 January 2018. The purposed was to follow up breaches of regulations made in February 2017 and following concerns about the leadership at the practice received in January 2018.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) - Inadequate

At this inspection we found:

- The practice is a partnership run by the Lead GP and the practice manager / lead nurse practitioner prescriber. For purposes of this report the partners will be referred to as leadership team or partners.
- Care and treatment was delivered according to evidence- based guidelines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had been trained to provide patients with effective care and treatment.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care now that the locum GPs were more regularly employed.
- The practice ran an open surgery daily between 9am and 10.30am and between 4pm and 5pm whereby patients were able to walk in and wait to see a nurse or GP without a pre booked appointment.
- The practice held a three monthly diabetic outreach clinic where patients with complex diabetes could be reviewed by the visiting diabetic team from the Royal Devon and Exeter Hospital.
- The service offered a 'Market clinic' where staff from the practice held an open surgery in the market in Hatherleigh once a year where anybody, including patients not on the practice registered list, could come and have blood pressure, blood glucose and any health queries checked. The practice staff then gave a report to take to the patient's own practice.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements include to ensure:

- Valid insurance certificates are displayed or available in a timely way
- Policies are reviewed to provide current best practice guidance for staff
- All staff receive appropriate support, training and appraisal to carry out their duties.
- Introduce systems to show that employment records demonstrate continued suitable medical defence cover and current registration with professional bodies whilst staff are employed.
- Records for significant events clearly show staff involvement, learning points and actions taken.
- Levels of GP and leadership cover continue to be monitored to adequately facilitate safe, effective and well-led services for patients and staff, considering the geography of the locations coupled with the clinical commitments of the partners and recent change in GP cover.
- Communication with healthcare professionals is maintained during periods of staff shortages
- Systems are in place to ensure any medicines within doctors bags are within expiry date
- Invoices used in the dispensary or practice are for the provider rather than previous provider.
- Staff have opportunities to attend meetings and are supported to give feedback

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

Hatherleigh Medical Centre

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 CQC medicines special adviser.

Background to Hatherleigh Medical Centre

Hatherleigh Medical Practice provides personal medical services to people living in Hatherleigh and the surrounding areas. The practice provides services to a primarily older population and is situated in a rural location where many patient families are involved in farming. The village of Hatherleigh also serves a number of commuters, who work in the large towns with major hospitals approximately 30 miles from the practice. Hatherleigh practice provide a service to approximately 3875 patients.

The mix of patient's gender (male/female) is approximately 50% each. 16.5% of the patients are aged over 75 years old which is higher than the national average of 9.9%. There was no data available to us at this time regarding ethnicity of patients but the practice stated that the majority of their patients were white British. The practice area deprivation score was recorded as 5, on a scale of 1to10. One being more deprived.

The practice is a partnership run by the Lead GP and the practice manager / lead nurse practitioner prescriber. For purposes of this report the partners will be referred to as leadership team or partners. They took over Hatherleigh Medical practice as the registered providers in October 2015. The partners have a second GP practice registered separately with the Care Quality Commission (CQC) approximately 10 miles from the Hatherleigh practice and a separately registered care home with CQC for 12 people.

The GP team consists of two GPs (one male and one female) and additional locum GPs whilst a replacement for a salaried GP is completed. The GP works at Hatherleigh five days a week but splits his time between Hatherleigh and Beech House Surgery on Wednesdays and Fridays. The practice manager states she works at the practice two days a week but does additional work off site.

A practice nurse now works 30 hours per week at Hatherleigh Medical Centre. The nurse is supported by a health care assistant who works flexible hours over two days. There are additional dispensary staff, reception staff, administrators and domestic staff.

Hatherleigh Medical Centre website advertises opening times as Monday to Friday from 8.30am until 6pm with a 1pm to 2pm session for lunch when calls are transferred to the out of hours provider to take calls. A patient leaflet found on the reception desk states that the practice is open until 6.30pm but staff stated that telephone calls are transferred to the out of hours provider after 6pm. Contracts with the out of hours provider show cover is provided before 8.30am, at lunch time and after 6pm. The practice run an 'open surgery' whereby patients are able to walk in and wait to see a nurse or GP without a pre booked appointment. Times of these clinics are advertised as between 8.30am and 10.30am and between 4pm and 5pm daily. The practice has been routinely offering Saturday morning appointments if they were required since January 2016. These were not advertised in the patient leaflet found at the inspection or on the website at the time of inspection but are offered as patients need them. The provider has subsequently sent an amended leaflet which contains information about Saturday clinics held.

Detailed findings

Routine appointments are available daily and bookable up to two weeks in advance or further into the future according to the patient's wishes. Urgent appointments are made available on the day. Email and telephone consultations also take place.

Hatherleigh Medical Centre offers an on-site dispensing service for registered patients who live more than one mile from their nearest pharmacy. This service is for just over 2100 patients living outside of a one mile radius of Hatherleigh.

This report relates to the regulatory activities being carried out at:

Hatherleigh Medical Centre

Pipers Meadow

Hatherleigh

EX20 3JT

Inadequate

Are services safe?

Our findings

We rated the practice, and all of the population groups, as Inadequate for providing safe services.

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

- Policies and procedures contained inaccurate information and guidance and were not all up to date
- Staff recruitment records did not demonstrate staff were on professional registers prior to appointment or had medical insurance cover
- There were gaps in staff training in regard to safeguarding and basic life support.
- The process of recording and reporting significant events had improved since the last inspection. However, this process was not always followed or recorded in sufficient detail to reflect learning or show staff involvement.
- Processes, guidance and governance within the dispensary did not always minimise potential risk.

Safety systems and processes

The practice had some systems to keep patients safe and safeguarded from abuse. However, other systems were not monitored or maintained.

- The practice conducted safety clinical assessments. These assessments were reliant on the up to date knowledge of the individual clinicians. Evidence from the records we looked at supported safe clinical assessment however inconsistent and outdated policy information could lead to inconsistencies if unfamiliar locums were used. For example, the policy folder contained no index making it difficult to locate specific policies in a timely way. The policies we looked at stated that they had been discussed in January 2018. However, it was not clear what discussion had taken place, or with whom. We looked at five policies at random which contained inaccurate or out of date guidance. For example:
- Pre-conceptual counselling policy gave the male alcohol limit as 21 units a week. Current guidance is now 14.
- The pre-conceptual policy did not refer to the recommendation for flu immunisation for pregnant women.
- The protocol for identification of patients with learning disabilities details the clinical lead as staff who had not worked at the practice for over three years including the previous provider.
- The locum appointment protocol alluded to information from 2013 with no evidence of being updated.
- The liquid nitrogen protocol was still an active protocol. The lead GP told us liquid nitrogen had not been used at Hatherleigh for some years

Staff continued to be aware of the systems to safeguard children and vulnerable adults from abuse. Up to date policies were accessible to all staff but contained out of date information of who to go to for further guidance. For example, a child protection protocol, found at the Hatherleigh inspection, did not reflect the information in more up to date policies available and listed the locality lead doctor as a member of the Local Medical Committee (LMC) rather than the GP at the practice. Training records showed gaps in safeguarding and safety training appropriate to their role. For example, the practice were unable to provide us with evidence to show that ten of the 21 staff, including the lead GP and registered manager/ partner, had received adult safeguarding training and eight staff, including the lead GP and registered manager/ partner, had received child safeguarding training.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

No new staff had been employed at the practice since the last inspection, although one member of staff had been transferred from Beech House surgery. No records were available for this member of staff as they were still held at the other practice.

We looked at the staff file for the practice nurse which highlighted the NMC registration check was due on the day of inspection. This had not been recognised by the registered manager. This check was performed and showed the practice nurse had renewed her registration. We asked to see evidence of medical indemnity cover for staff working at the practice. The group cover did not show

whether the practice nurse was included on this cover. No alternative cover was located. We asked to see evidence of insurance cover for the six GPs who had been working at the practice. We saw evidence for four of these GPs.

Disclosure and Barring Service (DBS) checks had been undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Staff who acted as chaperones were trained for the role and had received a DBS check.

There was a system to manage infection prevention and control. The practice nurse performed daily checks on the treatment room and clinical areas. They explained there had been an issue in December 2017 with some of the fridges not maintaining optimal temperatures for vaccine and immunisation storage. Appropriate action had been taken by the nurses but replacement of the fridge had not been actioned until the last few weeks.

- The practice did not always ensure that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions or repaied in a timely way. For example, we saw communication notes to show there had been a delay in repairing computer back up tapes, replacing faulty fridges and repairing a faulty back door. These issues had been resolved at the time of inspection.
- There were systems for safely managing healthcare waste. This was managed by the nurses at the practice. Sharps bins for cytotoxic medicines were available for nursing staff to use. However, evidence could not be provided that all medicines were disposed of correctly, for example, a list detailing cytotoxic and cytostatic medicines was not available for dispensary staff to refer to.

Risks to patients

- There were systems to assess, monitor and manage risks to patient safety. However, these were not always proactively monitored or maintained. For example, in December and January 2018 there had been substantial recent staff shortages which had placed additional pressure on the lead GP and increased potential risks to people who use services through reduced access to appointments.
- There had been a change in GPs but external healthcare professionals had not been informed of staff changes. Feedback from healthcare professionals included not getting responses to telephone calls/emails, lack of response or attendance to invitations to attend a six weekly meeting with other managers and community team and poor communication around identification of suitable patients for the flu vaccine programmes.
- The lead GP was covering gaps following the departure of one of the two salaried GPs.
- There was an informal induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, external healthcare professionals informed us that since the departure of the salaried GP the practice had not sent a representative to the multidisciplinary team meetings meaning discussion of vulnerable patients did not include the patients GP.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had systems for safe handling of medicines but not all were effectively governed.

- The systems for managing medicines, including vaccines, and emergency medicines and equipment in the practice was managed by the practice nurse. These systems minimised risks. For example, the practice

nurse effectively monitored the expiry dates and stock control of emergency medicines and vaccines. The practice kept prescription stationery securely and monitored its use.

- The content of doctors bags were managed by the individual GPs. We looked at the lead GPs doctors bag which contained a number of diluents, including four 10ml water for injection which expired in July 2017.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation although there was no clear system in place to monitor which nurses had signed to operate under these directions. Arrangements were in place for trained staff to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

The practice had a dispensary for patients who lived further than one mile away from a pharmacy. There were processes in place within the dispensary on a day to day basis, or led by dispensary staff to keep patients safe; however some required further improvement.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary
- There was a named GP responsible for the dispensary.
- Practice records failed to demonstrate that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary. For example, we saw NVQ certification for two of four staff. Of the two missing, the registered manager stated one had 'just qualified' and the certificate was to follow.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). There were also arrangements for the destruction of controlled drugs.
- Dispensary staff had carried out two quality searches to demonstrate good practice. These included, identifying reasons for medicines not collected and identifying patients who required clarification of how to take medicines.

Systems managed or monitored by the provider did not always keep patients safe. For example:

- Significant events and complaints regarding dispensed medicines were kept although these were very brief and did not always clearly show learning. None of the examples we saw showed individual staff members had been included in discussion and learning processes. The staff at Hatherleigh had started to complete significant event forms regarding dispensed medicines or dispensary issues and had passed these on to the registered manager. Not all of these had been recorded or logged.
- There were concerns about the management of standard operating procedures (SOPs) at the practice. We saw that over 30 SOPs had been produced / reviewed in July 2017 which represented significant changes for staff to be aware of. Only two members of staff had signed them as having been read. Staff told us that the SOP revision and roll out exercise was put on hold as the registered manager had wanted to read and accept them prior to implementation. This had not yet been done.
- Staff at Hatherleigh were receiving deliveries of medicines (including controlled drugs) but had not received training or read the SOP about safe management of these medicines. This meant that staff potentially were not aware of medicines that needed to be stored at the right temperatures, or aware of processes needed to log or record receipt to demonstrate mediicnes had been accounted for adequately
- Invoices for medicines still had the previous GP's name. This GP left the practice three years ago. This demonstrated poor management and governance arrangements.

Track record on safety

Environmental risk assessments had been assessed at the last inspection in February 2017 and were due for review.

Lessons learned and improvements made

Inadequate

Are services safe?

- There was a system for recording and acting on significant events and incidents. This system had improved since the last inspection. However, this process was not always followed, responded to in a timely way or recorded in sufficient detail to reflect learning or show staff involvement. Staff understood their duty to raise concerns and report incidents and near misses. Staff told us they did not always feel they received support when they did so or did not find out what learning had been identified for changes to be made as a result of their involvement.
- We were unable to establish failsafe processes were in place for Medicines & Healthcare products Regulatory Agency (MHRA) alerts including receipt, dissemination, decisions concerning actions required (or not relevant) to ensure patient safety.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents, but not all staff had received annual basic life support training. We saw evidence demonstrating 17 of the 21 staff had received annual basic life support training within the last year.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff were aware of how to use this system.
- There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were managed by the practice nurse and were in date and stored securely.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

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

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics prescribed per Specific Therapeutic group were comparable to national averages. For example, practice 0.87 and national 0.9.
- The number of antibacterial prescription items prescribed per Specific Therapeutic prescribing data were comparable to national averages. For example 1.06 and 0.98.
- The practice had lower than national percentages of antibiotic items prescribed that are Cephalosporins or Quinolones compared to national averages. For example, 2.2% compared with 4.7%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review structured around their birthday month to check their health and medicines needs were being met. For patients with the most complex needs, the GP had been working with other health and care professionals to deliver a coordinated package of care. However, healthcare professionals said this coordinated package of care had been affected since the departure of the salaried GP. For example, GPs had not attended recent multi-disciplinary team meetings to discuss vulnerable patients and had not communicated with healthcare professionals about which patients had received flu vaccines.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were managed by the practice nurse and carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above. For example, rates ranged between 92% and 100%
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the national average of 84%.

Good

Are services effective?

(for example, treatment is effective)

- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 89%; CCG 87; national 90%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 95%; national 95%).

Monitoring care and treatment

The practice carried out quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, dispensary staff had carried out searches and compiled a list denoting medicines within the dispensary not collected by the patients with a record of the reason. Another list had been written denoting prescriptions where directions or quantities required alteration e.g. clarification of two original packs of inhalers, switching to 'real English directions (not medical abbreviations).

We looked at three audits performed by the lead GP. One audit searched for patients who had been sent a reminder letter to attend a review of their long term conditions and to see if these letters had an impact on QOF (Quality Outcome Framework) data. 931 reminder letters had been sent in the last year and compared to the percentage of QOF points achieved in 2016 vs 2017; the audit demonstrated an improvement from 2016 to 2017. The data from all audits had been collected in a table but not yet written up.

The most recent published QOF results showed the practice had achieved 532 out of the 559 points available. (QOF is a system intended to improve the quality of general practice and reward good practice. There were no overall clinical exception reporting rates available. However, public health domains and public health additional services rates were better than or comparable to local and national averages. For example, the public health additional service figures showed the practice had excepted 3% of patients compared with the national average of 7%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice took part in local and national improvement initiatives.

Effective staffing

Nursing staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation, travel health and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Dispensary staff had not all received appropriate support, training and checks of their competency associated with dispensary activity. Training records showed that not all staff had received all statutory training updates. For example:

- Five of the eight staff told us they were not up to date with their mandatory training and added that this was due to time pressure. We asked for evidence of staff training and did not receive evidence to show that ten of the 21 staff, including the lead GP and registered manager/partner, had received adult safeguarding training. The practice were unable to provide evidence to show that eight of the 21 staff, including the lead GP and registered manager, had received child safeguarding training as indicated in the training records. Staff were aware of who to contact if they had concerns and knew where to locate the policies and guidance.
- We saw evidence to show that 17 of the 21 staff had received annual basic life support training. Staff told us they had received this training in the last two years and felt confident about what to do in an emergency.
- Evidence was not provided to show that seven of the 21 staff had completed fire safety training as indicated in the training records. Staff were aware of where fire fighting equipment and alarms were located.

Staff said the leaders understood the learning needs of staff but added that protected time was not offered because staff were too busy. The practice manager (registered manager) told us staff were able to do the training in their own time and were paid for this time.

Good

Are services effective?

(for example, treatment is effective)

No new staff had been employed since the last inspection in February 2017. Staff said support had been given when they started at the practice. Staff said the registered manager and lead GP were busy and added that the registered manager did not spend much time at the practice. Five of the eight staff we spoke with said they had not received an appraisal in the last year. The registered manager told us these were due to take place.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, had been involved in assessing, planning and delivering care and treatment. However, healthcare professionals said this coordination of care had decreased in recent weeks.
- Patients told us they received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Good

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the patients we spoke with told us they appreciated the care received from the GPs, nurses, dispensary staff and administration team.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 214 surveys were sent out and 120 were returned. This represented about 3% of the practice population. The practice was comparable or slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time; CCG - 91%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG – 90%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 92% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 99%; national average - 97%.
- 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

These results were slightly better than the January 2017 GP survey results.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice's computer system was used to alert GPs if a patient was also a carer. The practice had identified 46 patients as carers (About 2.1% of the practice list). We found the practice website had been updated and included a link to the Devon carers service. The practice did not provide written information to give to carers although some leaflets available in the practice were relevant to the needs of carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them to offer support and advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 81%.

Good

Are services caring?

- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

These results had improved since the last GP survey results in January 2017.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, the staff were aware the local population were commuters or lived in isolated areas with limited transport links. As a result there were drop-in clinics each morning and afternoon. Patients told us these were invaluable.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were parking spaces for patients with mobility issues and level access into the practice.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services. For example, joint diabetic clinics with diabetic specialist nurses from the local acute NHS trust.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice delivered medicines to the patients home if required because of vulnerability, transport links or isolation.
- Flu, pneumonia and shingles vaccinations were administered at the patient's home early in the season if required. However, community nursing teams said they had not been asked for help with this.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues. However, community health care professionals said the GPs had not been able to attend recent meetings.
- Blister packs/Dosset boxes were prepared for patients who needed them in response to changing patient needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, drop-in clinics and Saturday appointments.
- The practice ran a market clinic where an open surgery was offered in the market in Hatherleigh once a year. All members of the public, including patients not on the registered list, could come and have blood pressure, glucose and any health queries checked. Patients were given a report to take to their own practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend for appointments were proactively followed up by a phone call from a GP.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The Hatherleigh Medical Centre website advertised opening times as Monday to Friday from 8.30am until 6pm with a 1pm to 2pm session for lunch when calls were transferred to the out of hours provider. A patient leaflet found in reception stated that the practice was open until 6.30pm but staff stated that telephone calls are transferred to the out of hours provider after 6pm. Contracts with the out of hours provider showed cover is provided before 8.30am, at lunch time and after 6pm.

The practice ran an 'open surgery' whereby patients were able to walk in and wait to see a nurse or GP without a pre booked appointment. Times of these clinics were advertised as between 8.30am and 10.30am and between 4pm and 5pm. The GP told us that practice had been offering Saturday morning appointments if they were required since January 2016. These were not advertised in the patient leaflet or on the website but are offered as patients need them.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment were better than local and national averages. 214 surveys were sent out and 120 were returned. This represented about 3% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG – 82%; national average - 71%.
- 85% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 82%; national average - 71%.
- 93% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 81%.
- 93% of patients who responded described their experience of making an appointment as good; CCG - 90%; national average - 84%.
- 58% of patients who responded said they don't normally have to wait too long to be seen; CCG - 65%; national average - 58%.

We spoke with three patients who told us they appreciated the drop in clinics. Parents with small children told us it was reassuring they could always get an appointment when they needed one.

Listening and learning from concerns and complaints

The practice managed complaints and concerns and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We looked at two complaints received in the last year and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and gave apologies where appropriate. For example, a complaint had been received about the practice offering flu vaccines at the local farmers market. This service was cancelled on the grounds of safety but communication breakdowns meant not all patients were informed. The complainant received an apology and explanation.

Are services well-led?

Inadequate

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

Our findings

We rated the practice, and all of the population groups, as inadequate for providing a well-led service across all population groups.

At our previous inspection in April 2016, we rated the practice as inadequate for providing well-led services and in February 2017 as requires improvement as there was no overarching governance structure and no clear leadership arrangements.

At this inspection the practice was rated as inadequate for well-led because:

- There continued to be limited assurance of how the management of the two GP locations, and care home considering the geography of the locations, coupled with the commitments of the partners and recent change in GP cover would provide safe, effective, caring, responsive and well led services.
- There was a continued theme of inadequate governance processes in place.
- There was insufficient leadership from the registered providers.

Leadership capacity and capability

The lead GP had the skills to deliver good quality, sustainable clinical care and understood the challenges. However, the practice manager (also the registered manager) was not always visible, accessible or approachable on a day to day basis due to commitments elsewhere. We were sent a statement of purpose by the registered manager who stated that she spent a mixture of time at Hatherleigh Medical practice and at Beech House. However, seven of the staff told us the registered manager was 'rarely' or 'not often' seen at the practice and they had experienced delays in responses to telephone calls and emails. This view point was also reflected by external healthcare professionals.

Vision and strategy

The provider continued to have a vision to deliver high quality care and promote good outcomes for patients and had worked with NHS England, the CCG and Local Medical Committee to improve services at the practice. However, improvements had not been sustained or suitably maintained following the additional pressures placed upon the lead GP following the departure and absence of two salaried GPs.

Culture

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

- Staff stated they did not always feel supported and valued on a day to day basis and said the lead GP worked extremely hard to deliver good patient care; this impacted on staff support. They added that were proud to work in the practice and said the staff focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were not always able to raise concerns and were not encouraged to do so. They did not have confidence that these would be addressed and added that some issues were not dealt with due to time constraints and capacity of the leadership team.
- There were inadequate processes for providing all staff with the development they need due to workload demands. This included appraisal and mandatory training, including basic life support and safeguarding. Not all staff received regular annual appraisals in the last year. The registered manager told us these were due to take place in the next month.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There were positive relationships between staff working at the practice. Staff said they received support from the salaried GPs and each other but not always from the leadership team.

Governance arrangements

The governance responsibilities, roles and systems managed by the wider staff team were structured, clearly set out, understood and effective. For example:

- Emergency medicines and equipment were checked regularly

Are services well-led?

Inadequate

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

- Clear systems were in place to monitor fridge temperatures, vaccines and immunisations.
- Effective clinical systems were in place to recall patients for medicine and health reviews.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

However, governance systems monitored by the leadership team were not kept under review, followed or effective, in minimising potential risks. For example:

- The policies we looked at recorded that had been discussed in January 2018. However, it was not clear what discussion had taken place. We looked at five policies at random which contained inaccurate or out of date guidance.
- Liability insurance certificates displayed had expired in April 2017. A replacement was found within the provider email system following prompting from the inspection team.
- Nursing and Midwifery registration evidence had expired for one nurse on the day of inspection. Up to date evidence was found following the inspection team prompting the registered manager to search for the information from the NMC website.
- Not all dispensary staff had received appropriate support, training and checks of their competency associated with dispensary activity and the Dispensing Services Quality Scheme (DSQS) quality standards.
- Staff receiving medicines, including controlled drugs, had not received training on the safe receipt of these medicines.
- Standard operating procedures (SOPs) written by the dispensary leads in July 2017 had not been signed off by the responsible person. Not all SOPs, for example, controlled drug SOPs were appropriately detailed to clearly define roles and responsibilities of each staff group.
- Evidence could not be provided that all medicines are disposed of correctly, for example, a list detailing cytotoxic and cytostatic medicines was not available for dispensary staff to refer to.
- Not all significant events had been investigated or recorded in the register to demonstrate learning and action taken.
- Medicine invoices within the dispensary still contained details of the previous GP provider who had not been at the practice for three years.
- Systems were not in place to ensure staff meet the targets set by the practice to receive an annual appraisal or update training in fire safety, basic life support or safeguarding.
- Evidence of medical defence insurance cover was not produced for two members of staff.
- There was not a system in place to identify expired medicines within doctors bags ensuring these were safe to use for patients.
- There had been a lack of timely response to staff requests regarding equipment at the practice. For example, back up disks holding information for the safe running of the business, IT systems and faulty fridges used to safely store vaccines and medicines.
- There continued to be inconsistent information regarding practice opening times. For example, leaflets available to patients not being consistant with actual daily opening times.

Managing risks, issues and performance

There were insufficient effective processes for managing some risks, issues and performance. For example:

- There was an effective, process to identify, understand, monitor and address current and future clinical risks.
- The processes to manage current and future performance was unclear. We were told that performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. However, there were no evidence to show this was always being monitored.
- The processes for the oversight and management of Medicines & Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints was not always thorough or effective to demonstrate safe non-clinical practise.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

Are services well-led?

Inadequate

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

The provider acted on appropriate and accurate clinical information but did not always communicate this to the wider team. Six of the eight staff we spoke with said team meetings had been arranged but were often postponed because of workload pressures.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required but not always in a timely way. For example, informing community nursing staff of which patients required or had received vaccines.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice did not always involve patients, the public, staff and external partners to support high-quality sustainable services.

- There was a new patient participation group. They said the providers were approachable and were hoping to fundraise to purchase equipment for the practice and were aiming to join with the PPG at Beech House, Shebbear.
- Staff told us they thought the providers were reluctant to engage with the staff group and had experienced reluctance to listen and implement new ideas.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (g) Safe Care and Treatment- (the proper and safe management of medicines). **How the regulation was not being met:** Care and treatment was not always provided in a safe way for service users There were not proper and safe management of medicines. For example: • Staff were handling medicines including controlled drugs without sufficient training, guidance or support. • Standard operating procedures had not been signed off and read by all staff. • Systems were not in place to ensure medicines in doctors bags were within expiry dates. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 (Good Governance)

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

There we not effective systems and processes to ensure good governance in accordance with the fundamental standards of care

For example:

- Systems or processes in regard of governance arrangements were not fully or effectively established or operated to ensure an effective oversight. This included access to policies containing inaccurate and out of date guidance, not maintaining employment checks, ot ensuring staff received appropariet support, appraisal or training and unsatisfactory significant event response times and records and slow response to maintenance of equipment and facilities.
- There were limited assurances of how the management of the two GP locations, and care home considering the geography of the locations, coupled with the clinical commitments of the partners and recent change in GP cover would provide safe, effective, caring, responsive and well led services.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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