

Dr Azmeena Nathu

Inspection report


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

Ratings

Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out a short notice, announced comprehensive inspection at Dr Azmeena Nathu, Pennygate Health Centre on 18 June 2018. This inspection was to see if the practice had made sufficient improvement for it to come out of Special Measures. This practice is rated as inadequate overall.

We carried out an announced comprehensive inspection at Pennygate Health Centre on 19 October 2017.

Breaches of legal requirements were found in relation to the governance arrangements within the practice.

We issued the practice with a warning notice requiring them to achieve compliance with the regulations set out in the warning notices by 12 January 2018.

The practice was placed into Special Measures on 28 December 2017.

At that inspection we found:

- Some systems and process were not effective in keeping patients safe. These concerned patient safety alerts, safeguarding, medicines reviews, monitoring patients on high risk medicines, cold chain monitoring, recruitment and retention of staff and NICE guidance.
- The practice could not demonstrate role specific training for staff.
- There was no effective system in place to monitor training and therefore we could not be assured that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence to show that staff were aware of current, evidence based guidance.
- Data from the 2017 national GP patient survey showed that patients rated the practice lower than others for most aspects of care.
- There was limited evidence that learning from complaints was shared with staff
- Feedback from the 2017 national GP patient survey showed that in 21 of the 23 areas surveyed results were below CCG and national averages.
- There was a lack of leadership and governance relating to the overall management of the practice.
- The practice was unable to demonstrate strong leadership in respect of safety
- There was a limited governance framework to support the delivery of good quality care for example in respect of safeguarding, patient safety alerts, medicine reviews

the monitoring of patient on high risk medicines, recruitment and retention of staff, NICE guidance, training, learning from significant events and minutes of meetings.

- The arrangements for managing risks were not effective
- The practice could not demonstrate that they proactively sought feedback from patients and staff.
- There was little innovation or service development and minimal evidence of learning and reflective practice.

We undertook an unannounced focussed inspection on 19 April 2018 and a further announced inspection on 25 April 2018 to check that they now met the legal requirements. At the inspection on 19 and 25 April we found that not all the requirements of the warning notice had been met.

At this inspection carried out on 18 June 2018 we found that some improvements had been made. The key questions are now rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

At this inspection we found:

- Generally, the practice had clear systems to manage risk so that safety incidents were less likely to happen. However, there was no log kept of dispensary 'near misses'. Following the inspection were provided with evidence that a 'near miss' log had been commenced.
- When incidents did happen, the practice learned from them and improved their processes.
- Records of consultations with patients were not always updated in a timely manner which put patients at risk.
- Clinicians were not always following evidenced based guidelines in respect of the assessment of unwell children, and the prescribing of antibiotics to children. This was addressed during the course of the inspection.
- Dispensary standard operating procedures had not always been signed by staff following update.
- Although the appointment system was easy to use and patients could access care when they needed it, access

Overall summary

to extended hours appointments was limited. Patients were not able to book appointments directly through the reception staff and had to be referred to the GP before an appointment could be made.

- On the day of the inspection we were not provided with evidence of clinical audit being used as an aid to measure and improve performance. Following the inspection, we were provided with details of several such audits.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a focus on equality and diversity and a culture that supported potentially vulnerable groups such as migrant workers and their families.
- The process for dealing with and responding to complaints was not embedded.

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

- 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 are:

- Review and embed the complaints handling process. Following the inspection, we were informed that the complaints process had been reviewed.
- Review the process for updating and managing standard operating procedures to ensure they reflect current practice and to ensure staff have read and signed the most up-to-date version.
- Review monitoring and undertake an audit of prescribing, in particular antibiotic prescribing, to ensure high quality, safe, evidence-based practice.
- Review the process and provide clarity for booking extended hours appointments.

This service was placed in special measures on 28 December 2018. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe and well-led services. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by cancelling the provider's registration.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included an additional CQC inspector, a GP specialist adviser, a practice manager specialist adviser and a member of the CQC medicines team.

Background to Dr Azmeena Nathu

Dr Anzeema Nathu, Pennygate Health Centre, is located in the South Lincolnshire town of Spalding.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Dr Nathu is registered with CQC to provide the regulated activities of: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; treatment of disease, disorder or injury;

from a single location at 210 Pennygate, Spalding PE11 1LT

The practice has one principal GP (female), two locum GPs (male), one practice nurse, two members of staff who have dual roles as dispensers / administrators. There are two receptionists and a cleaner who is employed directly by the practice.

The practice list size is 3293.

The practice is situated amongst the 20% of the most deprived areas in England. There is clear evidence of

deprivation, particularly associated with eastern European migrant workers and their families. 18% of the practice patients are from this group. The practice had a higher than average number of younger patients. Both male and female life expectancy are comparable to the national average.

The practice was able to provide dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises.

All patient accessible areas were located on the ground floor.

The practice lies within the NHS South Lincolnshire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

Are services safe?

At our previous inspection on 19 October 2017 we rated the practice as inadequate for providing safe services. The was because we had concerns that:

- Some systems and process were not effective in keeping patients safe. These concerned patient safety alerts, safeguarding, medicines reviews, monitoring patients on high risk medicines, cold chain monitoring, recruitment and retention of staff and NICE guidance.

At this inspection we found that some improvements had been made. However, we rated the practice as inadequate for providing safe services.

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

- Patient notes and records of consultations were not always updated onto patient records contemporaneously or soon thereafter, it being on occasions months before updates were recorded. This posed the risk of clinicians not being in possession of the most up to date information to ensure safe and effective care and treatment.
- Dispensary standard operating procedures had not always been signed by staff following update.
- There was no log kept of dispensary 'near misses'
- The full details of consultations with children were not always recorded in patient notes.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had received support from the CCG and now had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, we had concerns that there was an over-reliance on the practice nurse who typically had 35 appointments daily as well as being the lead for infection prevention and control and complaints within the practice. We could find no negative impact on patients.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

- The care records showed that information needed to deliver safe care and treatment was not always added contemporaneously or as soon as possible following contact with the patient. As a result, we found some of the entries to be confusing, lacking essential detail and in some cases, had been updated weeks after the consultation took place. Therefore, we could not be assured that staff and GPs were in possession of the most up to date information to ensure safe and effective care and treatment. We spoke with the provider GP who told us that they believed in good eye to eye contact with patients and therefore did not update or look at a

Are services safe?

computer screen during consultations but recorded details on paper and transferred the details to the computerised record sometime after. They acknowledged that this did not follow best practice guidelines.

- We reviewed six records of children who had been seen from April to May 2018 for which antibiotics were prescribed. Four of the patients were seen by the practice nurse before the GP signed the prescriptions. In all six cases, the notes were brief and did not include essential details of the examination, for example auscultating the chest of a child with a suspected respiratory tract infection and checking oxygen saturations and capillary refill time.
- There was an effective documented approach to managing test results.
- The practice had effective systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. The practice had appropriate arrangements in place to respond to medical emergencies, however one of the medicines in the emergency trolley had expired in November 2017 because it was not included in the checking system. It was acknowledged that there was a national shortage of this medicine and although it was removed from the emergency trolley it could not be replaced.
- Staff mostly prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, the practice did not routinely monitor their prescribing, including antibiotics, and there were no plans in place to improve the quality or safety of prescribing at the time of our inspection. There was no evidence of actions

taken to support good antimicrobial stewardship.

Following the inspection, we were provided with dates of planned audits of amoxicillin dosage in children and allopurinol used in the treatment of gout.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Some of the Standard Operating Procedures (SOPs) we reviewed had been updated since staff had signed to say they had read and understood them. This meant the provider could not be sure staff were working to the most up to date procedures. In general, lessons were learned and action taken as a result of investigations when things went wrong. However, the staff in the dispensary did not keep a record of near-misses (when errors are identified before medicines have been handed to patients). This meant they were not always able to identify opportunities to improve dispensing safety.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 19 October 2017 we rated the practice as requires improvement for providing effective services. This was because we had concerns that:

- The practice could not demonstrate role specific training for staff.
- There was no effective system in place to monitor training and therefore we could not be assured that staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence to show that all staff were aware of current, evidence based guidance.

At this inspection on 18 June 2018 practice was rated as requires improvement for providing effective services because:

- Guidance on the prescribing of oral antibiotics to children was not being followed.
- There was no evidence of clinical audit being used as an aid to measure and improve performance.

We rated all of the population groups as requires improvement. This was because the concerns which led to this key question being rated as requires improvement applied to everyone using the practice.

Effective needs assessment, care and treatment

- The practice systems did not always keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, we looked at the prescribing of oral amoxicillin to children and found that the prescription dose was lower than the recommended dosage.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

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

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medication needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease, atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was above local and national averages.

Families, children and young people:

- Childhood immunisation uptake rates were significantly higher than the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 76%, which was below the 80% coverage target for the national screening programme but higher than the national average and comparable to other practices. The practice was aware that the figure was below target but considered that this was due to the number of women of eastern European origin who did not take up the offer because of cultural differences.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware of the lower than average number and opportunistically encouraged patients to take part in the screening program although there was no planned approach to help facilitate improvement.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Are services effective?

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- Records showed that 100% of patients diagnosed with dementia had a care plan which had been reviewed in a face-to-face review in the preceding 12 months. The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was above local and national averages.

Monitoring care and treatment

- There was no evidence of clinical audit being used as an aid to measure and improve performance. Following our inspection, the provider sent their proposed program of clinical audit going forward.
- Overall QOF results were better than CCG and national averages and exception reporting was lower than both CCG and national averages.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

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 were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Are services effective?

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

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

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 19 October 2017 we rated the practice as requires improvement for providing caring services. This was because we had concerns that:

- Data from the 2017 national GP patient survey showed that patients rated the practice lower than others for most aspects of care.

At this inspection we rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Notices displayed in the patient waiting area signposted those recently bereaved to support services and the practice website provided in depth information.
- The practice's GP patient survey results were comparable local and national averages for questions relating to kindness, respect and compassion.
- The practice's own survey carried out in May 2018 showed patients were satisfied with the service provided. Please see evidence table.
- The practice was involved in the Pennygate Foundation, a registered charity that operated from a building adjacent to the surgery.
- The practice was particularly involved in meeting the healthcare and social needs of migrant workers and their families.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Health information and promotion material was displayed and available to patients in a number of eastern European languages.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were comparable to local and national averages for questions relating to involvement in decisions about care and treatment.
- The practice's own survey carried out in May 2018 showed patients were satisfied with the service provided. Please see evidence table.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- In times of bereavement the practice contacted the next of kin and signposted them to support services and organisations.
- Advice on what to do in times of bereavement was displayed on the practice website.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 19 October 2017 we rated the practice as requires improvement for providing responsive services. This was because we had concerns that:

- There was limited evidence that learning from complaints was shared with staff
- Feedback from the 2017 national GP patient survey showed that in 21 of the 23 areas surveyed results were below CCG and national averages.

At this inspection we found that the practice had made improvements and we rated the practice as good for providing responsive services.

We rated all of the population groups as requires improvement.

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.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example monthly blister packs.

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 from GPs and the practice nurse and urgent appointments for those with enhanced needs.

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.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

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.
- The practice told us they worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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, extended opening hours on one evening a week, although the access to extended hours appointments was not universally available without the receptionist first speaking and the GP agreeing to the consultation.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this population group.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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.

Are services responsive to people's needs?

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations which included the Pennygate Foundation.

Timely access to care and treatment

Generally, patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Although the practice offered extended hours appointments with a GP on Tuesdays from 6.30pm to 8pm we found that the process was unclear and receptionists were unable to offer patients these appointments until all core hours appointments had been filled and then only with the express consent of the GP. The receptionists we spoke with told us the system worked. We were not aware of any complaints about the process.

- The practice's GP patient survey results were comparable with local and national averages for questions relating to access to care and treatment.
- The practice's own survey carried out in May 2018 showed patients were satisfied with the service provided. Please see evidence table.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available from the receptionist and on the practice website. However, there was no notice concerning complaints displayed in the patient waiting area. Staff treated patients who made complaints compassionately.
- We could not be assured that the complaint policy and procedures were in line with recognised guidance. The practice nurse had responsibility for complaints but we found that the records were poorly kept and organised. The files we saw did not contain any copies of letters sent to complainants. We saw that there had been two recorded complaints in the last year. Following our inspection, we were provided with confirmation that the deputy practice manager was now the complaints lead and we were provided with information on an updated and improved complaints management system.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 19 October 2017 we rated the practice as inadequate for providing well-led services. The was because we had concerns that:

- There was a lack of leadership and governance relating to the overall arrangements of the practice.
- The practice was unable to demonstrate strong leadership in respect of safety
- There was a limited governance framework to support the delivery of good quality care for example in respect of safeguarding, patient safety alerts, medicine reviews the monitoring of patient on high risk medicines, recruitment and retention of staff, NICE guidance, training, learning form significant events and minutes of meetings.
- The arrangements for managing risks were not effective
- The practice could not demonstrate that they proactively sought feedback from patients and staff.
- There was little innovation or service development and minimal evidence of learning and reflective practice.

At this inspection we found that although the practice had made some improvements we rated the practice as being inadequate for providing well-led services.

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

- The provider had failed to make the improvements required by CQC, despite enforcement action being taken.
- We could not be assured that the provider GP had the capacity to provide good clinical practice and oversight as well as fulfil the functions ordinarily undertaken by a practice manager.
- The practice did not have effective systems to ensure that details of patient consultations were added to patient notes in line with best practice guidelines.
- There was no evidence of clinical audit being used as a means of improving the quality of care and outcomes for patients.

Leadership capacity and capability

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges but there was limited evidence that they were acting to mitigate them. For example, we found that limited action had been taken to recruit a practice manager.

- We were aware that the provider GP was retiring in the short term and planning was underway with the CCG to ensure that patients receive high quality care and treatment from an alternative provider.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice, though the development of the assistant practice manager.

Vision and strategy

The practice had a clear vision to deliver high quality, sustainable care.

- There was a clear vision and set of values. Staff told us the overarching principle was that patient care always came first.
- Staff were aware of and understood the values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff.

Are services well-led?

Governance arrangements

Staff were clear in their responsibilities, roles and systems of accountability to support good governance and management.

- However, there was no dedicated practice manager in post. The administration functions that would ordinarily be performed by a practice manager were being undertaken by the provider GP, supported by the practice nurse and assistant practice manager, who was also the senior dispenser. The provider GP told us that this was not an ideal situation but that they had been unsuccessful in recruiting a practice manager.
- The practice had utilised the services of an experienced practice manager as a result of our previous inspections, who had supported the practice in implementing more effective systems.
- The practice had employed an experienced practice manager on a locum basis as a result of our previous inspections who had supported the practice in implementing more effective systems.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety.

Managing risks, issues and performance

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

- Generally, there was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- However, there was no process in place to identify and record dispensary near misses.
- There was no evidence of clinical audit being used as a means of improving the quality of care and outcomes for patients.

- The practice had processes to manage current and future performance. The provider GP had oversight of safety alerts, incidents and complaints even though they did not deal with them directly.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Patient records were not always up to date and there was evidence that notes of consultations were sometimes added months after the consultation. At the inspection in April 2018 we found specific concerns which were shared with the South Lincolnshire Clinical Commissioning Group and NHS England, an investigation is being carried out.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was a very active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning through access to training both in-house and at external events.
- There was no evidence of and improvement as result of clinical audit.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.