

# Loughton Health Centre

## Quality Report


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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?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as Inadequate overall.** (Previous inspection April 2015 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Inadequate

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 recently retired and students) – Inadequate

People whose circumstances may make them vulnerable – Inadequate

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

We carried out an announced inspection at Loughton Health Centre on 27 March 2018. This took place as part of our inspection programme.

At this inspection we found:

- There were not effective systems for keeping vulnerable adults and children safeguarded from abuse.
- Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role.
- The practice did not routinely carry out required staff checks on recruitment.
- There was not an effective system to manage infection prevention and control.
- The systems to check emergency equipment required review and improvement. The practice had not carried out an appropriate risk assessment to identify emergency medicines that it should stock.
- There were adequate systems for reviewing and investigating when things went wrong.
- The practice was not monitoring prescription stationery as it was distributed in the practice.
- There was not an effective system to respond to MHRA alerts and patients were identified as at risk.
- Staff did not always prescribe, administer or supply medicines to patients in line with current national guidance. The practice did not identify and recall patients who were prescribed medicines that required additional monitoring.

# Summary of findings

- There was no health and safety risk assessment. Staff had not received health and safety training. Non-clinical staff had not received safeguarding vulnerable adults training.
- Not all staff had received an appraisal of their performance.
- Prescribing for some antibiotics was higher than the CCG and England average.
- The practice did not have effective systems to keep clinicians up to date with current evidence-based practice. There were ten patients aged over 35 who smoked and were being prescribed the oral contraceptive. This was contrary to NICE guidelines.
- Members of the nursing team had recently begun attending a nurses' forum, where they would meet with other practice nurses in the locality every month.
- The practice did not have a comprehensive programme of quality improvement activity.
- QOF data for 2016/17 was below average in respect of asthma checks and blood pressure checks for patients with diabetes, hypertension. The practice was also below average for some mental health indicators. Unverified data for 2017/18 did not indicate consistent improvement.
- The practice did not offer a health check for patients aged over 75. They had completed a health check for only one out of 23 patients with learning disabilities in the last year.
- Following our inspection, the practice implemented systems to share information more effectively regarding patients who were at the end of their lives.
- The practice had identified 161 patients as carers which amounted to 1% of the practice list.
- On the day of our inspection, patient feedback was positive about the care from the clinicians; however, some patients continued to raise concern about accessing services.
- The complaints policy was not available to patients accessing the practice website.
- Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures.

- The practice worked with other practices in the locality.

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.
- Ensure care and treatment is provided in a safe way to patients.

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

- Continue to take steps to improve feedback in the GP patient survey
- Ensure all staff have a recent appraisal of their performance.
- Make the complaints policy easily accessible to patients using the practice website.

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

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

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

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

# Summary of findings

## The six population groups and what we found

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

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

# Loughton Health Centre

## Detailed findings

### Our inspection team

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

a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Loughton Health Centre

The Loughton Health Centre provides GP services to patients living in Loughton and surrounding areas. Further information about the practice boundary can be obtained from the practice website [www.loughtonhealthcentre.co.uk](http://www.loughtonhealthcentre.co.uk). The practice is one of 32 practices commissioned by the West Essex Clinical Commissioning Group.

There are approximately 11800 patients currently registered with the practice, which is located in an area which is not considered to be deprived, being on the third less deprived scale. 45% of patients have a long-standing health condition, compared with the CCG average of 51% and England average of 54%. Unemployment rates are 0.6%, which is considerably less than the CCG average of 2.9% and England average of 5%.

The practice is governed by a partnership which consists of one female and three male GPs. They are supported by a full time practice manager, business manager and reception manager. There are two further part-time GPs employed, three part-time nurses, a healthcare assistant and a number of reception, administration and secretarial staff working various hours.

This practice was previously inspected in April 2015, when all key questions and population groups were rated as good.

# 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 inadequate for providing safe services because:

- There were not effective systems for keeping vulnerable adults and children safeguarded from abuse.
- Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role.
- The practice did not routinely carry out required staff checks on recruitment.
- There was not an effective system to manage infection prevention and control.
- The practice had not carried out a risk assessment to identify medicines that it should stock. The systems to check emergency equipment required review and improvement.
- The practice was not monitoring prescription stationery as it was distributed in the practice.
- Staff did not always prescribe, administer or supply medicines to patients in line with current national guidance. The practice did not identify and recall patients who were prescribed medicines that required additional monitoring.
- Staff had not received health and safety training. There was no health and safety risk assessment.
- Prescribing for some antibiotics was higher than the CCG and England average.

### **Safety systems and processes**

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- There was insufficient attention to safeguarding children and adults. The practice had safety policies which included those concerning safeguarding vulnerable adults and children, although these were difficult to locate on the computer systems, incomplete or not being adhered to. For example, the safeguarding adults' policy stated that training should be refreshed for all staff every two years, but this was not taking place. Staff, including GPs were trained in safeguarding children to a level appropriate to their role. The child safeguarding policy was not complete and did not detail the safeguarding lead. Despite this, staff that we spoke

with knew what they would do if they suspected abuse and who the lead was. After our inspection staff were reminded to attend safeguarding vulnerable adults training. Further, we were advised that there were up to date safeguarding policies which inspectors had not located or reviewed.

- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients, although records were not being consistently updated as being reviewed or considered when a child failed to attend a hospital appointment.
- The practice worked with other agencies to support patients and protect them from neglect and abuse.
- Safety was not a sufficient priority. There was limited measurement and monitoring of safety performance.
- Staff who acted as chaperones were trained for the role and but they had not received a DBS check or risk assessment to ascertain their suitability for the role.
- The practice did not routinely carry out required checks of staff on recruitment.
- In relation to clinical staff, we found that Disclosure and Barring Service (DBS) checks were 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).
- There was not an effective system to manage infection prevention and control. Not all staff had received training and were unsure of the correct course of action in the event of an unexpected infection control risk. We were sent evidence to confirm that staff were provided with additional guidance immediately after our inspection.
- An infection control audit had been completed, but this was not followed up by an action plan. Curtains in the treatment rooms were not being changed in accordance with guidance, although remedial measures were put in place after our inspection.
- There were systems for safely managing healthcare waste.
- The practice ensured that equipment was maintained according to manufacturers' instructions.

### **Risks to patients**

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

# Are services safe?

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

## Information to deliver safe care and treatment

Staff 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. There was a documented approach to the management of test results.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines did not minimise risks. Medical gases were not being stored appropriately. The practice had not carried out a risk assessment to identify medicines that it should stock and did not stock atropine, a medicine that is used in the event of an adverse reaction to coil insertion. Further, there were omissions in the checking of emergency medicines and the check list did not identify all items to be checked, such as oxygen and the defibrillator. After the inspection, we were informed that atropine had been purchased.
- The practice kept prescription stationery securely although they were not monitoring this as it was distributed in the practice.

- The practice did not identify and recall patients who were prescribed medicines that require additional monitoring or record if this was done elsewhere, for example in hospital. On the day of our inspection, we identified 102 patients who were prescribed medicines for their thyroid function who had not received appropriate monitoring, 271 patients who took medicines for their hypertension and 10 patients who were prescribed methotrexate, a medicine used for certain types of cancers and arthritis.
- Data for 2016/17 indicated that the percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was 12%, which was higher than the CCG average of 10% and national average of 9%. The practice had reviewed its antibiotic prescribing in 2016 and taken action to support good antimicrobial stewardship in line with local and national guidance; however, data available to inspectors from 2016/17 indicated that this remained an outlier.

## Track record on safety

The practice did not have a good safety record.

- The health and safety risk assessment to consider possible risks at the premises had not been completed.
- Staff had not received health and safety training. After our inspection staff were reminded to attend this training.

## Lessons learned and improvements made

The practice did not always learn and make improvements when things went wrong.

- There was not an effective system for acting on safety alerts. Whilst we found that there was an up to date paper record of MHRA (Medicines and Healthcare products Regulatory Agency) alerts maintained, there was no evidence that these were being systematically distributed, read and actioned by clinicians.
- We found 10 patients who were prescribed gabapentin who had not been reviewed, contrary to an MHRA alert raised in October 2017. Gabapentin is a medicine to prevent and control seizures. It is also used to relieve nerve pain.
- Changes to prescribing had not been incorporated into routine practice. There were 25 patients who were prescribed a combination of simvastatin and

## Are services safe?

amlodipine, which is not in line with current guidance. Simvastatin is used to reduce the risk of heart attack and stroke. Amlodipine is a medicine used to reduce high blood pressure.

- There was a system and policy for recording and acting on significant events and incidents. 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 learned and shared lessons and took action to improve safety in the practice. Following our inspection, a significant event was completed relating to the discovery that oral contraceptives were prescribed to patients who were smokers and aged over 35. The practice discussed the incident with members of the clinical team and set up a regular search to identify patients at risk.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated the practice and all of the population groups as inadequate for providing effective services.

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

- The practice did not have effective systems to keep clinicians up to date with current evidence-based practice. There were ten patients aged over 35 who smoked and were being prescribed the oral contraceptive. These patients had not been reviewed to ensure that they were aware of the risks to allow them to make an informed decision as to their choice of contraceptive. This was contrary to NICE guidelines.
- The practice were higher than the CCG average and England average for prescribing certain antibiotics.
- The practice did not have a comprehensive programme of quality improvement activity although some audit activity had taken place.
- QOF data for 2016/17 was below average in respect of asthma checks and blood pressure checks for patients with diabetes and hypertension. The practice was also below average for some mental health indicators. Unverified data for 2017/18 did not indicate consistent improvement.
- The practice did not offer a health check for patients aged over 75.
- The practice had completed a health check for only one out of 23 patients with learning disabilities in the last year.
- The practice received notification when a child failed to attend an appointment in secondary care, although they failed to note that this had been acknowledged or followed up on the patient record.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

The practice did not have systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We identified that there were ten patients aged over 35 who smoked and were being prescribed an oral contraceptive. This was contrary to NICE guidelines. Further, the healthcare assistant was undertaking contraceptive reviews without appropriate training or qualification. The practice gave us assurances that this practice would cease with immediate effect and further, relevant patients were invited for review. We were assured that systems were implemented to continue to identify these patients.
- We saw no evidence of discrimination when making care and treatment decisions.
- An electronic health monitor was in the process of being procured for the waiting room. It was anticipated that this would be delivered in the next three weeks. This would allow patients to measure and monitor their blood pressure, height and weight.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes monitoring patients on long-term medicines, reviews of long-term health conditions and the lack of quality improvement activity.
- The practice did not offer a health check for patients aged over 75.

People with long-term conditions:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes monitoring patients on long-term medicines, reviews of long-term health.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 63% which was significantly below the CCG average of 82% and England average of 83%. Unverified

# Are services effective?

## (for example, treatment is effective)

data for 2017/18 indicated that there had been some improvement in relation to this indicator as 74% of patients now had a blood pressure reading within acceptable levels.

- The percentage of patients with asthma who had a review in the last 12 months was 13% which was significantly below the CCG average of 74% and England average of 76%. Unverified data for 2017/18 indicated that there had been limited improvement in relation to this indicator as 27% of patients now had a received a review.
- The percentage of patients with diabetes who had a blood pressure reading of 140/80 or less was 66% compared to the CCG average of 76% and England average of 78%. Unverified data for 2017/18 indicated that there had been a deterioration in relation to this indicator as 62% of patients now had a received a review.

Families, children and young people:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes monitoring patients on long-term medicines, reviews of long-term health conditions and the lack of quality improvement activity.
- The practice received notification when a child failed to attend an appointment in secondary care, although they failed note that this had been acknowledged or followed up on the patient record.

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

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes monitoring patients on long-term medicines, reviews of long-term health conditions and the lack of quality improvement activity.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes monitoring patients on long-term medicines, reviews of long-term health conditions and the lack of quality improvement activity.
- The practice had completed a health check for only one out of 23 patients with learning disabilities in the last year.

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

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions and the lack of quality improvement activity.
- 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in the record in the last 12 months, compared to the CCG average of 91% and England average of 90%.
- 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the last 12 months. This was below the CCG average of 89% and England average of 91%.
- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG and England average of 84%.

### Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity. They had completed three clinical audits in the last two years, all of which were single cycle and therefore the practice was unable to evaluate whether improvements had been made. There had been an audit undertaken in 2017 which considered monitoring patients with hypertension, and whilst unverified data for 2017/18 indicated some improvements, performance for blood pressure monitoring for this patient group continued to be low.

# Are services effective?

## (for example, treatment is effective)

We were shown a two-cycle audit of antibiotic prescribing that had been completed early in 2016 which indicated some improvements, although antibiotic prescribing for Co-Amoxiclav, Cephalosporins or Quinalones continued to be higher than average.

The most recent published QOF results were 83% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and England average of 97%. The overall exception reporting rate was 9% compared with a CCG and England average of 10%. (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.)

Patient's outcomes were variable or significantly worse than expected when compared with other similar services. Necessary action was not taken to consistently improve people's outcomes.

- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 63% which was significantly below the CCG average of 82% and England average of 83%. Unverified data for 2017/18 indicated that there had been some improvement in relation to this indicator as 74% of patients now had a blood pressure reading within acceptable levels.
- The percentage of patients with asthma who had a review in the last 12 months was 13% which was significantly below the CCG average of 74% and England average of 76%. Unverified data for 2017/18 indicated that there had been limited improvement in relation to this indicator as 27% of patients now had a received a review.
- The percentage of patients with diabetes who had a blood pressure reading of 140/80 or less was 66% compared to the CCG average of 76% and England average of 78%. Unverified data for 2017/18 indicated that there had been no improvement in relation to this indicator as 62% of patients now had a received a review.
- 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in the record in the last 12 months, compared to the CCG average of 91% and England average of 90%. Unverified data for 2017/18 indicated

some improvement as achievement was 90%. Exception reporting for 2016/17 was higher than average at 53%, compared with the CCG average of 17% and England average of 13%.

- 67% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the last 12 months. This was below the CCG average of 89% and England average of 91%. Unverified data for 2017/18 indicated that there had been no improvement as achievement was 66%.
- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG and England average of 84%.

### Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles; however, 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.

- Patients sometimes received care from staff who did not have the skills or experience that was needed to deliver effective care. The practice did not understand the learning needs or professional competence of staff and this was evident as the healthcare assistant was undertaking contraceptive reviews. Up to date records of skills, qualifications and training were not consistently maintained, although certificates of training were sent to us after the inspection.
- The practice provided staff with ongoing support, although improvements were required. New staff received an induction and appraisal, although the nurse had not received an appraisal since 2015. We were advised that the nurse's appraisal was scheduled to take place on the day of the inspection and had, therefore been postponed.
- We found evidence of the healthcare assistant acting outside of their competence as they were carrying out contraceptive reviews, although action was taken to stop this immediately after our inspection.
- The practice had been trying to recruit a new practice nurse since 2017. We were informed that the nurses in

# Are services effective?

(for example, treatment is effective)

the practice had not had a meeting for some months but they had recently begun attending a nurses' forum, where they would meet with other practice nurses in the locality every month.

## Coordinating care and treatment

Staff worked with other health and social care professionals with a view to coordinating care and treatment, but this was not always effective.

- Following our inspection, the practice updated their palliative care handover form and implemented systems to read-code relevant patients so that information could be more effectively shared with other healthcare professionals.
- Children who failed to attend appointments in secondary care were not being consistently followed-up.
- Staff were involved in assessing, planning and delivering care and treatment, although there was a lack of evidence of nurses attending a regular clinical meeting at the practice to enable them to co-ordinate care and make improvements.

## Helping patients to live healthier lives

Staff did not help patients to live healthier lives.

- The practice did not offer routine health checks to patients aged over 75 or those with a learning disability to facilitate advice and support about how to live a healthier life.
- The practice was below average for a number of indicators relating to health checks and care plans.

The practice informed us that they had other ways to support patients to help patients to live healthier lives which included a weight reducing programme, smoking cessation clinics and new patient health checks. They also had a Healthcheck monitor in the waiting room for patients to use.

## 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.

# 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 35 patient Care Quality Commission comment cards we received were positive about the care experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 262 surveys were sent out and 122 were returned. This represented about 1% of the practice population. The practice was in line with averages 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 88% and the national average of 89%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and national average of 96%.
- 81% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 84% and national average of 86%.
- 97% of patients who responded said the nurse was good at listening to them compared with the CCG and England average of 91%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and England average of 91%.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and had some understanding of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given). Further information about the Accessible Information Standard was displayed on the practice's website:

- Interpretation services were available for patients who did not have English as a first language. There was information in a number of languages available on the practice website.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- 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 patients who were carers on registration. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as carers which amounted to 1% of the practice list.

- The practice provided carers with details of support organisations in the community and offered them an annual flu immunisation.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card.

Results from the national GP patient survey showed that patients did not always feel involved in planning and making decisions about their care and treatment. Results were variable when compared to the local and England average:

- 78% 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 84% and the national average of 86%.
- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and England average of 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and national average of 85%.

## Are services caring?

- 70% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and national average of 82%.

The practice completed their own survey in 2017 and the results were compiled in April 2017, which was prior to the publication of most recent GP survey so did not evidence whether improvements had been made since the last GP

survey. However, we spoke with five patients and members of the PPG who were all positive about the care received from the GPs and nurses. This was in accordance with the feedback in the 35 comment cards that we received.

### **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

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

- Patients continued to raise concern about accessing services, including appointments and getting through on the phone.

### Responding to and meeting people's needs

Some patients were unable to access the practice and so it did not meet their needs. Patients continued to raise concerns about access, specifically with regards to the availability of appointments and getting through on the telephone.

- The practice would be in a position to offer weekend and evening appointments at a local 'hub' in the weeks that followed our inspection. The 'hub' was a GP provider company offering GP and nurse appointments out of usual practice hours.
- Blood tests can be taken at the practice every weekday morning.
- Appointment reminders could be sent by text message to patients providing their mobile telephone number.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. A lower reception desk could be made available to promote effective communication for patients who used a wheelchair and a consulting room had been specially adapted to accommodate patients who used wheelchairs.
- Repeat prescriptions and appointments could be accessed online.

### Older people:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including getting through on the telephone and the availability of appointments, affects all population groups.

- There were no health checks offered for patients aged over 75.

### People with long-term conditions:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services including getting through on the telephone and the availability of appointments, affects all population groups.
- Some patients with asthma, hypertension and diabetes were not receiving regular reviews of their condition.

### Families, children and young people:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including getting through on the telephone and the availability of appointments, affects all population groups.
- The practice received notification when a child failed to attend an appointment in secondary care, although they failed note that this had been acknowledged or followed up on the patient record.

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

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including getting through on the telephone and the availability of appointments, affects all population groups.

### People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including getting through on the telephone and the availability of appointments, affects all population groups.
- Patients with learning disabilities were not being recalled to an annual health check.

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

# Are services responsive to people's needs?

## (for example, to feedback?)

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including getting through on the telephone and the availability of appointments, affects all population groups.
- Patients with poor mental health were not receiving regular reviews of their condition.

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs, although some actions were being taken to improve performance.

- Patient feedback in respect of telephone access and waiting times for appointments was variable. Whereas some patients told us that the telephone system had improved, others said that waiting times remained the same although they were now informed of their position in the queue.
- On the day of our inspection, the next routine appointment with a GP was in three days' time. There was an appointment with the nurse available the day after our inspection.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. This was supported by feedback on the day of inspection and completed comment cards. 262 surveys were sent out and 122 were returned. This represented about 1% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 23% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 61% and the national average of 71%.

- 62% 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 compared with the CCG average of 73% and the national average of 76%.
- 42% of patients who responded described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

The practice completed their own survey in 2017 and the results were compiled in April 2017, which was prior to the publication of most recent GP survey so did not evidence whether improvements had been made since the last GP survey.

The practice manager told us that they believed that feedback would have improved since the last GP survey. Since the last survey, the practice had upgraded its telephone system and allocated more staff to answering the phones during peak times.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available at the reception desk, although information about how to make a complaint could not be easily located on the practice website.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received since the beginning of the year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints.



# 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.**

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

- Since our previous inspection in 2015 where all ratings were Good, serious risks had not been identified or managed.
- Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures.
- Not all staff were appropriately trained and this had not been identified in appraisal or during informal supervision.
- There was not clear oversight of clinical performance and there were no cohesive plans to improve QOF outliers.

### Leadership capacity and capability

Leaders did not have a clear oversight of the performance issues or how these could be improved. Significant risks had not been managed or mitigated.

- Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures.
- Partners and management were visible and approachable.
- Whilst partners were knowledgeable about issues in the locality and challenges the practice were facing in a wider sense, they had failed to prioritise the safety and review of patients.
- GP partners were receptive to inspector's feedback and took immediate remedial action. Evidence of this was provided to inspectors the next day.
- As a training practice, the practice had processes to promote ongoing recruitment of GPs with a view to developing leadership capacity and skills.

### Vision and strategy

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

In their statement of purpose, the practice advocated high quality, safe and effective general practice services, committed to the health needs of all their patients. Whilst it

was evident that the team worked hard to meet patient demand, there was no time afforded to understanding and implementing the systems that were required to underpin the delivery of high quality care.

The strategy was not supported by detailed, realistic objectives or plans for high-quality and sustainable delivery.

At our previous inspection in April 2015, the practice was found to be good in all domains; however, since this time the practice had incurred significant and unexpected changes to the partnership. Further, there had been changes to contractual arrangements which had resulted in the need to reconsider the day-to-day running of the practice. As a result of these changes, the practice did not have a clear vision and set of values and staff was unsure of what the aims of the practice were. The practice continued to respond and react to the day to day patient demand and so had yet to implement an effective strategy to mitigate risks and plan for the future.

### Culture

The practice did not evidence a consistent culture of high-quality sustainable care, although feedback from staff and patients on the day of our inspection was, on the whole, positive about the clinical team.

- Not all staff were appropriately trained and this had not been identified in appraisal or during informal supervision. Despite this, staff stated they felt respected, supported and valued. They were proud to work in the practice.
- Whilst the practice focused on meeting the immediate needs of patients, longer term monitoring and review was overlooked.
- 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 able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Most staff had received an annual appraisal in the last year, although this was not the case for a member of the clinical team.
- Clinical staff, including nurses, were considered valued members of the practice team.

# Are services well-led?

Inadequate 

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

- The practice continued to incur difficulties in replacing a member of the nursing team. Whilst we were assured this didn't affect patients, we were informed that the team came in earlier and worked later to meet the shortfall.
- There were positive relationships between staff and teams.

## Governance arrangements

Systems to support good governance and management were not always consistent or effective.

- Partners and managers had lead roles within the practice and staff knew who to go to if they had concern.
- Systems to support good governance needed review and effective implementation. This included policies and training.
- There was not clear oversight of clinical performance and there were no cohesive plans to improve QOF outliers.
- During our inspection, we identified that systems to share information with other healthcare providers would benefit from review. New handover forms were devised immediately after our inspection. This, along with other updates, were scheduled to be discussed at the next multi-disciplinary meeting.

## Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- There was little understanding or management of risks and issues, and there were significant failures in performance management and audit systems. Inspectors identified risks to patient safety which included managing MHRA alerts, adherence to current prescribing guidelines and monitoring patients who were prescribed high-risk medicines. However, systems were implemented immediately after our inspection.
- Clinical audits were not consistently undertaken or revisited with a view to evaluate and improve performance. Whilst the practice's audit which considered antibiotic prescribing demonstrated improvement, this had not been revisited since 2016. Audits had not been undertaken in respect of all areas of low QOF performance or high risk medicines.
- The practice had failed to implement effective systems to mitigate the risks to the safety of staff patients and others. This included ensuring appropriate recruitment

procedures and that chaperones were appropriately DBS checked or risk assessed. There were not effective systems or policies to ensure effective infection prevention and control.

- The practice had not carried out an appropriate risk assessment to identify medicines that it should stock. The systems to check emergency equipment required improvement. Other risks had not been identified in respect of health and safety and professional competence of clinical staff, for example.

## Appropriate and accurate information

The practice did not act on appropriate and accurate information.

- Quality, performance and improvement were not standard items on meeting agendas and therefore, these items were not reviewed and considered as a matter of course.
- The practice did not use performance information effectively. There were no cohesive plans to address weaknesses.
- The practice had identified that they were one of the few practices in the area with a certain type of patient record system. They had carried out a considered analysis of whether to migrate to the predominant system, but made an informed decision against this after discussions with a practice that had undergone the change.
- The practice was in the process of implementing a new documents system.
- 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.

- There was an active patient participation group. They were involved and utilised with a view to making improvements at the practice. They were proud to be one of the longest-running patient participation groups in the CCG.

# Are services well-led?

Inadequate 

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

- The practice worked with other practices in the locality. This was evidenced by the nurse forum meetings and the discussions with a neighbouring practice concerning a possible change to information systems.

## Continuous improvement and innovation

The practice was focusing on meeting immediate patient demand rather than considering long-term risks to patient care, improvement or innovation.

There was little service development, no knowledge or appreciation of improvement methodologies, and improvement was not a priority among staff and leaders. There was minimal evidence of learning and reflective practice. The impact of service changes on the quality and sustainability of care is not understood.

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider did not assess the risks to the health and safety of service users receiving care and treatment or do all that was reasonably practicable to mitigate those risks as they:</b></p> <ul style="list-style-type: none"><li>• did not identify and recall patients who were prescribed medicines that required additional monitoring;</li><li>• did not identify and recall patients who were subject to safety alerts or adherence to current prescribing guidelines;</li><li>• Failed to follow NICE guidelines in respect of patients aged over 35 being prescribed oral contraceptives;</li><li>• Carry out a DBS check or risk assessment for staff who acted as chaperones.</li></ul> <p><b>Regulation 12(1) (2) Health and Social Care Act.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Systems had not been established effectively to assess, monitor and mitigate the risks to the health, safety and welfare relating to the health, safety and welfare of service users or assess, monitor and improve services as:</b></p> <ul style="list-style-type: none"><li>• There were not effective systems for keeping vulnerable adults and children safeguarded from abuse.</li><li>• The practice did not routinely carry out required checks of staff on recruitment.</li><li>• There was not an effective system to manage infection prevention and control.</li></ul>

## Enforcement actions

- The practice had not carried out an appropriate risk assessment to identify emergency medicines that it should stock.
- The systems to check emergency equipment required review and improvement.
- The practice was not monitoring prescription stationery as it was distributed in the practice.
- There was no health and safety risk assessment.
- The practice did not have effective systems to identify that staff had not received health and safety, infection control or safeguarding vulnerable adults training.
- Prescribing for some antibiotics was higher than the CCG and England average and there was not an effective system of audit to continue to improve performance.
- QOF data for 2016/17 was below average in respect of asthma checks, blood pressure checks for patients with diabetes and hypertension and some mental health indicators. There were no action plans to improve.
- The practice did not have an effective system to assess and monitor patients aged over 75 or those with a learning disability.

Regulation 17(1)(2) Health and Social Care Act