Dr Mahadeva Selvarajan

Inspection report

Deane Clinic One Stop 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?	Inadequate
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

Overall summary

This practice is rated as Inadequate overall. (Previous rating January 2015 – Good)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Dr Mahadeva Selverajan (also known as Deane Clinic One Stop Health Centre) on 6 November 2018. The inspection was part of our regulatory functions to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Overall the practice is rated as inadequate.

At this inspection we found:

- There was insufficient GP cover to manage long term conditions of patients safely and effectively. For example no GP on-site two days per week, leaving the advanced nurse practitioner unsupervised during clinics.
- Patients were at risk of harm because systems and processes were not sufficiently implemented to keep them safe. We found concerns around incident reporting, clinical record keeping, patient safety alerts, prescription protocols, emergency equipment, fridge monitoring and information sharing.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of formal communication and learning between staff.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement. There was no evidence of quality monitoring other than the Quality Outcomes Framework (QOF) which is a voluntary annual reward and incentive programme for GP surgeries.
- All practices in Bolton are signed up to the Bolton Quality Contract which is a Clinical Commissioning Group (CCG) incentive to monitor whether practices are providing the best services for patients in their population. It has been in place for four years. The practice joined this initiative in August this year.
- Not all patients were positive about their interactions with staff and some commented through various avenues that they were not treated with compassion and dignity. Those comments were perceived by the practice as disingenuous and were not responded to.
- Complaints were not sufficiently dealt with.
- Recruitment checks and personnel information were not sufficiently maintained in accordance with requirements.
- Appointment systems were not working well enough so that all patients received timely care when they needed it.
- There was insufficient practice leadership and no evidence of a whole team approach.

The areas where the provider must make improvements are as follows :

- Ensure care and treatment is provided in a safe way to patients
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed and any such action as is necessary and proportionate is taken when any member of staff is no longer fit to carry out their duties

The areas where the provider should make improvement are:

- Improve access and processes for making appointments.
- Engage with the patient population

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

Overall summary

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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**

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a second inspector.

Background to Dr Mahadeva Selvarajan

Dr Mahadeva Selverajan is the registered manager and sole provider and offers primary care services to a registered list of 3.500 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Bolton Commissioning Group (CCG).

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address: Deane Clinic One Stop Health Centre Horsfield Road Bolton BL3 4LU

The practice has a website that contains information about what they do to support their patient population and the in house and online services offered. However, the website is not currently available .

There is one GP, and one advanced nurse practitioner and a practice nurse, supported by a practice manager and a small team of reception/administration staff.

The average life expectancy and age profile of the practice population is broadly in line with the CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the second most deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have a greater need for health services.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hours service which is provided by Bolton GP Federation. Additionally, patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Patients were at risk of harm because systems and processes were not sufficiently implemented in a way to ensure safety. We found concerns around incident management, clinical record keeping, assessment of risks, medical alerts, prescription protocols, emergency equipment, fridge monitoring and information sharing.

Safety systems and processes

There were limited systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Staff had undergone safeguarding and safety training appropriate to their role. However, there was no formal process in place and no way of identifying whether any concerns had occurred or been reported by non-clinical staff.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. We saw minutes from multidisciplinary meetings held bi monthly. However, the GP safeguarding lead had not attended any of those meetings between October 2017 and October 2018 and there was no documented evidence of discussion between the GP and the advanced nurse practitioner who attended the meeting. We were told the discussions were not recorded in the patients' clinical notes. We noted one patient's name was recorded on the agenda each month and noted as "not discussed, not known to any attendees", with no evidence of any intervention or action.
- All staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (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.)
- The practice carried out most of the necessary recruitment checks for staff at the time of recruitment. However, there were no personnel files and on the day of the inspection the practice was unable to provide documentary evidence of required checks on the two newest employees.
- We were told there was an induction process for locum staff and that all necessary information was obtained at the time of employment, but the practice was unable on the day of the inspection to produce any information for locum staff that had been employed up until recently. Some documentation was offered in evidence after the inspection for one of the locums.
- There was a system to manage infection prevention and control and the nurse practitioner and GP were cited as infection control leads. We saw an infection control audit but it did not identify weaknesses such as non wall-mounted sharps bins and non-specific clinical waste bins.
- Arrangements for managing waste and clinical specimens kept people safe. However, non-clinical waste bins were used to collect clinical waste which was double bagged.
- The arrangement to ensure all facilities and equipment were safe and in good working order was not sufficient. Although we found the defibrillator to be in order it was not checked on a daily basis and we found the oxygen was half full.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not sufficient.

- The arrangement for planning and monitoring the number and mix of staff did not meet patients' needs. For example, whilst the GP was undergoing training on Tuesdays and Wednesdays there was no available GP since July and no clinical supervision for the advanced nurse practitioner who ran acute clinics alone on both these days.
- Clinical staff understood their responsibilities to manage medical 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.
- There had been no formal training about sepsis within the practice although non-clinical staff had been instructed by the nurse practitioner about how to identify red flag symptoms.
- The infection control audit did not identify risks that were found on the inspection.

Inadequate

Are services safe?

- There was no practice specific risk assessment in place for dangers at the practice such as liquid nitrogen stored in one of the rooms, or window blinds that had cords throughout.
- There was no appropriate risk assessment to identify emergency medicines not held by the practice.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- We were told referrals were being made in line with protocols and viewed a record that confirmed this. However, there was also evidence from a patient and in the patient's clinical record, that appropriate referrals had not been made.
- Information in clinical records we looked at was sparse and required improvement to ensure safe continuity of care. We also had evidence from a third party that clinical record keeping overall was not sufficient. The practice had introduced a system two weeks prior to the inspection, that helped document information directly into the clinical records.
- The system for managing safety alerts was not applied consistently. Whilst we were told they were cascaded to staff there was no evidence that confirmed this or any action taken.
- The nurse practitioner and practice nurse told us guidelines were followed when providing care and treatment. We saw how they used guidelines within the clinical system.
- The GP told us guidelines were followed when providing care and treatment. We saw evidence of this in some clinical records we reviewed. However, there was also evidence where guidelines had not been adopted, for example in antibiotic prescribing for children.

Appropriate and safe use of medicines

The systems for appropriate and safe handling of medicines required improvement.

- There was a protocol or policy in place for the management of high risk medicines and this appeared to be followed.
- The advanced nurse practitioner prescribed and administered or supplied medicines to patients with long term conditions and gave advice on medicines in line with current national guidance. There was no random quality monitoring of clinical records to confirm this was followed.
- Patients' received reviews of their medicines.
- The GP gave an example where guidance was not followed when prescribing antibiotics.
- There was no system to review, action and destroy uncollected prescriptions. We found a number of uncollected prescriptions dating back to 2016.

Track record on safety

The practice did not have an adequate track record on safety.

- The practice was not able to demonstrate a programme of quality improvement that included reviews of prescribing or clinical record management.
- Significant event analysis was not embedded in every day practice and there was no evidence of quality improvement or shared learning that involved the whole team.
- The risk assessments in relation to safety issues were not fit for purpose. Specific health and safety assessments concerning the building and facilities were not regularly monitored and updated when required. For example, the risk assessment for the liquid nitrogen was dated 2013 and had not been reviewed since then.

Lessons learned and improvements made

The practice systems were inadequate and lacked effectiveness and clear understanding.

- There was no consistent incident reporting process and staff had not been told what constituted a significant event.
- The registered provider did not regard low threshold incident reporting as a useful exercise.
- Patient safety alerts would be emailed to the relevant staff. However, there was no record to monitor what necessary action was required or whether any action had been taken. Safety alerts were not formally discussed at meetings.
- We were told clinical discussions around patient care took place but there was no way for the practice to demonstrate any lessons had been learned or improvements made because those discussions were not documented or monitored.

Inadequate

Are services safe?

Please refer to the evidence tables for further information.

Inadequate

Are services effective?

We rated the practice as Inadequate for providing effective services overall and accross all population groups.

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

Induction checks on staff were not sufficient, local and national guidelines were not always adopted and there was no pro-active monitoring or quality control processes other than QOF. The practice had only recently engaged in the Bolton Quality Contract and could not provide sufficient evidence of improved outcomes for patients. Only one clinical audit was presented. These issues impacted all population groups.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs but care and treatment was not always delivered in line with current legislation, standards and guidance.

- We saw evidence where a patient's immediate and ongoing needs had not been fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We were not satisfied all patients were always advised what to do if their condition got worse and where to seek further help and support.
- We did not see information about Sepsis displayed around the practice.
- Patient records were not consistently completed with the required detail.
- There was no evidence referrals were being monitored to ensure none were missed.

Older people: Staff told us that :

- Patients who were frail or vulnerable received assessment of their physical, mental and social needs.
- Medicine reviews were carried out by the GP, ANP and practice nurse when medicines required re-authorisation.
- The practice nurse assessed patients at risk of stroke or cardiovascular disease using an appropriate risk assessment tool.

People with long-term conditions:

Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the advanced nurse practitioner worked with other health and care professionals to deliver a coordinated package of care.

- The nursing staff were responsible for reviews of patients with long term conditions and had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The advanced nurse practitioner followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Families, children and young people:

- Childhood immunisation uptake were much lower than the target percentage of 90%.
- Nursing staff told us they were satisfied appropriate arrangements were in place to follow up failed attendance of children's appointments.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme and comparable to CCG and national averages.
- The practice's uptake for breast and bowel cancer screening was lower than the CCG and national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 by the practice nurse and the health trainer employed by the CCG. Patients would be referred to the GP or the advanced nurse practitioner if follow-up on the outcome of health assessments and checks highlighted abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Inadequate

Are services effective?

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including asylum seekers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability

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

- Staff we spoke to demonstrated how they would assess and monitor 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.
- There was a system for following up patients who failed to attend for administration of long term medication.
- 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.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided.

- The practice engaged in the Bolton Quality Contract in August 2018 but previous to that there was no evidence to demonstrate improvement or compliance with those standards other than Quality Outcome Framework (QOF).
- The most recent QOF results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 97%. The overall exception reporting rate was 4% which was lower than the CCG and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice. 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.)
- There was little or no evidence presented that demonstrated quality improvement was used to improve care. We found there was no system of clinical audits and only one audit was presented as evidence of improved patient care. That audit did not document any learning or action plans other than to re-audit. An opportunity to share the findings community mental health team to improve patient care was not identified.

Effective staffing

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

- Nursing staff kept their personal development and registration up to date and had the knowledge and experience to carry out their roles. 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 clinical learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were kept.
- The learning needs of administration staff were not pro-actively monitored.
- There was no training plan in place. However, all staff had received an appraisal and had identified areas for personal development.

Coordinating care and treatment

We saw the nursing staff worked together and with other health and social care professionals to deliver effective care and treatment but there was little evidence of GP involvement.

- The GP was not always involved with different teams and organisations when assessing, planning and delivering care and treatment. The advanced nurse practitioner told us they shared information with the GP when he was unable to attend meetings.
- The advanced nurse practitioner and the GP offered verbal examples where they liaised with community services and social services around asylum seekers and vulnerable children relocated into the local area. There was no documented evidence to demonstrate actions and discussions.

Inadequate

Are services effective?

- We were told patients received coordinated and person-centred care specifically when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services including patients in the last 12 months of their lives or those at risk of developing long term conditions.
- A health trainer was employed to work at the practice three mornings per week and supported patients to be involved in monitoring and managing their own health, and to provide support around smoking cessation, diet advice and weight management. We saw many patients attending the health trainer clinic on the morning of our inspection.
- Patients were directed to the GP or other clinician by the health trainer following an appointment if they felt it was appropriate, for example to obtain a prescription.
- A yoga class was undertaken voluntarily by one of the reception staff at the practice for patients. This had been in place since 2015 and was well attended by patients. We saw four patients waiting for the class on the day of the inspection.

Consent to care and treatment

Staff we spoke with demonstrated ways of obtaining 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.

Please refer to the evidence tables for further information.

Requires improvement

Are services caring?

We rated the practice as Requires Improvement for caring.

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

- Feedback left by patients on sites such as NHS choices and Google reviews were considered disingenuous by the practice and were not responded to.
- Responses to questions in the patient survey around kindness and overall satisfaction were lower than the CCG and national averages.
- We were told by two patients they had not felt cared for by the GP.

Kindness, respect and compassion

We were told staff treated patients with kindness, respect and compassion and we saw evidence of this during the inspection. On the day of the inspection we saw:

- Patients' cultural, social and religious needs were understood.
- Support and information was provided.
- Reception staff could offer a private room if patients appeared distressed.
- Staff dealt with agitated patients in a calm way.
- The practice had identified more than 2% of the population as carers and offered them health checks and immunisation against flu.

There were 39 CQC comments cards completed and all of the comments were complimentary about the staff and the practice in general, the services available and the treatment received. Five patients commented appointments were hard to come by and waiting times were long.

Results from the national GP survey around kindness, respect and compassion were below the CCG and national averages. One patient we spoke with told us they felt they had not been treated with dignity or respect. Patients' overall experience of their GP practice was 30% lower than the CCG and national average.

Involvement in decisions about care and treatment

Staff demonstrated verbally how they helped patients to be involved in decisions about their care and we observed staff assisting patients throughout the day of the inspection. However, we received a telephone call from a patient the day after the inspection with evidence contradicting that observation.

- There was a large and diverse community and staff were able to speak to most patients in their own language.
- Translation services were available for patients who did not speak English, such as asylum seekers and refugees.
- The GP expressed frustration that reading materials were not available for patients in different languages but there was no evidence that the practice had done anything to try and resolve this issue.
- Results from the national GP survey around involvement were marginally lower than the CCG and national averages (4% below).

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff could offer 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.
- Reception staff had been trained sufficiently to carry out chaperone duties.

Please refer to the evidence tables for further information.

Inadequate

Are services responsive to people's needs?

We rated the practice as Inadequate for providing responsive services overall and across all population groups.

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

- Responses to questions in the patient survey around access were 30% lower than the CCG and national averages.
- Patient access to appointments was not sufficient. There was no GP cover at the practice on two days each week whilst the GP underwent required and necessary training.
- Complaints were not dealt with appropriately.

The concerns we identified impacted on patients in all the population group

Responding to and meeting people's needs

The practice inconsistently organised and delivered services to meet patients' needs. It took account of patient needs and preferences but in an inconsistent manner.

- The practice understood the needs of its population but services were not always tailored in response to those needs. For example, the practice had been aware for some time that patients complained about long waiting times for appointments and demand for the walk in clinic was unpredictable. Only recently consultations with patients had started and had identified patients wished changes to be made.
- Minor surgery, joint injections and dermatology were not currently provided by the practice. Patients were told about this on an "as and when basis" and no blanket communication had been offered to patients. When patients requested any of these interventions they had to be signposted to secondary services.

Older people:

- The GP at the practice was the named GP for all patients and supported them, along with the advanced nurse practitioner (ANP) where ever they lived, whether it was at home or in a care home or supported living scheme.
- The practice offered home visits and urgent appointments to older people and those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice dependent on the reason.

People with long-term conditions:

- Patients with a long-term conditions received an annual review by the nurses to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The advanced nurse practitioner shared information with district nurses and other community services and discussed and managed the needs of patients with complex medical issues.
- However, there was currently no GP clinics or access to a GP at the practice on Tuesdays and Wednesdays.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. We saw alerts on patient records that highlighted any risks, which was maintained by the advanced nurse practitioner.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.
- However, there was currently no GP clinics or access to a GP at the practice on Tuesdays and Wednesdays.

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

- The needs of this population group had been identified and the practice was making arrangements to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Early morning and late evening appointments were available two days a week at the practice as part of the extended hours programme.
- Appointments were available at four hubs across the neighbourhood on Saturday and Sunday mornings where patients could see a GP or a nurse.
- Phlebotomy services were available at all the hubs.
- However, there was currently no GP clinics or access to a GP at the practice on Tuesdays and Wednesdays.

People whose circumstances make them vulnerable:

Inadequate

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances such as homeless people, travellers and/or those with a learning disability.
- Patients with a learning disability were invited in annually for a review and home visits were undertaken to suit the need of the patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode who could use the local Salvation Army as an address for correspondence.
- Interpreters were available for patients whose first language was not English if required.
- Reception staff and the GP spoke many of the languages used by the majority of the population.
- However, there was currently no GP clinics or access to a GP at the practice on Tuesdays and Wednesdays.

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

- Staff we interviewed demonstrated an understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice were able to liase with social services, community matrons and mental health services in the local area to co-ordinate patient care.
- However, there was currently no GP clinics or access to a GP at the practice on Tuesdays and Wednesdays.

Timely access to care and treatment

Not all patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Waiting times for non urgent appointments were long.
- There was a daily walk in clinic but the GP was not available on Tuesdays and Wednesdays due to other commitments. There was no GP since July to cover those absences. This meant on Tuesdays and Wednesdays patients could only be seen at the practice by the advanced nurse practitioner or the practice nurse.
- Some patients reported that the appointment system was easy to use and some were not happy with the appointment system at all.
- The practices GP patient survey results were below local and national averages for questions relating to access to care and treatment. Whilst the practice had discussed the results from the annual national GP patient survey it still had not put an action plan together to address these.

Listening and learning from concerns and complaints

The practice did not take the majority of complaints and concerns seriously. There was no evidence to demonstrate any learning or improvement from complaints.

- There was a complaints policy and procedures that were in line with recognised guidance. However, information about how to make a complaint or raise concerns was not readily available to patients and had to be requested by the inspection team on the day of the inspection.
- Not all staff treated patients who made complaints compassionately. We overheard a member of staff responding to a patient rudely when they asked for information about how to complain. The complaint was disregarded and the patient left the practice upset without the information.
- Not all patients were positive about their interactions with staff and had commented through various such as Google and NHS Choices. Those comments were perceived by the practice as disingenuous and were not responded to.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for providing well led services because:

- The practice was rated as inadequate for well-led because leadership across the practice was poor. Arrangements for identifying, monitoring, recording and managing risks, and patient safety were not effectively managed. The practice's overall governance systems were inadequate. The practice leaders did not demonstrate awareness of the potential issues within the practice.

Leadership capacity and capability

- Leaders were not knowledgeable about issues and priorities relating to the quality and future of services. Although they understood the challenges, they were not addressing them in a consistent manner and considered the CCG and NHS England to be the cause of a number of their problems.
- Staff at the practice worked in silo and the leadership team did not encourage whole practice meetings with a consistent agenda where day to day tasks could be considered, monitored and learned from.
- We were told leaders were visible and approachable but we did not see evidence this was consistent. Reception staff did not seem to consider it an issue that the GP was not always on site.

Vision and strategy

The practice held the vision "Health is wealth with prevention being better than cure". They aimed to provide excellent health care through a patient practice partnership.

We discussed the objectives for the practice in the next twelve months. The lead GP had a plan to introduce health promotion meetings, overcome restrictions to the practice, reapply as a GP providing dermatology and geriatric medicine and reintroduce minor surgery and ultrasound services at the practice. However, there was no consideration for the management of immediate care and treatment to patients and no contingency plan in the event of failure or delay.

Culture

- Staff we spoke with said they felt respected, supported and valued by their peers and leaders.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so but we saw no evidence of this.
- Staff received an appraisal and discussed their developmental needs. One member of reception staff had identified an interest in health care and this was being considered.

Governance arrangements

Clinical staff held lead roles but we did not see a system of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective.
- Practice leaders had established policies, procedures and activities. However, practice policies were poorly organised. Some were duplicated, some not reviewed, some did not contain practice-specific information and some were missing.
- The findings of the inspection were that the practice demonstrated a lack of cohesive working and communication between the GP, the practice manager and the nursing staff. There were no formal minuted management meetings taking place in the practice and it was clear that the GP, nursing staff and administrative team worked independently.
- There was no clear monitoring of the duties of reception staff to check that they were performing within their competencies.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice did not have processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints but we saw no evidence of positive action taken in respect of these.

Inadequate

Are services well-led?

- There was no risk assessment in place for emergency medicines and only a verbal arrangement that a specific and necessary antibiotic medicine required in cases of emergency could be obtained from the pharmacy on site when required.
- The practice was not pro-active in identifying the risks that could occur when the GP was not on the premises. There was no documented action plan or protocol in place for staff to follow in the event of emergency. However, staff were able to demonstrate what they would do and how they would contact the GP when required.

Appropriate and accurate information

Staff at the practice did not always act on appropriate and accurate information.

- There was no formalised documented evidence of clinical discussions that took place between the GP and advanced nurse practitioner about patients' care and treatment.
- Performance information was not always combined with the views of patients. The views of the patient participation group (PPG) were not always reflective of the whole population. However, the member of the PPG we spoke with was pro-active in independently creating information for patients on behalf of the practice.
- Concerns identified by the PPG were not always felt by the PPG as the responsibility of the practice and rather something that should be sorted by the CCG, such as privacy at reception and conversations being overheard.
- There was no evidence to suggest accurate performance information in relation to QOF was used to monitor performance and the delivery of quality care.
- There was no evidence to demonstrate that quality improvement was used to improve care. We found there was no system of clinical audits and only one audit presented to the inspection team. That audit lacked detail and had missed an opportunity to share information with the community mental health team.

Engagement with patients, the public, staff and external partners

The practice was not pro-active in involving patients, the public, staff and external partners to support high-quality sustainable services.

- Views of patients were not taken seriously and were not responded to or acted on.
- The practice had not carried out internal patient surveys. Friends and Family Test results were collected but not monitored closely.
- The service was not transparent, collaborative and open with stakeholders about performance and had only recently engaged with the CCG and NHS England about concerns within the practice.

Continuous improvement and innovation

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

Leaders of the practice did not demonstrate an awareness of the concerns within the practice and how they would continue to improve services for patients.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Warning Notice**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Warning Notice**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Warning Notice**