

Dr Amir Mir

Quality Report

Cornwallis Surgery
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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?	Inadequate	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	7
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to Dr Amir Mir	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection of Dr Amir Mir on 14 and 23 July 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe, effective, caring and responsive services and for being well led. It was also inadequate for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

We found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were:

- Regulation 12 (1) (2) (a) (b) (c) (d) (f) (g) (h): Safe Care and Treatment
- Regulation 13 (1) (2): Safeguarding service users from abuse and improper treatment
- Regulation 18 (1) (2) (a): Staffing

- Regulation 19 (1) (a) (b) (2) (a) (3) (a): Fit and proper persons employed
- Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f): Good governance

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, the review of patients' laboratory tests results were subject to significant delays and appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Patients were unable to access care when they needed to due to insufficient staffing levels and inconsistent arrangements for ensuring access to GP and nurse appointments.
- Medicines were not appropriately managed within the practice. There were no supplies of emergency medicines and the temperature of a refrigerator used to store vaccinations was not routinely monitored.
- There was a lack safeguarding arrangements in place to protect vulnerable adults and children. The GP lead

Summary of findings

for safeguarding within the practice was absent and no alternative arrangements had been implemented. Staff had not received training in the safeguarding of vulnerable adults and children.

- Staff had not been supported in accessing training to meet their needs. For example staff had not received training in health and safety, infection control or chaperoning.
- Staff had not received appropriate supervision or appraisal. There were no team meetings held within the practice.
- There was a lack of openness and transparency within the management team and a lack of reporting of incidents, near misses and concerns. There was no evidence of learning and communication with staff.
- The practice did not have a patient participation group. They had not gathered feedback from patients to implement changes to service provision and promote continuous improvement.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- Patients with long term conditions had received appropriate review of their care and treatment.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

If the provider had continued to be registered, the areas where the provider must have made improvements are:

- Implement processes to ensure the timely review of all patient laboratory test results.
- Ensure staffing levels and appointment access arrangements enable patients to access care to meet their urgent and routine healthcare needs.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure a supply of emergency medicines is available within the practice and that medicines are appropriately stored and monitored.
- Ensure arrangements are in place to safeguard vulnerable adults and children from abuse.
- Implement systems to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure clear processes for the recording, review and learning from significant events and incidents.

- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure assessment of risk is undertaken and monitoring recommendations are implemented, in order to reduce the risk of exposure of staff and patients to legionella bacteria.
- Ensure staff undertake training to meet their needs, including training in the safeguarding of vulnerable adults and children, health and safety, chaperoning and infection control processes.
- Provide opportunities for staff to receive regular supervision and appraisal.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Ensure the practice establishes a patient participation group and implements processes and procedures to gather feedback from patients.

If the provider had continued to be registered, the areas where the provider should have made improvements are:

- Develop an action plan to ensure findings from the infection control audit are reviewed and actions completed.
- Ensure protocols for repeat prescribing and the initiation of new prescriptions are in line with national guidance.

On the basis of the concerns identified at this inspection we took action to enforce urgent suspension of the provider's registration, under Section 31 of the Health and Social Care Act 2008. This enforcement action is subject to appeal by the provider. Following our inspection visit, Dr Amir Mir submitted an application to cancel their registration and this application was accepted. We subsequently received an application from another provider to provide services from the same location. This application was accepted and patients previously registered with Dr Amir Mir are able to access care from the new provider. The service provided at Cornwallis Surgery will be put into special measures. The new provider will be responsible for ensuring that improvements are made.

Summary of findings

Practices 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 practice 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 vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made. Patients were at risk of harm because systems and processes were not in place to ensure their safety. We found that a significant number of patients' laboratory test results had not been reviewed for a prolonged period. The practice did not have a supply of emergency medicines within the practice and this had not been identified by staff. Processes in place did not ensure the safe storage of medicines. The registered GP was the named lead for adult and child safeguarding within the practice but no arrangements had been put in place to cover their unplanned period of absence. Staff had not received training in the safeguarding of vulnerable adults or children and had a poor understanding of the possible signs of abuse and safeguarding procedures. Staff were not clear about reporting incidents, near misses and concerns. There was insufficient information available about safety within the practice and a lack of recording of events and incidents where things had gone wrong.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made. Patient outcomes were hard to identify as little or no reference was made to clinical audits and there was no evidence that the practice was comparing its performance to others; either locally or nationally. We found that a lack of leadership and clinical oversight within the practice had resulted in a lack of review and assessment of patients' urgent needs. There was some engagement with other providers of health and social care such as palliative care teams and neighbouring GP practices. There was no recognition of the benefit of an appraisal process for staff and little support for any mandatory or additional training that may be required.

Inadequate



Are services caring?

The practice is rated as inadequate for providing caring services. Data showed that patients rated the practice below average for several aspects of care. However, patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Inadequate



Summary of findings

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. Although the practice had reviewed some of the needs of its local population, it had not put in place a plan to secure improvements for the areas identified. Patients did not always receive timely care when they needed it due to the restricted opening hours of the practice and the limitations of GP appointment scheduling. At the time of inspection there was no nurse employed by the practice. Alternative arrangements to provide urgent nurse appointments to meet patients' needs were inconsistent and unclear. On one day of our inspection there was no GP cover within the practice. Patient appointments had been cancelled and patients were directed to the local walk-in centre. There were no arrangements in place for patients to receive home visits on that day. There was some information available to patients on the practice website about how to make a complaint. However, there was no evidence of learning from complaints or that information gathered from complaints had been shared with staff. The practice had not conducted a patient survey to gather feedback from patients and did not have a patient participation group.

Inadequate



Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. There was no clear leadership structure and staff did not always feel supported by management.

There was a lack of clinical oversight within the practice during the absence of the registered GP. There were limited clinical governance arrangements within the practice. The practice did not hold staff meetings or governance meetings. Staffing levels meant that patients could not always access timely care when they needed to. Management responses to address GP and nurse staffing levels were ineffective. There was a lack of response by management to respond to significant incidents which had recently occurred within the practice and to respond to urgent concerns raised by the inspection team. Staff told us they had not received regular performance reviews and did not have clear objectives. The practice had some written policies and procedures to govern activity but these did not always reflect the processes being followed by staff. The practice had not proactively sought feedback from staff or patients. There was no patient participation group (PPG) and the practice had not conducted patient surveys.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older patients. The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked closely with a number of local residential and care homes to provide care and support to the older patients. For example, the GP provided visits to local residential care homes to provide flu vaccinations and to undertake reviews of patients with long term conditions.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of patients with long term conditions. The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Structured annual reviews had been undertaken by the practice nurse to check that the health and care needs of patients with long term conditions were being met. However, it was unclear what arrangements had been put in place to ensure the ongoing care and review of patients with long term conditions in the absence of a practice nurse. Therefore patients with long term conditions may not have been able to access the care they needed in order to prevent deterioration of their condition.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young patients. The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Access to appointments was restrictive for families, children and young people. The practice closed at 5pm each day. The practice usually had extended access appointments from 5.30pm until 6.30pm on one evening each week, although this was not available at the time of our inspection due to the unplanned absence of the registered GP. The practice offered a full range of immunisations for children. However, vaccination services within the practice were not

Inadequate



Summary of findings

available at the time of our inspection due to the absence of a practice nurse. The practice did not have clear arrangements in place to continue to provide vaccination services for children at the time of inspection.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age patients (including those recently retired and students). The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Access to appointments was restrictive for patients of working age. The practice closed at 5pm each day. The practice usually had extended access appointments from 5.30pm until 6.30pm on one evening each week, although this was not available at the time of our inspection due to the unplanned absence of the registered GP.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained a register of vulnerable patients which was regularly reviewed. The register included housebound patients and patients receiving end of life care. The practice held multidisciplinary team meetings monthly to discuss the needs of complex patients. For example, the practice worked with palliative care nurses to support those patients with end of life care needs.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of patients experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained a register of vulnerable patients which was regularly reviewed. The register included patients experiencing poor mental health. The practice held multidisciplinary team meetings monthly to discuss the needs of patients with poor mental health.

Inadequate



Summary of findings

What people who use the service say

We reviewed results of the July 2015 national GP patient survey. We saw that 83% of patients who had responded found it easy to get through to the practice by phone. Of the patients who had responded, 76% described the overall experience of the practice as good or very good, compared with a national average of 85%. The survey showed that just 62% of patients felt their GP was good at involving them in decisions about their care, compared with a national average of 81%. The number of respondents who said the last nurse they saw was good at treating them with care and concern was 83%, compared with a national average of 90%.

We spoke with five patients on the day of inspection. The patients we spoke with were mostly positive and described courteous and supportive staff. Patients told us that health issues were discussed with them and they generally felt involved in decision making about the care and treatment they received. They also told us they felt

listened to and had sufficient time during consultations. Three of the patients we spoke with told us it was often difficult to get through to the practice by phone to obtain a same day appointment.

The practice had not conducted a patient survey but had recently participated in the NHS friends and family test. We reviewed patients' written responses to the friends and family test which the practice had collected but had not yet processed or reviewed. We reviewed friends and family test response cards and forms from 133 patients. The results indicated that 88.7% of patients who had responded would have been likely or extremely likely to recommend the service to friends and family. We noted that some patients had made additional comments on the cards. One patient had commented on the patient friendly service they received from the practice. Another patient had commented that the GP was sometimes not available for appointments on specific days and they were required to use the nearby walk-in centre instead.

Areas for improvement

Action the service MUST take to improve

If the provider had continued to be registered, the areas where the provider must have made improvements are:

- Implement processes to ensure the timely review of all patient test results.
- Ensure staffing levels and appointment access arrangements enable patients to access care to meet their urgent and routine healthcare needs.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure a supply of emergency medicines is available within the practice and that medicines are appropriately stored and monitored.
- Ensure arrangements are in place to safeguard vulnerable adults and children from abuse.
- Implement systems to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure clear processes for the recording, review and learning from significant events and incidents.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure assessment of risk is undertaken and monitoring recommendations are implemented, in order to reduce the risk of exposure of staff and patients to legionella bacteria.
- Ensure staff undertake training to meet their needs, including training in the safeguarding of vulnerable adults and children, health and safety, chaperoning and infection control processes.
- Provide opportunities for staff to receive regular supervision and appraisal.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

Summary of findings

- Ensure the practice establishes a patient participation group and implements processes and procedures to gather feedback from patients.

Action the service SHOULD take to improve

If the provider had continued to be registered, the areas where the provider should have made improvements are:

- Develop an action plan to ensure findings from the infection control audit are reviewed and actions completed.
- Ensure protocols for repeat prescribing and the initiation of new prescriptions are in line with national guidance.

Dr Amir Mir

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included GP specialist advisors, a CQC inspector and a practice manager specialist advisor.

Background to Dr Amir Mir

Dr Amir Mir provides general medical services to approximately 2,300 registered patients. The practice delivers services to a slightly lower number of patients who are aged 65 years and over, when compared with the national average. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is higher than the national average. Dr Amir Mir had been subject to an investigation and a subsequent hearing by the General Medical Council (GMC) in February 2015. Interim conditions were imposed by the GMC upon Dr Amir Mir's registration. Those conditions included a requirement for Dr Mir to confine his medical practice to general practice within the Cornwallis Surgery and for all work to be closely supervised by a named GP located within the same site.

The practice is located in large, purpose built premises which house a number of other primary care service providers. Care and treatment is usually delivered by one GP and one locum GP, who provides services to the practice on one day each week. However, at the time of our inspection, the registered GP was subject to an unplanned absence from the practice. The practice had made arrangements for an additional locum GP to cover this period of absence. The practice had employed one practice nurse until the week prior to our inspection. The nurse had been employed on a part-time basis, so nurse cover had

not been available within the practice every day. At the time of our inspection there were no practice nurses employed by the practice. There were informal arrangements in place for a neighbouring GP practice within the same building, to provide some nurse appointments on the practice's behalf. Patients requiring urgent appointments with a nurse were also being sent to the walk-in centre on the ground floor of the same building. The GPs are supported by a business and financial manager who has recently assumed the role of practice manager. There is a small team of administration and reception staff.

The practice is open from 8.00am to 5.00pm on weekdays. Extended hours consultations are usually available one evening per week from 5:30pm until 6.30pm. However, those extended hours consultations were not available to patients during the absence of the registered GP. After 5pm each day the practice closes and patients who telephone the practice receive pre-recorded instructions to use out of hours services. Due to the shared location of the practice, patients are able to enter the reception area of the practice after 5pm but no staff are available after this time.

The practice had been subject to a previous inspection visit on 17 July 2014. At this visit we found the provider had not notified the Care Quality Commission of their change of name or ensured that patients were protected from the risk of abuse, because the provider had failed to undertake criminal record checks for staff. In March 2015 we followed up on our inspection of 17 July 2014 to check that action had been taken to meet the required standards. The provider had formally notified the CQC of their change of name and we saw evidence of criminal record checks for members of staff via the Disclosure and Barring Service (DBS).

Detailed findings

Our inspection visit on 14 July 2015 was unannounced due to concerns raised about the practice. Due to further concerns raised at this visit, another unannounced visit was made to the practice on 23 July 2015.

Services are provided from:

Cornwallis Surgery, Station Plaza Health Centre, Station Approach, Hastings, East Sussex, TN34 1BA.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out our inspection unannounced in response to concerning information received about the practice.

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Hastings and Rother Clinical Commissioning Group (CCG). We carried out unannounced visits on 14 and 23 July 2015. During our visits we spoke with staff, including a locum GP, the practice manager and administration staff.

We observed staff and patient interactions and spoke with five patients. We reviewed policies, procedures and operational records. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed friends and family test responses completed by patients, who shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Are services safe?

Our findings

Safe track record

We reviewed some safety records and incident reports. However, records were incomplete and information sharing was informal and not well documented. We were not able to see evidence of ongoing recording of events in order to confirm the practice was able to demonstrate a safe track record over time.

Learning and improvement from safety incidents

The practice had some systems in place for reporting, recording and monitoring some significant events, incidents and accidents but these were incomplete. We reviewed two records of significant events that had occurred during 2014. These had been produced by one staff member and some learning was noted. However, the events had not been shared nor the learning discussed and reviewed with other team members. The administration team had held one significant event meeting in 2014 to discuss an anonymous complaint which had been received. Staff told us this was to try to identify the complainant rather than being due to the significance or severity of the complaint. The practice did not hold records of any other significant events which had occurred. On 14 July 2015 we were told about one security incident which the practice manager believed had very recently occurred within the practice. There was no recording of this incident at the time of inspection. On 23 July 2015, the second day of our inspection, we asked if the incident had been recorded and were told this was still to be completed. During our inspection we identified other incidents which had not been recorded, shared nor the learning discussed and reviewed with other team members. For example, concerns expressed by the practice team in response to a recent fire evacuation procedure and an incident identified within a complaint received from a family member of an elderly patient.

Reliable safety systems and processes including safeguarding

The practice did not have reliable systems in place to safeguard children and adults. The registered GP was the practice lead for safeguarding children and vulnerable adults. No alternative arrangements had been implemented to cover this role during their absence. The practice manager told us that the GP had undertaken

safeguarding training appropriate to their role. However, we were unable to see evidence of this training. Administration and reception staff within the practice had not undertaken training in the safeguarding of children or vulnerable adults.

Safeguarding policies and procedures were consistent with local authority guidelines and included local authority reporting processes and contact details. However, staff had poor levels of knowledge and understanding of how to recognise signs of abuse in older people, vulnerable adults and children.

There was a chaperone policy in place and we noted there were visible signs advertising this service. Reception and administration staff told us they were regularly required to act as chaperones. However, no chaperone training had been provided for staff. Staff undertaking chaperone duties had been subject to a criminal records check via the Disclosure and Barring Service.

Medicines management

We checked medicines stored in the nurse's treatment room and medicines refrigerator. We found they were not always stored securely to ensure medicines were only accessible to authorised staff. For example, during our visit on 23 July 2015 we were shown into an unlocked treatment room. We found medicines prescribed in the name of a patient on an open work surface within the room. A refrigerator used to store vaccines was located within the room and was unlocked.

We reviewed records kept by the practice for ensuring medicines were stored at the required temperatures. We found temperature recording of the medicines refrigerator was erratic and inconsistent. We saw that on some occasions temperatures had not been recorded for up to seven days. Staff told us that recording of the temperatures of the medicines refrigerator had been the responsibility of the practice nurse. The practice had not reviewed its arrangements for this process since the nurse had left their employment the week prior to our first visit. During our visit on 23 July 2015 we noted that temperatures of the medicines refrigerator had not been recorded since 15 July 2015, despite concerns being raised with the practice manager on 14 July 2015. We reviewed the temperature range readings of the refrigerator on the day of our visit which indicated that medicines had been stored at temperatures which exceeded manufacturers'

Are services safe?

recommendations. Therefore the practice could not be sure the medicines were safe for use and patients may have been at risk of harm when vaccines had been administered to them.

The practice had processes in place to check medicines were within their expiry date. All the medicines we checked were within their expiry dates. However, the practice could not demonstrate that arrangements had been put in place to continue to monitor medicine expiry dates in the absence of a practice nurse.

The practice did not have a supply of emergency medicines. During our visit to the practice on 14 July 2015, we asked the practice manager and other staff to confirm the location of emergency medicines within the practice. Staff were unable to locate the supply of emergency medicines and were unable to describe the usual location or storage arrangements for the medicines. Patients were therefore at risk of harm as the practice may have been unable to provide emergency assistance to a patient who collapsed or required urgent care within the practice. The practice manager told us the ordering of emergency medicines had been the responsibility of the practice nurse.

During our inspection visit on 23 July 2015 we asked to see records to confirm ordering and receipt of the original supply of emergency medicines. Those records were not made available to us. On 23 July 2015 we noted that the practice had not obtained a further supply of emergency medicines since these had been identified as being missing on 14 July 2015. The practice manager told us they had attempted to order a supply but the list of medicines they had requested was incorrect. The practice manager could not provide records which demonstrated that any emergency medicines had been ordered. The practice had not recorded the missing emergency medicines supply as a significant event.

The practice could not demonstrate that the nurse had administered vaccines using directions that had been produced in line with legal requirements and national guidance. The practice could not provide records to confirm that the nurse had received appropriate training to administer vaccines. At the time of our inspection the practice had made no interim arrangements to ensure that vaccination programmes could continue in the absence of a practice nurse.

The practice did not always follow its' own protocol for repeat prescribing to ensure this was in line with national guidance. One member of the administrative team told us they were responsible for reviewing correspondence which arrived in the practice, such as hospital consultant letters. Where action needed to be taken in response to correspondence, such as the initiation of a new prescription, the administrator told us they were responsible for generating the prescription which was then passed to the GP with the incoming correspondence, to be signed. This was in conflict with the practice policy and a scanning workflow document we reviewed which indicated that all such correspondence should be seen by a GP. The policy also indicated that the GP was responsible for actions relating to medicine changes or the initiation of new medicine prescriptions. The practice manager told us that the GP always reviewed all such correspondence and made changes to prescriptions.

Reviews were undertaken for patients on repeat medicines. However, staff told us that local pharmacy services had been required on occasions, to issue urgent repeat prescriptions to patients without the prescription being signed, due the unavailability of a GP. We spoke with local pharmacy services who confirmed that this had been implemented in urgent situations, for example when patients required medicines to maintain blood pressure levels but only when the pharmacy had previously issued the same prescription to that patient. Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean, tidy and organised. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Cleaning schedules and arrangements were managed by the shared building management team who maintained the premises.

Infection control policies and procedures were in place. An audit of infection control processes had been carried out by the practice in June 2015. However, the practice had not developed an action plan to ensure that findings of the audit had been reviewed and completed. For example, the audit had identified that staff had not received handwashing update training within the last 12 months but no action had been taken to resolve this. Staff told us they had not received training in infection control. Staff told us

Are services safe?

that the practice nurse had been the lead for infection control within the practice but we were unable to confirm whether they had undergone advanced training in infection control processes in order to support this role.

Hand wash solution, hand sanitizer and paper towels were available in each room. Disposable gloves were available to help protect staff and patients from the risk of cross infection. Spillage kits were available within the practice.

We saw that the practice had arrangements in place for the segregation of clinical waste at the point of generation. Colour coded bags were in use to ensure the safe management of healthcare waste. Sharps containers were available in all consulting rooms and treatment rooms, for the safe disposal of sharp items, such as used needles. An external waste management company provided waste collection services. These arrangements were managed by the shared building management team who maintained the premises.

The practice had not considered the risks associated with potential exposure to legionella bacteria which is found in some water systems. The practice manager told us that the shared building management team may have conducted a legionella risk assessment but could not provide evidence of this. The practice was unable to demonstrate that there were processes in place to ensure regular checks were carried out to reduce the risk of exposure of legionella bacteria to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A schedule of testing was recorded. We saw evidence that portable appliance testing of electrical items had been carried out in July 2014. Calibration of relevant equipment had been carried out in March 2015. For example, digital blood pressure machines and weighing scales.

Records showed essential maintenance was carried out on the main systems of the practice. For example the boilers and fire alarm systems were serviced in accordance with manufacturers' instructions. We noted that fire extinguishers had been serviced in May 2015.

Staffing and recruitment

At the time of our inspection the practice was reliant solely upon locum GPs to provide services to patients. The practice did not have adequate arrangements in place to provide nurse appointments to patients. There was no practice nurse employed by the practice at the time of our inspection. The practice manager told us that the neighbouring practice within the same building was able to provide occasional nurse appointments on their behalf and that patients were also being sent to the walk-in centre on the ground floor of the same building.

When we visited the practice on 23 July 2015, we found there was no GP cover within the practice and all patient appointments had been cancelled. The practice manager told us that the locum GP who had been employed to cover the absence of the registered GP was not available. No formal alternative arrangements had been put in place to ensure patients were able to access the care they needed. There were no arrangements in place for patients to receive home visits on that day. The practice manager confirmed that there was likely to be no GP cover in the practice on the following day either. This meant that patients were unable to access urgent and routine care when they needed to. Informal arrangements were in place for practice staff to advise patients requiring urgent attention to visit the walk-in centre in the same building. Staff told us that the walk-in centre staff had expressed concerns about this situation.

We requested the personnel files of the nine staff members who were currently employed by the practice or had been employed until the previous few weeks. We examined three personnel records and found that the practice had not ensured that appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. The practice had some recruitment policies in place but these did not reflect all of the checks required. The practice did not hold recruitment record checks relating to the locum GPs working within the practice. Therefore the practice was unable to ensure that patients receiving care were supported by staff who were appropriately qualified and experienced. Recruitment records were not available relating to four other staff members including the GP, the

Are services safe?

practice manager, the practice nurse and an administrator. Immediately following our first inspection visit, the practice obtained information relating to the recruitment checks of the locum GPs which we reviewed.

The practice had undertaken criminal records checks via the Disclosure and Barring Service (DBS) for some staff, following our previous inspection in July 2014. However, we were unable to see evidence of criminal records checks for the staff members for whom the practice held no personnel records.

Monitoring safety and responding to risk

The practice was located in large modern, purpose built premises which it shared with a number of other primary care services. The practice offered good access for disabled patients. We observed the practice environment was organised and tidy. Safety equipment such as fire extinguishers and the oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency) were sited appropriately. The oxygen and defibrillator were shared with a neighbouring practice located on the same floor as the practice, within the shared premises.

The practice had a lack of systems and processes to manage and monitor risks to patients, staff and visitors to the practice. The practice manager told us that maintenance of the premises was managed by the shared building management team. We were unable to see records relating to safety and risk monitoring such as a fire risk assessment and the risks associated with exposure to legionella bacteria which is found in some water supplies. The practice was unable to confirm if these assessments had been carried out and had not sought evidence to confirm such assessments existed. The practice had some health and safety policies. We saw that a brief health and safety risk assessment had been carried out but this was dated September 2015 i.e. at a date in the future.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. All staff told us they had received training in basic life support but there were no records held to confirm this. Emergency equipment was available including access to oxygen and a defibrillator. However, we noted that the defibrillator battery required replacing and this was due to be resolved by an external maintenance provider. When we asked members of staff, they all knew the location of this equipment. However, the practice was unable to locate the records which confirmed that this equipment was checked regularly.

The practice did not have a supply of emergency medicines. We asked the practice manager and other staff to confirm the location of emergency medicines within the practice. Staff were unable to locate the supply of emergency medicines and were unable to describe the usual location or storage arrangements for the medicines. The practice manager told us the ordering of emergency medicines had been the responsibility of the practice nurse. Staff were unable to explain what action they would take in response to a medical emergency within the practice, without the availability of a supply of emergency medicines.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The practice staff told us that fire alarms were regularly tested but records were held by the shared building management team. The practice manager told us they had recently carried out an emergency evacuation of the premises due to the fire alarm being activated. The practice manager told us that they and other services within the building had expressed concerns regarding the efficacy of the evacuation process with the building management team, following this incident but this had not been responded to. The event had not been recorded as a significant event and had not been followed up by the practice or reviewed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our inspection it was not possible to access information on how the practice ensured that GPs and nursing staff were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. However, we reviewed patient records and noted that staff completed assessments of patients' needs and that these were reviewed when appropriate.

We saw that patients received appropriate treatment and regular review of their condition.

The practice held a register of patients receiving end of life care and held monthly palliative care meetings with the local hospice team.

We reviewed patient records relating to review of their long term condition. We found that structured annual reviews had been undertaken by the practice nurse to check that the health and care needs of patients with long term conditions were being met. However, it was unclear what arrangements had been put in place to ensure the ongoing care and review of patients with long term conditions in the absence of a practice nurse.

The practice used computerised tools to identify and review registers of patients with complex needs. For example, patients with long term conditions. Staff told us that the practice provided support and review of patients with long term conditions according to their individual needs. The practice sent invitations to patients for review of their long term conditions. Longer appointments were available to patients with complex needs.

We saw no evidence of discrimination when making care and treatment decisions. The culture in the practice meant patients were referred to other services based upon need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

During this inspection it was not possible to access information on how the practice monitored patient needs and reviewed information to improve outcomes for patients. The practice could not demonstrate that they

reviewed the care they provided against the national and local standards to ensure safe outcomes for patients. The team was not making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

The practice achieved 85.9% of the maximum Quality and Outcomes Framework (QOF) results 2013/14. QOF data showed the practice performed well in some areas in comparison to the regional and national average. For example, the number of patients with diabetes who had received an influenza immunisation was recorded as 100%, with the national average being 93.5%. However, the practice was an outlier for some QOF clinical targets. The percentage of patients with diabetes whose last measured total cholesterol was five mmol/l or less was 66.67% compared with a national average of 81.6%. The proportion of patients who had a record of an albumin:creatinine ratio test in the preceding 12 months was 63.53% compared with a national average of 85.94%.

The practice had undertaken some minimal clinical audit but there were no fully completed audit cycles. We saw that a review of inhaler medicines prescribed to patients with asthma had been carried out in 2014. The practice had undertaken an initial review and identification of patients who were suitable to change to an alternative medicine but no further review of those patients or other patients with asthma had been recorded. The practice had also undertaken a review of patients who were prescribed a specific medicine for insomnia, although there was no further review or completion of the audit cycle.

The practice held a vulnerable patient and palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families. We saw the minutes of two of these meetings and noted that no GP or nurse had attended the last meeting that had taken place. The meeting had been attended by the administrative staff from within the practice.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. However, at the time of our inspection patients were cared for by two locum GPs and there was no practice nurse employed by the practice.

We asked to review staff training records but there were no training records held for the majority of staff. Staff told us they had received training in basic life support within the

Are services effective?

(for example, treatment is effective)

last 12 months but the practice did not hold records to confirm this training had taken place. Staff told us they had not received training in mandatory areas such as the safeguarding of children and vulnerable adults, fire safety and infection control processes.

Reception and administrative staff were required to act as chaperones within the practice. However, no chaperone training had been provided for those staff. The practice nurse had been providing support to a wide range of patients with long term conditions, such as asthma, diabetes and chronic obstructive pulmonary disorder. We were unable to confirm what training they had undertaken to support their role. The practice manager told us that all training and personnel records relating to the practice nurse were not available within the practice.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.)

There were no processes in place to ensure other staff participated in annual appraisal or regular supervision. Staff we spoke with told us they had not received appraisals and had not had the opportunity to discuss their performance or to identify learning and development needs. The practice manager confirmed that staff had not undergone appraisals.

Working with colleagues and other services

The practice worked with other service providers and received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Staff were unclear about their responsibilities for passing on, reading and actioning any issues arising from communications with other care providers on the day they were received.

At our first inspection visit on 14 July 2015, we found that 260 patient laboratory test results, some of them flagged as urgent, had not been reviewed for a period of two weeks prior to our visit. The practice manager told us that review of those results was the responsibility of the locum GP. The locum GP present on the day of our first visit told us that

this task had not been requested of them. We noted that the practice manager had assigned the review of those results to the locum GP, on the electronic patient record system, during our inspection. This task had not been allocated to the locum GP prior to our findings being highlighted. During our visit to the practice on 23 July 2015, we noted that the laboratory test results identified as requiring review at our first visit had been reviewed and appropriate action taken. However, another 90-100 laboratory test results which had been received by the practice since 16 July 2015 had not been reviewed. Some of those were flagged as requiring urgent review. The practice manager told us there were no arrangements in place for those results to be reviewed within the next 3-4 days. There was no GP cover within the practice on the day of our visit on 23 July 2015, nor the following day. The practice manager confirmed that this meant that those laboratory test results requiring review and others received by the practice in the meantime, may not be reviewed until 27 July 2015 due to the weekend closure of the practice. Therefore patients may have been at risk of harm due to the delays in action being taken by the practice to provide them with the necessary care and treatment required in response to their laboratory results.

One member of the administrative team told us they were responsible for reviewing correspondence which arrived in the practice, such as hospital consultant letters. They told us they scanned documents received into the electronic patient record system and correspondence which did not require any action to be taken was not reviewed by the GP. Where action needed to be taken in response to correspondence, such as the initiation of a new prescription, the administrator told us they were responsible for generating the prescription which was then passed to the GP with the incoming correspondence, to be signed. This was in conflict with the practice policy and a scanning workflow document we reviewed which indicated that all such correspondence should be seen by a GP. The policy also indicated that the GP was responsible for actions relating to medicine changes or the initiation of new medicine prescriptions. The practice manager told us that the GP always reviewed such correspondence and made changes to prescriptions.

The practice maintained a register of vulnerable patients which was regularly reviewed. The register included housebound patients, those with poor mental health and patients receiving end of life care. The practice held

Are services effective?

(for example, treatment is effective)

multidisciplinary team meetings monthly to discuss the needs of complex patients. For example, the practice worked closely with palliative care nurses to support those patients with end of life care needs. The practice invited representatives from social services, mental health, district nursing and palliative care teams to their multidisciplinary team meetings.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were used to make referrals through the choose and book system. (The choose and book system enabled patients to choose which hospital they would be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems available to provide staff with the information they needed. An electronic patient record was created within the practice computer software system and was used by all staff to coordinate, document and manage patients' care.

Consent to care and treatment

The practice had a written policy for consent. The practice did not carry out surgical procedures but required documented consent from patients for specific interventions such as cryotherapy. A patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. We reviewed patient records and found that patients' consent had been obtained and recorded where required.

Health promotion and prevention

Staff we spoke with told us that regular health checks were offered to those patients with long term conditions. We saw that medical reviews for those patients had taken place at appropriately timed intervals.

The practice offered a full range of immunisations for children, travel vaccines, flu and shingles vaccinations. However, vaccination services within the practice were not available at the time of our inspection due to the absence of a practice nurse. The practice did not have clear arrangements in place to continue to provide vaccination services at the time of inspection. The practice did not have adequate processes in place to monitor and record daily temperatures of the refrigerator in which vaccines were stored. We reviewed the temperature range readings of the refrigerator which indicated that vaccines had been stored at temperatures which exceeded manufacturers' recommendations. Therefore the practice could not be sure they were safe for use and patients who received vaccinations within the practice may have been at risk of harm.

We reviewed 2013/2014 data available and noted that 91.5% of children aged up to 24 months who attended the practice, had received their first dose of the measles, mumps and rubella vaccination, compared with a local average of 93.6%. The proportion of patients aged 65 years and older who had received a seasonal flu vaccination was 40.66% compared with a local average of 52.29%. Data we reviewed showed that 100% of patients with diabetes had a flu vaccination within the six month period between September and March. This was higher than the national average of 93%.

The proportion of women aged 25-64 years whose notes recorded that a cervical screening test had been performed within the preceding five years was 73.33% compared with a national average of 81.88%.

We noted that a wide range of health promotion information leaflets were available to patients in the practice waiting room.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed recent GP national survey data available for the practice on patient satisfaction. The evidence from the survey indicated patients were fairly satisfied with how they were treated, although survey data findings were generally below the national average. Data from the national patient survey showed that 76% of patients rated their overall experience of the practice as good. This was compared to a national average of 85%. We saw that 72% said the last GP they saw or spoke to was good at treating them with care and concern, compared with a national average of 85% and 62% said the last GP they saw or spoke to was good at involving them in decisions about their care, compared with a national average of 81%. Of those patients who had seen a nurse within the practice, 83% said the nurse was good at treating them with care and concern, compared with a national average of 90%.

We spoke with five patients on the day of inspection. The patients we spoke with and the comments we reviewed were mostly positive. A number of patients commented upon the helpful and friendly nature of the reception and nursing staff.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains or screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Staff had a good understanding of confidentiality and how it applied to their working practice. For example, reception staff spoke discreetly to avoid being overheard. However, the practice reception and waiting areas were combined which meant that staff speaking with patients at the reception desk could be overheard by those in the waiting

area. We noted there were private areas away from the reception desk where patients could speak more privately to staff. We saw that staff spoke respectfully and professionally to patients and demonstrated a caring and courteous manner.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients generally rated the practice below the national average when asked questions about their involvement in planning and making decisions about their care and treatment. For example, data from the national patient survey showed 62% of practice respondents said the GP involved them in decisions about their care, compared with a national average of 81% and 77% felt the nurse was good at involving them in decisions about their care, compared with a national average of 85%.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and they generally felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 74% of patients said the last GP they saw or spoke to was good at listening to them, compared with a national average of 89% and that 88% of patients said the nurses were good at listening to them, compared with a national average of 91%.

We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room signposted patients to relevant support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was not always responsive to patients' needs. Some staff told us that patients did not always have access to home visits. We reviewed the number of home visits undertaken by the practice and the number recorded appeared low on some occasions. For example, we reviewed the home visits recorded in May 2015. We found that five completed home visits had been recorded and another five patients had received a telephone call from the GP in response to their request for a home visit. However, we reviewed home visits recorded in June 2015 and found that a higher number of home visits had been undertaken. We reviewed electronic appointment schedules and saw that on some days there were no slots available for home visit requests.

Access to appointments was restrictive for patients of working age. The practice closed at 5pm each day. The practice usually had extended access appointments from 5.30pm until 6.30pm on one evening each week, although this was not available at the time of our inspection due to the unplanned absence of the registered GP.

The practice worked closely with a number of local residential and care homes to provide care and support to the residents. For example, the GP provided visits to local residential care homes to provide flu vaccinations and to undertake reviews of patients with long term conditions.

The practice worked with other agencies and regularly shared information to ensure communication of changes in care and treatment. The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs. The practice invited representatives from social services, mental health, district nursing, the community matron and palliative care teams.

The practice had not gathered feedback from patients and had not conducted a patient survey. The practice had recently participated in the NHS friends and family test but had not yet collated the responses and comments gathered. The practice had therefore not implemented suggestions for improvements or made changes to the way it delivered services in response to feedback from patients. The practice did not have a patient participation group.

The practice manager told us that previous attempts to establish a group had failed and the practice had not explored other means of engaging with patients and regularly seeking their feedback.

Tackling inequity and promoting equality

The practice was located in modern purpose built premises. The premises and services had been developed to meet the needs of patients with disabilities. The practice was located in a shared, managed building with a number of other primary care service providers. Access to the premises by patients with a disability was supported by an automatic door. The practice premises were located on the second floor of the building via a lift system and stairs. The practice shared the second floor of the premises with a neighbouring GP practice. The two practices shared a linked reception desk which was accessible and had been installed with wheelchair users in mind. The waiting area was shared with the neighbouring practice and was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Toilet facilities were accessible for all patients and contained grab rails for those with limited mobility and an emergency pull cord. Baby changing facilities were available for mothers with young babies.

Staff told us that translation services were available for patients who did not have English as a first language.

Access to the service

The practice was open from 8.00am until 5.00pm on weekdays. The practice closed at 5.00pm each day. It was unclear what formal arrangements were in place to ensure patients received urgent medical assistance when the practice was closed between 5.00pm and 6.30pm. The practice manager told us that patients received pre-recorded instructions to use out of hours services if they telephoned the practice after 5pm. They told us that there was a GP on call each evening to respond to queries from the out of hours service. During our visit on 14 July 2015, the practice manager told us that the registered GP, who was currently absent from the practice, was on call from 5.00pm to 6.30pm on the day of our inspection. Due to the shared location of the practice, patients were able to enter the reception area of the practice after 5pm but no staff were available to assist them after this time. Limited information was available to patients about appointments

Are services responsive to people's needs?

(for example, to feedback?)

on the practice website. This included brief information about how to arrange home visits, how to book appointments and the number to call outside of practice hours.

Patients could call to make appointments from 8.00am. The practice usually had extended access appointments from 5.30pm until 6.30pm on one evening each week, although this was not available at the time of our inspection due to the unplanned absence of the registered GP. Appointments could be booked on the day or in advance. Patients could request telephone consultations and urgent appointments were available on the day. The practice manager told us that there were usually no GP appointments scheduled on one afternoon each week. However, we reviewed electronic appointment schedules and saw that there was also a second afternoon each week when full appointment schedules were not routinely available. On this afternoon each week, low numbers of appointments were scheduled for a very short period in the early afternoon only. The practice manager told us that the registered GP often undertook home visits to patients receiving palliative care on those afternoons but we were unable to see records of those home visits. No formal arrangements were in place to ensure patients were able to access care at those times when a GP was not available.

The practice did not have adequate arrangements in place to provide nurse appointments to patients. There was no practice nurse employed by the practice at the time of our inspection. The practice manager told us that the neighbouring practice within the same building was able to provide occasional nurse appointments on their behalf and that patients were also being sent to the walk in centre on the ground floor of the same building.

When we visited the practice on 23 July 2015 we found there was no GP cover within the practice. Patient appointments had been cancelled. There were no arrangements in place for patients to receive home visits on that day. The practice manager confirmed that there was likely to be no GP cover in the practice on the following day either. Informal arrangements were in place for

practice staff to advise patients requiring urgent attention to visit the walk in centre in the same building. Staff told us that the walk in centre staff had expressed concern about this situation.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated responsible person who handled all complaints in the practice. The person responsible for handling complaints had recently changed when the business and finance manager had assumed the role of practice manager. They told us they were now responsible for handling complaints.

We noted there was no information on display within the practice to inform patients of the complaints process. However, staff we spoke with knew how to support patients wishing to make a complaint. We saw that one anonymous complaint had triggered a significant event meeting within the practice in 2014. Staff told us this was to try to identify the complainant rather than being due to the significance or severity of the complaint.

The practice website included some brief information about how to make a complaint but we noted it was out of date. The information referred to a member of staff who was no longer responsible for managing complaints within the practice.

We looked at the four complaints received by the practice since January 2014. No meetings were held within the practice to discuss complaints and learning from them. However, we saw that complainants had received written responses from the person responsible for managing complaints at the time. The majority of written responses provided to patients were timely and appropriate to the nature of the complaint. However, we saw that the most recent complaint, received in January 2015, had not been responded to in an appropriate manner. The written response provided had not addressed the complainant's significant concerns and one of the incidents which triggered the complaint had not resulted in the recording of a significant event as was necessary. The practice had not investigated or learned from the incident or the complaint.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had no clear vision to deliver high quality care and promote good outcomes for patients.

We spoke with 5 members of staff and they did not have an understanding of the vision and values of the practice and were unclear about what their responsibilities were in relation to these.

Governance arrangements

The practice had some policies and procedures in place to govern activity and these were available to staff. All policies and procedures we looked at had been reviewed recently. However, many of the policies did not reflect the processes which staff followed within the practice. There was a lack of leadership and governance within the practice which meant that it was unclear whether it was staff actions or the written policies which were inaccurate. For example, we reviewed the health and safety policy for the practice. The policy stated that health and safety training was provided for all staff on appointment. However, staff told us that they had not received health and safety training. The policy also stated that the staff appraisal system would be used to identify changes to staff roles, and practice policies and procedures, in order to adjust individual health and safety requirements. However, all staff confirmed that there was no appraisal process in place.

One member of the administrative team told us they were responsible for reviewing correspondence which arrived in the practice, such as hospital consultant letters. They told us they scanned documents received into the electronic patient record system and correspondence which did not require any action to be taken was not reviewed by the GP. Where action needed to be taken in response to correspondence, such as the initiation of a new prescription, the administrator told us they were responsible for generating the prescription which was then passed to the GP with the incoming correspondence, to be signed. This was in conflict with the practice policy and a scanning workflow document we reviewed which indicated that all such correspondence should be seen by a GP. The policy also indicated that the GP was responsible for

actions relating to medicine changes or the initiation of new medicine prescriptions. The practice manager told us that the GP always reviewed all such correspondence and made changes to prescriptions.

During this inspection it was not possible to access information on how the practice monitored patient needs and reviewed information to improve outcomes for patients. The practice could not demonstrate that they reviewed the care they provided against the national and local standards to ensure safe outcomes for patients. The team was not making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The practice had undertaken some minimal clinical audit but there were no fully completed audit cycles. Staff told us that there were no regular meetings within the practice to enable them to keep up to date with practice developments or to facilitate communication between the GP and the staff team. There were no recorded staff meetings, clinical meetings or whole practice meetings.

The practice achieved 85.9% of the maximum Quality and Outcomes Framework (QOF) results 2013/14. QOF data showed the practice performed well in some areas in comparison to the regional and national average.

We saw that recording of incidents was often not undertaken and therefore appropriate action taken was not taken as a result. There was no evidence that the practice had learned from incidents or that the findings were shared with relevant staff. Some staff felt they were not well supported in raising concerns and did not always feel listened to.

The practice had a lack of systems and processes to manage and monitor risks to patients, staff and visitors to the practice. The practice manager told us that maintenance of the premises was managed by the shared building management team. We were therefore unable to see records relating to safety and risk monitoring such as a fire risk assessment and the risks associated with exposure to legionella bacteria which is found in some water supplies. The practice was unable to confirm if these assessments had been carried out and had not sought evidence to confirm such assessments existed. The practice had some health and safety policies. We saw that a brief health and safety risk assessment had been carried out but this was dated September 2015 i.e. at a date in the future.

Are services well-led?

Inadequate 

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

The practice did not have a supply of emergency medicines. We asked the practice manager and other staff to confirm the location of emergency medicines within the practice. Staff were unable to locate the supply of emergency medicines and were unable to describe the usual location or storage arrangements for the medicines.

Leadership, openness and transparency

We found a lack of openness and transparency within the management team which meant that information and concerns were not shared and reviewed. This resulted in a lack of risk assessment and implementation of changes to ensure the safety of staff and patients.

Staff roles within the practice were not clearly defined. In the absence of a practice nurse and a permanent GP it was unclear how lead roles within the practice were being supported. For example, the practice nurse had been the lead for infection control processes and the registered GP was the lead for safeguarding of children and vulnerable adults within the practice. There were no arrangements in place to ensure responsibilities relating to those roles were fulfilled in their undefined period of absence. One staff member had acted as practice manager for a prolonged period of time and had now reverted to a senior administration role. Their existing role and how that complimented the role of the newly appointed practice manager had not been clearly defined. Staff within the practice were also unclear about the leadership structure and areas of responsibility. Staff did not always feel listened to or well supported. Staff told us there were no staff meetings, clinical meetings or management meetings held within the practice.

Management responses to address GP and nurse staffing levels were ineffective. The practice manager was unable to clearly outline what steps had been taken in an attempt to recruit a practice nurse. Arrangements to ensure that patients requiring an urgent appointment with a nurse were able to access appropriate care were not clearly defined. There was a lack of formal arrangements in place to ensure patients were able to access urgent care or home visits during the absence of any GP cover in the practice on 23 and 24 July 2015.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had not gathered feedback from patients. The practice did not have a patient participation group. The

practice manager told us that previous attempts to establish a group had failed and the practice had not explored other means of engaging with patients and seeking their feedback.

The practice had not conducted a patient survey but had recently participated in the NHS friends and family test. We reviewed patients' written responses to the friends and family test which the practice had collected but had not yet processed or reviewed. We reviewed friends and family test response cards and forms from 133 patients. The results indicated that 88.7% of patients who had responded would have been likely or extremely likely to recommend the service to friends and family. We noted that some patients had made additional comments on the cards. One patient had commented on the patient friendly service they received from the practice. Another patient had commented that the GP was sometimes not available for appointments on specific days and they were required to use the nearby walk-in centre instead.

The practice had a whistleblowing policy which was available to all staff. Staff we spoke with were aware of the policy and how they could whistleblow internally and externally to other organisations.

Management lead through learning and improvement

Staff told us that they had received training in basic life support. However there were no records available to confirm this training had taken place. Staff had not been supported in completing mandatory training in areas such as the safeguarding of children and vulnerable adult, infection control and health and safety. Administration staff who were required to act as chaperones had not received training to support this role. There were no processes in place to ensure staff participated in annual appraisal or regular supervision. Staff we spoke with told us they had not received appraisals and had not had the opportunity to discuss their performance or to identify learning and development needs. The practice manager confirmed that staff had not undergone appraisals.

The practice did not demonstrate a culture of learning and continuous improvement. Training, education and continuous professional development had not been supported for the staff we spoke with. We were unable to confirm the clinical professional development of the

Are services well-led?

Inadequate 

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

practice nurse who had been employed within the practice until the week prior to our inspection. The practice manager told us that training and personnel records were not available within the practice.

We were not able to see evidence of ongoing recording of incidents in order to confirm the practice was able to demonstrate a safe track record over time. During our inspection we identified several incidents which had not

been recorded, shared nor the learning discussed and reviewed with other team members. For example, the practice had not recorded events which surrounded concerns expressed by the team in response to a recent fire evacuation procedure and an incident identified within a complaint received from a family member of an elderly patient.