

Dr Anis and Anis

Inspection report

Golborne Health Centre
Kidglove Road, Golborne
Warrington
Cheshire
WA3 3GS

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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 7 March 2018 – Requires Improvement)

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 Anis and Anis on 18 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is 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. This full comprehensive inspection took place following concerns found at the previous inspection resulting in a rating then of 'Requires Improvement'. Following the inspection of 7 March 2018, we were provided with an action plan detailing how they were going to make the required improvements. This most recent inspection was to measure the improvements made to date.

At this inspection we found:

We identified that not all improvements from the previous inspection in March 2018 had been made and found new concerns resulting in continuing breaches of regulation.

- The practice was a high prescriber of hypnotics and other medicines and not all patients on these medicines had been reviewed appropriately.
- Concerns were found regarding the level of detail recorded in medical records. Medical advice given was not consistently recorded.
- Test results received by the practice were not reviewed in a timely manner.
- There was no effective system in place to recall or follow up patients.
- There was no effective system in place to follow up on patients who had failed to attend for an appointment including children.
- Some non-clinical staff undertook chaperone duties without training.

- The vaccine fridge temperature went out of range on one occasion and no significant event had been raised.
- There was an out of date emergency medicine and single use item on the emergency trolley.
- No major incident plan was in place and no staff were trained to deal with major incidents.
- No records of staff immunisations were held.
- No clinical staff were involved in infection prevention and control.
- Not all staff were aware of how to report and record significant events.
- There was no risk assessment in place to determine which emergency medicines should be held in the practice.
- The system for managing safety alerts was not applied consistently.
- There was a lack of management oversight of staff training.

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

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

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

- Develop different ways to gather patient feedback.
- Set up a patient participation group.
- Review and improve satisfaction scores from the national GP patient survey.

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

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where

Overall summary

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, a practice nurse specialist adviser and a second inspector.

Background to Dr Anis and Anis

Dr Anis and Anis is the registered provider and provides primary care services to its registered list of 4725 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of NHS Wigan Borough Clinical 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:

Golborne Health Centre
Kidglove Road
Golborne
WA3 3GS

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:

There are three GPs (two female and one male), and they are supported by two practice nurses and a healthcare assistant. There is also a practice manager and supporting administration staff. This is a teaching practice for second year foundation doctors.

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 fifth less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have 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 Bridgewater NHS Foundation Trust –through NHS 111. 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.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Continued regulatory breaches first found at the first inspection in March 2018 were again identified. We found significant events and incident processes were weak, and incidents had not been recorded. Medicine and patient safety alerts were not monitored effectively. There were no suitable arrangements in place for reviewing or monitoring patients receiving hypnotic and other medicines. There was no evidence of inhouse quality assurance checks in relation to safety.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Most staff received safeguarding and safety training appropriate to their role but one administrative staff member had not received any safeguarding training. However, some staff were unclear how to identify and report concerns. Learning from safeguarding incidents was available to staff. Not all staff who acted as chaperones were trained for their role however all 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate checks for most staff at the time of recruitment and on an ongoing basis. However, the practice had employed a healthcare assistant and there was no personal file or record held for them.
- There was a system to manage infection prevention and control. However, the lead for infection control was a member of the administrative team who did not have the skills, knowledge and experience to undertake such

a role, and had not received appropriate training other than a CCG led update. There was no clinical staff involved in the oversight and management of infection prevention and control.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role.
- 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. Sepsis management was discussed at meetings and there were arrangements in place for administrative staff to receive sepsis updates.
- The system for managing safety alerts was not applied consistently. Whilst they were cascaded to staff there was no evidence found which confirmed the action taken.

Information to deliver safe care and treatment

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

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made referrals in line with protocols.

Appropriate and safe use of medicines

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

- The practice had no effective arrangements in place for the review and monitoring patients who were receiving hypnotic and other medicines. Not all patients on these medicines had been reviewed appropriately. The GP

Are services safe?

interviewed could not offer any explanation as to why there had not been any regular medicines reviews with some patients. The practice was the highest prescriber of hypnotic medicines across the CCG but there had been no search of patients undertaken since May 2018.

- The practice was the highest prescriber of Tramadol, a pain killing medicine, across the CCG (62 practices). There had been no consistent processes put in place to review patients it was all done opportunistically. For example, a review would take place when a patient attended for an unrelated appointment.
- Patients' health was monitored in relation to the use of medicines in an inconsistent and ad hoc manner. Patients were not involved in regular reviews of their medicines.
- An out of date emergency medicine and single use item was found on the emergency trolley. The benzylpenicillin held on the emergency trolley was out of date, as was single use plasters and the spare battery for the defibrillator.

Track record on safety

The practice had an adequate track record on safety.

- There were risk assessments in relation to safety issues. Specific health and safety assessments concerning the building and facilities were held centrally by the building management team and regularly monitored and updated when required.

Lessons learned and improvements made

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

- The practice had implemented a new significant event process but some of the staff team lacked understanding of what constituted as a significant event.
- We found that significant events were not consistently recorded or acted on. For example, there was an occasion when the vaccine fridge temperature was out of range but this had not been recorded as a significant event.
- Medicine and patient safety alerts would be emailed to the relevant staff. However, there was no record of alerts being responded too, tracked or monitoring of completed actions taking place.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as inadequate for providing effective services overall and all population groups which we rated inadequate.

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

- Performance indicators for prescribing hypnotics and other medicines were significantly above the CCG and national levels with no action taken to reduce this high prescribing.
- We identified concerns that impacted on patients in all population group. These included test results not looked in a timely manner and an ad hoc system to recall for patients.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered some care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. Information about Sepsis was displayed around the practice.

We identified specific concerns that impacted on all patient groups:

- Test results were not dealt with in a timely manner
- Some patients were not reviewed or recalled as required
- Patient records were not consistently completed with required detail

We also found:

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. However, the GP was unaware of the appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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)

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had no arrangements for following up failed attendance of children's appointments following an appointment in primary or secondary care or for immunisation.

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 however was comparable to CCG and national averages.
- The practice's uptake for breast and bowel cancer screening was in line with the CCG and national averages.
- The practice did not have systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was no system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

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 worked within the Greater Manchester Primary Care Standards and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly submitted a data return for the Wigan Borough quality and engagement scheme to support these standards.

- The most recent published Quality Outcome Framework (QOF) results were 91% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 4% compared with a national average of 10%. (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.) However, exception reporting in some areas was high. For example, exception reporting for depression was 79%. The GP could not offer an explanation as to why this was high and had no plans in place to try to reduce this.
- There was no evidence presented that demonstrated quality improvement was used to improve care. Medicine optimisation audits had been carried out by the clinical commissioning group pharmacist. We found there was no system of clinical audits and found no examples of audits showing improved patient care. Audits lacked detail and apart from ad-hoc reviews of QOF, quality improvement was not embedded into practice.

Effective staffing

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

- Staff had the skills, knowledge and experience to carry out their roles. For example, 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 but not in a structured manner.
- The practice had become a training practice for second year foundation doctors (FY2) and the GPs in the practice were clinical supervisors. However, there was limited time made available to supervise the FY2 doctors.
- There was a lack of management oversight of staff training. The practice manager held records of training on individual personal files but they were unaware what training had taken place, did not have a training plan

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and did not monitor training with a training matrix. Staff reported they were not given protected time for training. For example, there was a staff member who had not received safeguarding training and one who undertook chaperone duties without training.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which 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. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

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

- The practice did not have a systematic approach for reviewing any patient feedback.
- Although there was a list of carers there was no evidence presented that the practice proactively supported carers.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There were 27 Care Quality Commission comment cards completed and were all positive about the practice performance. The practice had received feedback from the NHS Friends and Family Test but had not undertaken any review or action from the results. The GPs had received feedback from patients since the last inspection but this was part of their revalidation process.
- Patients we spoke with said that staff treated them in a kind, dignified and respectful manner.
- Results from the national GP survey were below the CCG and national averages.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and but some staff were still not aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Some staff still did not know about or use the interpretation services that were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand; however, there were still no easy read materials made available to patients who required them.
- The data we examined on carers was the same as at the previous inspection and we saw no evidence of a proactive plan to support carers.
- Results from the national GP survey were below the CCG and national averages.

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.

Please refer to the evidence tables for further information.

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 requires improvement for providing responsive services because:

- The patient survey results reflected in the evidence table showed areas below average for national and CCG results
- The practice did not respond to test results received by the practice in a timely manner.
- The practice did not have a plan to undertake medicines reviews for patients in a responsive, systematic or consistent way.

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 and tailored services in response to those needs. However, medicines reviews were undertaken opportunistically, there was no structured system in place to recall patients or to follow up patients who did not attend for an appointment, including children.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The concerns we have identified regarding medicines reviews, recall and follow up for patients demonstrated that the practice was not responding to need and this impacted on patients in all population groups.

We also found:

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients provided by a local pharmacy.

People with long-term conditions:

- Some patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met but the system was implemented inconsistently. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- There was no record or formal process for recalling patients. This was done ad hoc and verbally by the clinician. No effective system was in place to follow up patients who did not attend for an appointment including children.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, diagnosis and treatment. However, test results received by the practice were not reviewed in a timely manner. There were test results on the practice system that were received on 4 October 2018 but had not been dealt with at the time of inspection. The practice had provided assurances that these results have now been reviewed and acted upon.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's 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 took complaints and concerns seriously and responded to them appropriately however there was no evidence presented that demonstrated these had improved the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.

Please refer to the evidence tables for further information.

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.

Leadership capacity and capability

Leaders did not consistently demonstrate the capacity and skills to deliver high-quality, sustainable care.

- Leaders were not sufficiently knowledgeable and aware 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.

Vision and strategy

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

- The practice had no strategy or supporting business plans in place.
- Staff interviewed were unaware of the vision of the practice.

Culture

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were some processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice promoted equality and diversity. However, we saw no evidence that all staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

There were no clear responsibilities, roles and systems 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.
- Staff were not clear on their roles and accountabilities including infection prevention and control.
- 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.
- Prior to inspection the practice was asked to submit documentation for the provider information return (PIR). The practice did not submit the official return and only provided limited information when prompted by the inspector.
- The findings of the inspection found the practice demonstrated a lack of cohesive working and communication between the GPs, the practice manager and the nursing staff. There were no management meetings taking place in the practice and it was clear that the GPs, nursing staff and administrative team worked independently.

Managing risks, issues and performance

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

- There was not an 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.
- No major incident plan was in place and no staff were trained to deal with major incidents. The practice had a template for a major incident plan but this was not completed with any details. The registered manager told us there was a verbal agreement with other practices. The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

Are services well-led?

The practice did not always act on appropriate and accurate information.

- Quality and operational information was available but the practice had not used the information to ensure and improve performance.
- Performance information was not always combined with the views of patients. There was no active PPG and the practice had not conducted any recent patient surveys other than those required for the GPs for revalidation.
- There was no evidence to suggest that accurate performance information in relation to QOF was used to monitor performance and the delivery of quality care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- There was no evidence presented that demonstrated quality improvement was used to improve care. Medicine optimisation audits had been carried out by the clinical commissioning group pharmacist. We found there was no system of clinical audits and found no

examples of audits showing improved patient care. Audits lacked detail and apart from ad-hoc reviews of QOF, quality improvement was not embedded into practice.

Engagement with patients, the public, staff and external partners

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

- There was not an active patient participation group.
- The practice had not carried out internal patient surveys. Friends and Family Test results were collected but not monitored closely.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

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 1.We found that you were failing to provide care and treatment to service users in a safe way.2.The practice was the highest prescriber of Hypnotics across the clinical commissioning group (CCG) but there has been no search of patients on these medicines undertaken by the practice since May 2018 and therefore no reviews undertaken.3.There were no recorded medicines reviews on some patient records. 4.The practice was the highest prescriber of Tramadol across the CCG. There had been no consistent processes put in place to review these patients and is all done opportunistically. 5.Test results received by the practice were not reviewed in a timely manner. 6.There was no record or formal process for recalling patients. 7.There was no effective system in place to follow up patients who do not attend for an appointment including children. There was no safety net for urgent referrals. Staff were not checking that appointments had been given or attended.8.Some staff undertook chaperone duties without training.9. The vaccine fridge temperature was out of range on 28 August 2018 and no significant event was raised.

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 1.The practice manager could not provide the lead inspector with a copy of the major incident plan and there were no staff trained to deal with major incidents2.The practice manager could not provide the lead inspector with records of staff immunisations. There was no system in place to ensure staff had the

This section is primarily information for the provider

Enforcement actions

appropriate immunisations. 3. There were no clinical staff involved in the practical management of infection prevention and control. 4. Some administrative staff interviewed were not aware of how to report and record significant events. 5. There was no assessment in place to determine which emergency medicines should be held in the practice. 6. There was a lack of management oversight of staff training. 7. Practice policies were poorly organised. 8. There was no evidence presented that demonstrated quality improvement was used to improve care. 9. There were out of date emergency medicine and single use item on emergency trolley. 10. The system for managing safety alerts was not applied consistently. 11. The practice demonstrated a lack of cohesive working and communication between the GPs, the practice manager and the nursing staff. There were no management meetings taking place in the practice and it was clear that the GPs, nursing staff and administrative team worked independently.