Dr Mark Stevens (Mapperley Park Medical Centre)

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Dr Mark Stevens (the provider) has been inspected previously on the following dates:

- 14 January 2014, 14 August 2014 and 10 November 2014 using previous inspection methodology which focused on specific outcomes.
- 13 and 14 March 2015 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.
- 1 December 2015 – The practice was rated inadequate overall and remained in special measures as it had not made the required improvements to achieve compliance with the regulations.
- 2 June 2016 – A focused inspection was undertaken in response to information of concern indicating the provider was not meeting the conditions of its registration. The overall rating of inadequate still applied.
- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.
- We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.
- 25 April 2017 - The practice was rated inadequate overall and remained in special measures as it had not made sufficient improvements to achieve compliance with the regulations.

Reports from our previous inspections can be found by selecting the 'all reports' link for Dr Mark Stevens on our website at www.cqc.org.uk.

This inspection was undertaken following the continued period of special measures and was an announced comprehensive inspection on 3, 7 and 22 November 2017. Overall the practice is still rated as inadequate.

Our key findings were as follows:

Summary of findings

- Staff understood their responsibilities to raise concerns and report incidents. These were discussed with relevant staff on a regular basis. However, further improvement was required in the investigation and analysis of significant events in order to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken.
- There was not a consistent system to identify and record safeguarding concerns.Some children were not appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed.
- Alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were acted upon.
- Some risks to patients were assessed and managed although some had not been reviewed since 2015. Other risks had not been identified.
- Although the arrangements to manage medicines had improved the system in place to ensure the safe management of vaccines still required further improvement.
- There was not an effective system to summarise patient records. We found that over 300 patient records had not been summarised and at the time of our inspection there were no staff trained to carry out this task.
- We identified a number of errors relating to summarising, coding or consultations not being visible on patient records which meant that accurate and up to date information was not always available which put patients at risk.
- Data showed that patient outcomes were generally in line with local and national averages but there were much higher than average levels of exception reporting in some areas which identified a lack of clinical oversight. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- There was not a consistent and effective recall system in place for patients with long term conditions in need of review. It was not clear who had overall responsibility or oversight of this.
- Feedback we received from patients reflected positively about the staff and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke to and who gave us written feedback expressed high satisfaction with the appointment system and said they found it easy to make an appointment with the GP and that there was continuity of care.
- Daily open access appointments were available to patients which meant they could be seen on the same day. Patient feedback indicated they did not mind if they had to wait to be seen by the GP as they valued the service highly.
- There was a leadership structure in place but this was not effective and roles and responsibilities were not always clear.
- Feedback from staff indicated they felt respected, valued and supported by the GP and the practice manager. All staff were involved in discussions about how to run and develop the practice and were committed to providing a quality service.

There are areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the enforcement section at the end of this report.
- Ensure patients are protected from abuse and improper treatment.

More detail can be found in the enforcement section at the end of this report.

In addition the provider should:

Summary of findings

- .Ensure non-clinical staff have training and support relevant to their role, for example relating to administration tasks and management of the cold chain.

This service was placed in special measures in June 2015. Insufficient improvements have been made such that the provider remains inadequate overall. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within 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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns and report incidents. These were discussed with relevant staff on a weekly basis. However, further improvement was required in the investigation and analysis of significant events in order to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken.
- Systems were in place to enable the practice to respond to alerts received from the Medicines and Healthcare products Regulatory Authority (MHRA).
- Some safety systems and processes within the practice were operated effectively to keep patients safe; however there were areas where improvements needed to be made. For example, in relation to summarising of patient records and the safe management of vaccines.
- The system for safeguarding children was not effective as we found that some records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed.
- Some risks to patients who used services were assessed and managed; however there were areas where further improvements needed to be made.
- Some arrangements were in place to deal with emergencies and major incidents; however the business continuity plan still needed to be updated to ensure it could effectively support the practice in the event of an emergency or major incident.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) indicated that patient outcomes were similar to local and national averages. The most recently published results showed the practice had achieved 95% of the total number of points available. This was 2% above the CCG average and 0.5% below the national average.

However the overall exception reporting rate within QOF for the practice was 23% which was 13% above the CCG average and 13%

above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- Current evidence based guidance was being used to assess the needs of patients and deliver effective care.
- Clinical audits and on-going reviews demonstrated quality improvement.
- There was not a consistent and effective recall system in place for patients with long term conditions in need of review. It was not clear who had overall responsibility or oversight of this.
- There was evidence of on-going support for staff with weekly meetings being held with all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Monthly multidisciplinary meetings were held within the practice to discuss patients at risk of admission to hospital and with complex needs. However, there had been no meetings with health care professionals to review children on the safeguarding register.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice above others for most aspects of care. For example, 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

Feedback we received from patients reflected positively about the staff and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients we spoke with described the care they received as outstanding. They gave examples of holistic, person centred and individual care. It was apparent that this was highly valued by patients we spoke with or who had completed comments cards.

- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 36 patients as carers; this was equivalent to 1.9% of the practice's patient list. Information was available to support carers and the healthcare assistant had taken on the role of carers Champion in order to be a point of contact to support carers.

Summary of findings

- During our inspection we observed that staff were friendly, treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Open access to a GP was available five mornings per week. Any patient presenting at the practice by 11.15am would be seen on the same day. Access for older people and children could be arranged via telephone.
- Patients were positive about access to the practice; despite sometimes having to wait for long periods before seeing a GP.
- Online services were available including online appointment booking and access to electronic prescribing.
- The practice had facilities and equipment to meet the needs of patients. Consulting and treatment rooms were situated on the ground floor and there was ramped access to the practice.
- Information about how to complain was available and easy to understand and verbal feedback was also recorded in order to identify themes and trends.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- There were improvements in some areas but other issues identified and areas where there had been limited improvement identified a lack of ability to sustain required improvements and maintain appropriate governance systems and processes.
- Staff were committed and engaged to provide high quality care.
- The practice did not have a documented business plan or strategy in place although the GP told us they were considering a number of options for the future.
- There was a leadership structure in place but this was not effective and roles and responsibilities were not always clear.
- Systems and processes in place to identify, assess and monitor risk within the practice needed to be strengthened to support the delivery of care.
- There was still a lack of oversight in the provision of the regulated activities.
- The practice sought feedback from staff and patients, which it acted on.

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

Inadequate

The practice is rated as inadequate for the care of older people.

The practice is rated as inadequate for providing safe, effective and well-led services. The findings which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- The needs of older people were met through urgent appointments and home visits where these were required. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly multidisciplinary meetings were held with community based health and social care professionals to ensure the needs of the most vulnerable patients were being met.
- Older patients had a named GP to provide continuity of care.
- Longer appointment times were available where required and patients could discuss multiple problems during one consultation.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions.

The practice is rated as inadequate for providing safe, effective and well-led services. The findings which led to these ratings apply to all population groups including this one. There were, however, some examples of good practice.

- Performance for diabetes related indicators was 98% which was 8% above the CCG average and 6% above the national average. However four of the diabetes indicators had exception reporting which was between 20% and 40% higher than the CCG average and between 19% and 36% higher than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP, although some patients told us they received structured annual reviews there was not a clear system in place to ensure these recalls took place.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people.

The practice is rated as inadequate for providing safe, effective and well-led services. The findings which led to these ratings apply to all population groups including this one. There were, however, some examples of good practice.

- Adequate arrangements were not in place to ensure children were safeguarded from abuse. All staff had received recent and relevant safeguarding training. However, we found that some records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed.
- The most recently published data was from 2015-16 and indicated that immunisation rates were below local averages in some areas. The practice had low numbers of children registered and small numbers of children not attending had a large impact on their immunisation rates.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students).

The practice is rated as inadequate for providing safe, effective and well-led services. The findings which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice offered some services meet their needs.
- Although extended hours surgeries were not provided, afternoon consultations with GP were offered until 6.30pm.
- Open access appointments were provided each morning with patients presenting at the practice before 11.15am being guaranteed an appointment with the GP on the same day.
- The practice offered some online services including online appointment booking and access to electronic prescriptions.

Summary of findings

- A full range of health promotion and screening was offered that reflected the needs for this age group. Cervical cancer screening, bowel cancer screening and breast cancer screening were generally in line with local and national averages.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

The practice is rated as inadequate for providing safe, effective and well-led services. The findings which led to these ratings apply to all population groups including this one. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- Longer appointments were offered for patients with a learning disability and for those who required them.
- Regular multidisciplinary meetings were held with community based health and social care professionals to discuss the case management of vulnerable patients.
- Vulnerable patients were provided with information about how to access various support groups and voluntary organisations.
- Patients with a learning disability were provided with an annual health check.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care people experiencing poor mental health (including people with dementia).

The practice is rated as inadequate for providing safe, effective and well-led services. The findings which led to these ratings apply to all population groups including this one. There were, however, some examples of good practice.

- Performance for mental health related indicators was 88% which was 4.3% below the CCG average and 6% below the national average. Indicators in this area had much higher than average exception reporting rates.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 15% above the CCG average and 16% above the national average. This exception reporting rate for this indicator was 0% which was significantly below the CCG average of 6% and the national average of 7%.

Summary of findings

- Patients experiencing poor mental health were provided with information about how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2017. The results were significantly higher than local and national averages. A total of 285 survey forms were distributed and 108 were returned. This represented a 38% response rate and was equivalent to 6% of the practice's current patient list size.

- 100% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and the national average of 71%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 97% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

As part of our inspection we reviewed information we had received from the public about the practice and information collected in surveys undertaken by the practice. Feedback from patients about the practice was overwhelmingly and consistently positive. On the first day of our inspection over 25 patients attended the practice solely to demonstrate their support for the practice and a petition signed by 83 patients was presented in support of the service provided by the GP. We spoke with 18 patients either in a group or individually and we also received 55 completed CQC comments cards, all of which were positive about the care they received. Patients described the care they received as outstanding. They gave examples of holistic, person centred and individual care. It was apparent that this was highly valued by patients we spoke with or who had completed comments cards.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the enforcement section at the end of this report.
- Ensure patients are protected from abuse and improper treatment.

Action the service SHOULD take to improve

- Ensure non-clinical staff have training and support relevant to their role, for example relating to administration tasks and management of the cold chain.

Dr Mark Stevens (Mapperley Park Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team over the three days was led by a CQC lead inspector and consisted of a

combination of a CQC inspection manager, a second CQC inspector, a GP specialist advisor, a practice nurse specialist advisor and also support from a member of the Nottinghamshire Health Informatics Service team.

Background to Dr Mark Stevens (Mapperley Park Medical Centre)

Dr Mark Stevens is a single handed GP providing primary medical services to approximately 1900 patients in the Mapperley Park and St Ann's area. The practice is also known as Mapperley Park Medical Centre and is located at Malvern House, 41 Mapperley Park Road, Nottingham, NG3 5AQ.

The practice holds a General Medical Services (GMS) contract for the delivery of general medical services. The GMS contract is the contract agreed between general practices and NHS England for delivering primary care services to local communities.

Opening times are between 8.30am and 1pm each morning and 2pm to 6.30pm each afternoon with the exception of Thursday afternoon when the practice is closed. The practice operates an open access system for GP appointments each morning and patients are guaranteed a same day appointment if requested in person before 11.15am (or via telephone for specific groups of patients). Pre-bookable appointments are available in advance for afternoon surgery which runs from 4pm to 6.30pm Monday to Friday (with the exception of Tuesday when baby clinic is operated and Thursday when the practice is closed).

The level of deprivation within the practice population is above the national average with the practice population falling into the third most deprived decile. Income deprivation affecting children and older people is above the national average.

The clinical staff comprises of a full-time GP (male), a part-time practice nurse and a full-time healthcare assistant who also carried out reception duties. Locum GPs are used to cover the primary GP in their absence.

The non-clinical team includes a part-time practice manager and three part-time reception and administrative staff.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures; maternity and midwifery services; and treatment of disease, disorder or injury.

The practice has previously been inspected on the following dates:

- 14 January 2014, 14 August 2014 and 10 November 2014 based on the former inspection methodology which focused on specific outcomes.
- 13 and 14 March 2015 under the comprehensive inspection programme. The practice was rated Inadequate overall and placed in special measures for a period of six months.

Detailed findings

- 1 December 2015 - The practice was rated inadequate overall and remained in Special Measures as it had not made the required improvements to achieve compliance with the regulations.
- 2 June 2016 – This was a focused inspection in response to information of concern indicating the provider was not meeting the conditions of its registration.
- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.
- 1 September 2016 – The practice was rated as inadequate overall and urgent action was taken to suspend the provider's registration for a period of three months.
- We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.
- 25 April 2017 – The practice was rated inadequate overall and remained in Special Measures as it had not made the required improvements to achieve compliance with the regulations.

Why we carried out this inspection

Dr Mark Stevens was placed into special measures in June 2015. We undertook a comprehensive inspection of Dr Mark Stevens in September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to check that improvements had been made. Following the inspection in September 2016, the practice was rated as inadequate for providing safe, effective and well led services.

Following the inspection on 1 September 2016, we took urgent action using our enforcement powers to suspend the provider's registration for a period of three months. We visited the practice on 1 December 2016 and found no reason to extend the suspension. Therefore, the suspension ceased on 7 December 2016.

We undertook a follow up inspection on 25 April 2017 to check that the provider had made improvements.

We undertook a comprehensive inspection on 3, 7 and 22 November 2017 to assess whether they provider had made improvements and to ensure they were meeting legal requirements.

This inspection was also carried out to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including Nottingham City Clinical Commissioning Group (CCG) and NHS England, to share what they knew.

We carried out an announced visit on 3, 7 and 22 November 2017. During our visit we:

- Spoke with a range of staff including the GP, the practice nurse, the healthcare assistant/receptionist, the practice manager and other reception and administrative staff.
- Observed how patients were being cared for in the reception area.
- Spoke with patients.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed information where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people

Detailed findings

- 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).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

At our previous inspection in April 2017, we rated the practice as inadequate for providing safe services as the practice did not have effective systems in place to ensure the delivery of safe care and treatment. Concerns were identified in relation to the identification and review of significant events, safety alerts, infection control, recruitment, medicines management, monitoring risks and business continuity arrangements. When we undertook this comprehensive inspection in November 2017 we found that significant improvements had been made in many areas but further improvements were still required and areas of significant concern were identified such as the completion and maintenance of accurate patient records including summarising and safeguarding. The practice is still rated as inadequate for providing safe services.

Safe track record and learning

Systems were in place to enable staff within the practice to report and record significant events:

- Staff informed the practice manager or the GP about significant events or incidents within the practice. Recording forms were available as hard copies and on the practice's computer system to enable events to be recorded.
- Meeting minutes reflected that significant events and incidents were reviewed on a weekly basis with all staff at the practice's team meeting.
- We reviewed significant events and incidents records since the last inspection in April 2017 and found that staff were confident in reporting incidents and a range of different events had been documented.

At our inspection in April 2017 we found that the identification of learning and required actions from significant events needed to be strengthened. This was still the case at our November 2017 inspection when we found further improvement was required in the investigation and analysis of significant events in order to correctly identify appropriate and relevant learning from incidents and to ensure that necessary actions were taken.

For example, there was an incident recorded in July 2017 when a locum GP had been unable to log in to the clinical system. There were no learning points identified and when we looked at the records of patients seen by the locum on that day we found that some had a consultation recorded, some had no consultation recorded and others had a hidden consultation recorded, some of these consultations were found to be recorded within previous consultation records that had taken place prior to July 2017 which meant that there was not a visible and accurate record available should another clinician need to refer to the patient record. This was particularly relevant as this occurred during a period of extended leave by the provider which meant cover was being provided by five different locum GPs.

Another significant event which related to an unexpected death was discussed at a practice meeting but there was no documentation of investigation, analysis or implementation of any learning. The information in the meeting minutes did not reflect a comprehensive investigation or analysis and there was no consideration of potential relevance of the patient's last contact with the practice prior to their death.

We reviewed two other significant events and found they did not show appropriate consideration of safeguarding.

We found that systems were in place to deal with alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and evidence demonstrated that searches were being run to identify patients affected by alerts and recall them as required. At our inspection in April 2017 it was unclear if the practice was receiving patient safety alerts (Patient safety alerts are issued via the Central Alerting System (CAS), a web-based cascading system for issuing alerts, important public health messages and other safety critical information and guidance to the NHS and other organisations, including independent providers of health and social care) but at this inspection we saw that a log was kept of alerts received and actions taken in respect of them.

Overview of safety systems and process

- The practice had some arrangements in place to help to safeguard children and vulnerable adults from abuse. Safeguarding policies were in place and were accessible to all staff. The policies reflected relevant legislation and outlined who to contact for further guidance if staff had

concerns about the welfare of a patient. Staff demonstrated knowledge of their responsibilities and all had received online training on safeguarding children and vulnerable adults at a level relevant to their role.

- The GP was the child and adult safeguarding lead and was trained to child safeguarding level 3, having last undertaken this in September 2017. The nurse and health care assistant had also undertaken level 3 training.

However, we reviewed documentation relating to safeguarding which included the safeguarding register, patient records and significant event recording forms. We found that some records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed. For example, included on the safeguarding register were twin babies. On one set of patient records was an alert which identified they were a cause for safeguarding concern, however on the sibling's record there were no alerts.

One child was registered at the practice in April 2017 and their patient record showed an alert stating there was a cause for safeguarding. This was a complex case and the record included information that a safeguarding case had been closed prior to registration with the practice. Given the history, information recorded by the GP on the patient record during a consultation should have been brought to the attention of health visitors or other health care professional but there was no record of this having taken place.

Two of the significant events we reviewed did not show appropriate consideration of safeguarding. For example, one incident related to a father raising concerns that his son who was not registered as a patient at the practice was being given drugs by their step brother. There was no consideration given as part of the analysis of the significant event of raising a safeguarding concern.

The GP told us that regular meetings with relevant health care professionals to review children on the safeguarding register had not taken place but a meeting with health visitors had been arranged by the GP in response to concerns he had about a child. This was arranged for the week after our inspection.

We reviewed the practice's processes for keeping accurate and timely patient records. We found that there was not an effective system to identify which patient records had been coded as being received on the practice patient record system when patients had registered or re-registered with the practice. One staff member was waiting to be trained to summarise records as there was no one currently employed by the practice trained to carry out this task. There were 307 patient records out of the list size of 1970 with patient notes not yet summarised. Furthermore, 32 of these were children under the age of 16, one of which had registered with the practice in 2015. Following our inspection, the GP sent information advising that they had reviewed the records of the children who had not been summarised and identified seven in this cohort who had safeguarding concerns. They indicated that these were all resolved.

There was no system in place to audit the quality of summarising of new patient records which had been carried out and we found examples of incorrect or inconsistent records. For example, we looked at the patient records of baby twins, who both had records which had been summarised. Information was available which indicated that both had suffered with hypothermia of the new-born and neonatal jaundice but on one record only hypothermia of the new-born was recorded and on the other only neonatal jaundice was recorded.

Information was displayed in the practice which advised patients that they could request a chaperone if required. Staff who acted as chaperones had undertaken online training and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Arrangements were in place to ensure the practice maintained appropriate standards of cleanliness and hygiene. During our inspection we observed the practice to be clean and tidy.

- At our inspection in April 2017 we found issues with staff awareness of Infection control policies and protocols, a lack of infection control training. And although an infection control audit had been carried out in March 2017, actions identified had not been completed.

Inadequate

Are services safe?

At our November 2017 inspection we found that the new practice nurse was now the infection control lead. All staff had now undertaken infection control training, policies were available and staff were familiar with their location and content.

An infection control audit had been carried out by the infection control lead in July 2017 and actions identified were being progressed. A hand hygiene audit had also been undertaken in November 2017.

- Processes were in place for handling requests for repeat prescriptions which included the management and review of patients being prescribed high risk medicines. We reviewed a sample of records for patients being prescribed high risk medicines and found that these patients were being appropriately monitored.
- At our inspection in April 2017 we were not assured that the practice had systems in place to ensure all checks were completed prior to individuals commencing work with the practice and the system for recording evidence of DBS checks needed strengthening. At our most recent inspection we looked at records of staff members recruited since our last inspection and found that the necessary checks had been undertaken prior to employment with the exception that a reference was not available for one member of staff. Appropriate checks through the Disclosure and Barring Service were evidenced for all staff.

Medicines management

- In April 2017 we found that some of the arrangements for managing medicines did not ensure that the practice kept patients safe, such as the system for prescription security, system to ensure Patient Group Directions (PGDs) were adopted and signed by all nurses working in the practice and the monitoring of vaccine refrigerator temperatures.
- At our April 2017 inspection there was not a system in place to track blank prescriptions through the practice and there were a number of prescription pads kept in the practice, including for prescribers who no longer worked at the practice. At our most recent inspection we found that an effective system was now in place and being followed to track blank prescription forms through the practice and unused prescription pads had been returned.
- We found at this inspection that all the PGDs were in date, signed by the practice nurse and the locum nurse and authorised by the GP. The nurse was responsible for keeping them up to date.

At our April 2017 inspection there was no evidence of actions taken when vaccine fridge temperature readings were recorded that were outside the safe range and staff were not familiar with practice's policies regarding the management of vaccines and although a data logger was in place it was not being used to monitor the fridge temperatures. At this inspection we now found that training in the cold chain process had been provided by the nurse to other members of staff. The data logger was now being downloaded regularly and checked when the primary temperature reading was high. However a member of staff was not resetting the fridge after reading the temperature. The practice nurse told us they planned to train the health care assistant in reading the data logger and carry out refresher training with all staff to ensure the fridge was being reset. There was no contract in place to ensure the vaccine refrigerator was serviced annually.

Monitoring risks to patients

In April 2017 we found that some risks to patients, staff and visitors were assessed and managed; and although some improvements had been made since then, our inspection in November 2017 identified that there was still further improvement required.

- General arrangements to manage health and safety required further actions. The health and safety policy in place now named the GP as having responsibility for on-going health and safety monitoring and management.
- In April 2017 we saw that general premises risk assessments had been undertaken by external consultants supporting the practice in 2015; however, the practice could not provide evidence to demonstrate that any of these risks had been reviewed since the assessments were undertaken or since any new staff had started in post. We found this was still the case in November 2017.
- At our inspection in April 2017 we found that there was no evidence to demonstrate that regular checks of the fire alarm system had been undertaken. At this inspection we saw that checks had been recorded and meeting minutes recorded that there had been a fire

drill. We saw evidence that weekly checks relating to other areas of fire safety, health and safety and infection control were undertaken. We discussed fire safety arrangements with the GP and asked if the fire risk assessment which was carried out in 2015 had been reviewed. A one page document entitled 'fire risk assessment' which was dated 24 October 2017 was produced. This was in the form of a checklist and recorded that there had been no changes since the original risk assessment in 2015.

- There was a legionella risk assessment which had been undertaken by an external company which recommended monthly testing of water temperatures. At our inspection in April 2017, we found that this was not always taking place on a monthly basis. At our most recent inspection the records showed that there were monthly tests taking place. However, hot water temperatures were being recorded but not cold water temperatures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rota systems were operated to ensure there were enough staff on duty and reception staff provided cover for each other in the event of absence or annual leave. The practice manager who was present at our inspection was working her notice. The GP told us they were in the process of advertising the post and the recruitment was ongoing.
- At our inspection in April 2017 we found that there had been issues on occasion when the practice had failed to find cover for clinical staff due to booked staff cancelling at short notice or failing to turn up and times when the practice was staffed by locum staff and administrative staff with no managerial cover. During June and July when there had been extensive locum cover there had not been any issues but there was still no risk assessment in place in respect of this and with no practice manager currently in post there was potential for the situation to arise again.
- In April 2017 we found that there was no evidence that the competency of the healthcare assistant (HCA) had been assessed. The HCA had since left and a new HCA was in place and currently undertaking appropriate training. We saw evidence that their competency was being assessed in the tasks they performed and they were well supported by the practice nurse.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents; however, there were still areas where improvements needed to be made.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.
- .On the day of our inspection we found there was not a self-inflating bag available but this was ordered and arrived on the day of inspection.

In April 2017 we found that the practice had a business continuity plan in place covering major incidents such as power failure or building damage. However, there were areas where the plan needed to be reviewed and updated. For example the plan did not contain contact numbers for staff members and the communication cascade had not been completed meaning it was not clear who would have responsibility for contacting whom in the event of an incident. Although the plan identified a local buddy practice that would provide cover for the practice in the event of a GP not being available, the practice manager and GP told us this had not been agreed with the buddy practice.

At our November 2017 inspection we found that the staff details had been updated but not the buddying arrangements. We discussed this with the GP who produced an email from another practice which confirmed they would provide a consultation room for the GP to use on a short term basis in the event of an emergency. The GP told us they had not been able to update the plan as the email had been received during our inspection.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection in April 2017, we rated the practice as good for providing effective services. However, issues identified at this inspection in respect of clinical oversight in respect of exception reporting and processes to review patients with long term conditions meant the provider is now rated as inadequate for providing effective services.

Effective needs assessment

- Evidence based guidance and standards were used by the GP to assess the needs of patients and deliver care; these included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.
- The GP had online access to guidelines from NICE and local guidelines and used these to deliver treatment that met patients' needs. The GP also attended a GP update course annually.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results for 2016-17 showed the practice had achieved 95% of the total number of points available. This was an improvement on the previous year and was 2% above the CCG average and 0.5% below the national average.

However the overall exception reporting rate within QOF for the practice was 23% which was 13% above the CCG average and 13% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for four of the QOF clinical targets and we found very high exception reporting for some clinical indicators. Data from 2016/17 showed:

- Overall performance for diabetes related indicators was 98% which was 8% above the CCG average and 6% above the national average. However four of the diabetes indicators had exception reporting which was between 20% and 40% higher than the CCG average and between 19% and 36% higher than the national average.
- Performance for indicators related to hypertension was 100% which was 4% above the CCG average and 3% above the national average. The exception reporting rate for hypertension related indicators was 8% which was 4% above the CCG average and 4% above the national average.
- Performance for mental health related indicators was 88% which was 4% below the CCG average and 6% below the national average.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 14% above the CCG average and 16% above the national average. This exception reporting rate for this indicator was 0% which was 6% below the CCG average and 7% below the national average.
- Performance for palliative care was 50% because the practice had indicated that they had not established and maintained a register of all patients in need of palliative care/support irrespective of age.
- Performance for peripheral arterial disease was 63% which was 32% below the CCG average and 33% below the national average.
- The percentage of patients aged 45 or over who had a record of blood pressure in the preceding 5 years was 79% which was 20% below the CCG Average, and 18% below the national average.
- Performance in the public health domain of contraception was 57% which was 40% below the CCG Average and 39% below the national average.

The areas where there was particularly high exception reporting were some indicators in the domains of atrial fibrillation, chronic obstructive pulmonary disease, depression, diabetes, mental health, prevention of coronary heart disease and stroke and transient ischaemic attack. We discussed the high exception reporting figures with the GP who told us they were unaware of the figures

and were unable to explain them. They told us the previous practice manager had been responsible for completing the QOF information which demonstrated a lack of clinical input and oversight.

At our inspection in April 2017 we found that not all staff were aware of the process for recalling patients with long term conditions or whose responsibility it was. At this inspection we discussed the current system for recalling patients with long-term conditions in order for them to receive regular health checks in line with guidance. There was not a consistent and effective recall system in place for patients with a long term condition in need of review. The GP described a combination of three different systems; a birthday month recall system, a paper record which patients kept with dates of review written on with the onus on the patient to arrange the review and in the last half of the financial year searches were run from disease registers to identify patients who had not had a review. We spoke with other staff members who confirmed that administration staff were sometimes given a list of patients to ring to invite them for a review but were not clear about the different systems in place or who had overall responsibility. Based on the coding issues we found, there was no assurance that all patients would be recalled as they may not have been identified on a disease register if incorrectly coded.

There was evidence of quality improvement including clinical audit:

- We saw evidence that alerts had been undertaken in response to medicines alerts, high risk medicines and NICE guidance. These included audits of citalopram (a medicines often used in the treatment of depression), an audit of monitoring of DMARDs (disease-modifying anti-rheumatic drugs; a category of otherwise unrelated drugs defined by their use in rheumatoid arthritis to slow down disease progression) and audit related to hypertension.
- Two cycle audits demonstrated quality improvement. For example, warnings had been added to the records of patients being prescribed DMARDs indicating when blood tests were due.

Effective staffing

During our inspection we saw that clinical staff had the skills, knowledge and experience to deliver effective care and treatment. The practice staff were recently recruited. We saw evidence that newly appointed staff had been provided with inductions covering their roles and training including safeguarding, fire safety, information governance and basic life support. Training courses for non-clinical staff were completed online with the exception of some training regarding the practice patient record system which had been provided externally.

The new practice nurse was contributing effectively to the clinical care provided at the practice and was a valued member of the team. We saw that during their training they had been well supported by a locum nurse and they had received appropriate external training relevant to their role and were currently on a prescribing course. There was also ongoing supervision and support from the GP.

Non-clinical staff had access to some training to meet their learning needs and to cover the scope of their work. The GP attended weekly practice meetings and used these as an opportunity to cover different topics. However, most of the administrative team including the practice manager were recently recruited and did not have experience of working in primary care; this meant there was limited scope for staff to share knowledge of systems and processes. They had received some recent training in how to use the patient care record system in respect of electronic prescriptions.

As the staff team were recently recruited they had not yet received appraisals.

Coordinating patient care and information sharing

Staff had access to some of the information they required to support them to plan and deliver care and treatment. This was accessible through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Relevant information was shared with other services in a timely way, for example we looked at the system for tracking and reviewing referrals and found that there was an effective system to make and monitor referrals in a timely way.

We found coding errors in patient records. For example the palliative care register indicated that there were no patients in this category. However the GP described a patient who should have been included on the register but had not been coded as such. They had however been discussed at a multi-disciplinary meeting which were held to discuss patients with complex needs, at risk of admissions to hospital, or who had been admitted and we

Inadequate

Are services effective?

(for example, treatment is effective)

saw that there was a coordinated approach to the delivery of care for these patients. We saw evidence that staff worked together and with community based health and social care professionals to understand and meet the needs of patients and to assess and plan on-going care and treatment. For example, when patients moved between services, including when they were referred to another service or after they were discharged from hospital. Care plans were reviewed and updated for patients with complex needs.

Consent to care and treatment

Consent for care and treatment was sought from patients in line with legislation and guidance.

- Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We did not see evidence of specific Mental Capacity Act training but we were told it was included in other training such as safeguarding and learning disability training.
- When providing care and treatment for children and young people, assessments of capacity to consent were undertaken in line with relevant guidance.
- In situations where it was unclear if a patient had capacity to consent to care or treatment an assessment of the patient's capacity was undertaken and the outcome recorded.

Supporting patients to live healthier lives

Patients in need of support were signposted or referred to relevant services. This included patients receiving end of life care, carers and patients requiring advice on their diet, smoking and alcohol cessation.

Published data from the 2016-17 QOF showed that the practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 80% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw information displayed within the practice to promote attendance at screening programmes. Published data from 2015-16 showed that the practices uptake rates were in line with local and national averages. For example, the practice uptake rate for breast cancer screening was 69% which was marginally below the CCG average of 72% and the national average of 73%. The uptake rate for bowel cancer screening was 56% which was marginally above the CCG average of 54% and marginally below the national average of 58%.

The most recent published data available for childhood immunisations which was for 2015-16, indicated that childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 93% and the practice had achieved the 90% standard in three of four areas. Immunisation rates for vaccinations given to five year olds were below the CCG average at 80%; this indicated that 12 of the 15 eligible children had received their immunisations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

At our previous inspection in April 2017, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were welcoming, attentive and very helpful to patients and treated them with dignity and respect, both in person or over the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

On the first day of our inspection over 25 patients attended the practice solely to demonstrate their support of the care provided by the practice and a petition signed by 83 patients was presented in support of the service provided to them by the GP. We spoke with 18 patients either in a group or individually and we also received 55 completed CQC comments cards, all were positive about the care they received. One included a negative comment about waiting times. Patients we spoke with described the care they received as outstanding. They gave examples of holistic, person centred and individual care. It was apparent that this was highly valued by patients we spoke with or who had completed comments cards.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores for interactions with GPs, nurses and reception staff were in line with or above local and national averages. For example:

- 100% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 100% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care including the provision of translation services for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients

Good

Are services caring?

as carers; this was equivalent to around1.9% of the practice's patient list. A range of information was available within the practice to direct carers to the various avenues of support available to them. The healthcare assistant had taken on the role of carers champion in order to be a point of contact to support carers.

Staff told us that if families had experienced bereavement, they were contacted where appropriate. This contact was either followed by a visit or the offer of a consultation to meet the family's needs or by giving them advice on how to find a support service if required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in April 2017, we rated the practice as requires improvement for providing responsive services as we found that improvements were still required in respect of arrangements for recording and learning from patient feedback. We found that these issues had been addressed and the practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

We saw evidence of actions that the practice had taken in respect of concerns identified to improve the service they offered to patients. For example:

- The lead GP had worked with the CCG and NHS England to improve in identified areas.

The practice aimed to ensure the needs of their patients were met. For example:

- The premises were accessible for patients with a disability and all services were provided from the ground floor.
- Extended hours services were not offered by the practice although same day appointments were available for children and all patients who required them through a sit and wait service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There was a new practice website to inform patients about the services provided by the practice. However the old website was also still active which could be confusing for patients.
- Online services were offered by the practice including online appointment booking and electronic prescription services.

Access to the service

The practice opened from 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday closing for one hour from 1pm to 2pm. The practice was closed on Thursday afternoons. An open access appointment system was operated each morning for GP appointments. Patients who presented at the practice before 11.15am were guaranteed an appointment with the GP the same day. For appointments for young children and older people, they could contact the practice by 11.15am by telephone. Pre-bookable appointments were available on Monday, Wednesday and Friday afternoons from 4pm to 6.30pm. A baby clinic was operated each Tuesday afternoon.

Pre-bookable appointments could be booked up to six weeks in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with or well above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 84%.

However, patient feedback about waiting times was below local and national and national averages:

- 42% of patients usually waiting 15 minutes or less to be seen compared to the CCG average of 62% and the national average of 64%
- 50% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 54% and the national average of 58%

The practice had reviewed the results of the national GP patient survey published in July 2017 and comments on NHS choices and identified areas for improvement as waiting times in the practice and increasing awareness of online services. The practice had gone on to undertake their own survey of waiting times in October 2017 and found that patients liked the availability of on the day appointments and felt this facility outweighed the potential waiting times. This was also reflected in the patient feedback we received during our inspection.

Nonetheless, the practice had completed an action plan in response to these findings in order to improve patient waiting times. One of the actions identified which we saw had been completed was to advertise the length of appointment slots in reception and ask patients to ask for double appointments if necessary.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

At our inspection in April 2017 we found there were limited mechanisms to record verbal complaints or feedback. At this inspection we found:

The practice had systems in place to handle complaints and concerns. The complaints policy and procedure for managing complaints were in line with contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including leaflets.

We reviewed two verbal complaints which had been received and found that they had been appropriately recorded, discussed and responded to. Any complaints were discussed at the weekly practice meeting.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection in April 2017, we rated the practice as inadequate for providing well-led services. Although improvement had been seen in some areas at that inspection there was still insufficient assurance that the practice had adequate governance arrangements in place to ensure the provision of high quality care and treatment. Similarly at this inspection although there were further improvements in some areas, other issues identified and areas where there had been limited or no improvement identified a lack of ability to sustain required improvements and maintain appropriate governance systems and processes.

Inspections of the provider undertaken since January 2014 demonstrated repeated breaches of regulation. The practice was placed into special measures in 2015 but has failed to implement effective governance arrangements to enable them to ensure compliance with the Health and Social Care Act (2008) Regulation 2014.

Vision and strategy

- Although plans for the future were discussed there was not a strategy in place to support this. The provider told us they had considered various options, including merging with another practice and forming a partnership but needed to focus on the required improvements before pursuing any proposals.
- Staff were enthusiastic and worked well as a team. They were positive about delivering a patient centred quality service. This was highly valued by the patients which was apparent by the high level of positive feedback and the number of patients who attended on the day of our inspection to show their support for the practice.
- A new team of staff had been successfully recruited by the practice; however two staff members had resigned prior to our inspection. We were told further recruitment would be undertaken.

Governance arrangements

At our inspection in April 2017 the practice had some governance structures and procedures in place which supported the delivery of care but there were a number of areas where governance systems needed to be improved. This was still the case at our November 2017 inspection and we found:

- There was a clear staffing structure in place with some defined roles and responsibilities. However there was limited scope for non-clinical staff to share knowledge of systems and processes due to an overall lack of general practice experience.
- The system for investigation and analysis of significant events was not operating effectively as appropriate and relevant learning from incidents had not always been identified in order to ensure that necessary actions were taken to prevent a reoccurrence. The result of one incident not being appropriately actioned meant that there was not always a visible and accurate record available should another clinician need to refer to some patient records.
- The system for safeguarding children was not effective as we found that some records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed.
- There was not a consistent and effective recall system in place for patients in need of reviews or monitoring. The GP described a combination of three different systems but it was not clear who had overall responsibility or oversight of this.
- There was not an effective system to identify which patient records had been coded as being received on the practice patient record system when patients had registered or re-registered with the practice which had resulted in over 300 patient records not being summarised. At the time of our inspection there were no members of staff trained to carry out this task. This meant that relevant and key information about patients may not have been available should another clinician need to refer to it in order to provide safe care and treatment.
- We identified a number of summarising and coding errors which meant that accurate information was not always available which put patients at risk.
- There was a lack of clinical oversight in some areas such as high levels of exception reporting in the Quality and Outcomes Framework, which the clinical lead was unaware of.

Are services well-led?

Inadequate

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

Arrangements in place to identify, record and manage risks were not being operated effectively within the practice. For example:

- The practice had still not identified the risk of administrative staff working within the practice with no managerial support when the GP was absent.
- General and premises risk assessments had not been reviewed or updated since 2015.
- The business continuity plan still required reviewing and updating.

Leadership and culture

- There was a leadership structure in place and most staff working within the practice spoke positively about the support they received. However the lack of oversight and issues we found identified that the leadership was not effective.
- Staff told us the GP and the practice manager were approachable and listened to their ideas and suggestions.
- We saw evidence that the practice held weekly, minuted team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at the weekly meetings and felt confident and supported in doing so.
- Feedback from staff indicated they felt respected, valued and supported by the GP and the practice manager. All staff were involved in discussions about how to run and develop the practice and were committed to providing a quality service.

At our inspection in April 2017 the concerns identified meant we were not assured that GP and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. This was still the case in November 2017 as although improvements had been made in some areas, new issues identified evidenced a lack of ability to sustain required improvements and maintain appropriate governance systems and processes.

At our inspection in April 2017 there was a recently recruited practice manager and administrative team, none of whom had previous experience of working in primary care prior to their recruitment. This had meant that there was a lack of experience, knowledge and support within the team in respect of the daily management of general practice. The practice manager who was present at that inspection had since left and at our November 2017 inspection we found that a new practice manager and other administrative staff had since been recruited. They too lacked experience of general practice which meant there were still areas which were not being effectively managed and for which there was no effective oversight.

Although there were a number of improvements such as the strengthened nursing and HCA team, there was still insufficient assurance that the GP had the capacity to have oversight of the provision of the regulated activities and to ensure compliance with the regulations. For example, the GP was unaware of the high exception reporting levels in the Quality Outcomes Framework which showed a lack of clinical input and oversight. Similarly there was a lack of insight regarding safeguarding children.

Seeking and acting on feedback from patients, the public and staff

Feedback from patients, the public and staff was encouraged within the practice; it proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG meetings minutes were available on the on the practice's new website but the most recent available were from 2015.
- The practice had gathered feedback from staff through meetings and day to day discussions. Staff told us they were able to be open in making suggestions and providing feedback and would not hesitate to discuss any concerns with colleagues or the GP. Staff told us they felt the weekly practice meetings gave them the opportunity to be involved in the future of the practice and to contribute to improvements and how the practice was run.

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment How the regulation was not being met **The provider did not have an effective system for safeguarding children, in particular; records were inconsistent, children were not always appropriately identified as being at risk and opportunities to identify potential safeguarding concerns had been missed.** **Regulation 13(1), (2) and (3)**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 **How the regulation was not being met** The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

This section is primarily information for the provider

Enforcement actions

The system in place for reporting and recording significant events had not captured all significant events that should have been reported and the system did not include appropriate investigation and analysis to ensure relevant actions were taken and learning identified.

There was a system to identify and monitor some risks but evidence was not available that actions identified in some risk assessments had been carried out or that they had been reviewed.

There was not a consistent and effective recall system in place for patients in need of reviews or monitoring.

There was not an effective system to identify which patient records had been coded as being received on the practice patient record system when patients had registered or re-registered with the practice which had resulted in over 300 patient records not being summarised. At the time of our inspection there were no members of staff trained to carry out this task.

We identified a number of summarising and coding errors which meant that accurate information was not always available.

There was a lack of clinical oversight in some areas such as high levels of exception reporting in the Quality and Outcomes Framework, which the clinical lead was unaware of.

Regulation 17(1)