

West Street Surgery

Inspection report

89 West Street
Dunstable
Bedfordshire
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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 November 2016 – Good)

The key questions 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 West Street Surgery on 19 September 2018, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out in response to concerns raised regarding the leadership at the practice. The full comprehensive report on the September 2018 inspection can be found by selecting the 'all reports' link for West Street Surgery on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had ineffective systems to manage risk. When incidents did happen, the practice did not share learning from them or improve their processes.
- There was a lack of oversight of complaints, significant events and safety alerts. This led to a lack of learning from these events.
- Not all staff had completed the required mandatory training.
- There were ineffective processes around safeguarding of vulnerable adults and children. Not all staff had received safeguarding training.
- There were gaps in the system used for prescribing certain high risk medicines. The practice could not provide evidence to assure us that blood test results were always reviewed prior to prescribing.
- Staff immunisations were not recorded for both clinical and non-clinical staff.
- We found gaps in record keeping to support appropriate monitoring of the cold chain, as vaccination fridge temperatures were not consistently recorded.
- Not all patients had care plans recorded on the system to assess their medical condition where appropriate.

- Staff did not always feel supported, regular appraisals and training were not carried out. There were poor communication structures within the practice.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the latest National GP Patient Survey showed patients were satisfied with their interactions with reception staff and consultations with GPs and nurses.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.

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:

- Proactively identify carers and ensure they are given appropriate support.

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

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

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

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

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 CQC lead inspector. The team included a second CQC inspector, a GP specialist adviser and two practice manager specialist advisers; one of whom was observing the inspection as part of their training.

Background to West Street Surgery

West Street Surgery provides a range of primary medical services, including minor surgical procedures, from its location at 89 West Street, Dunstable, Bedfordshire, LU6 1SF. It is part of the NHS Bedfordshire Clinical Commissioning Group (CCG). The practice holds a General Medical Services contract (GMS), this is a nationally agreed contract with NHS England.

The practice serves a population of approximately 12,000 patients with a slightly higher than national average population of patients aged over 65 years and slightly lower than national average population of patients aged between five and 14 years. The practice population is 92% white British.

The practice supports five local care homes and one local learning disability home.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of two male and one female GP partners, one female salaried GP and one female long-term locum GP. The practice also employs two female senior nurse practitioner prescribers, two female

practice nurses and one female practice nurse that also works as a community matron for the practice providing home visits to patients unable to attend the practice. The clinical team also includes a health care assistant, a phlebotomist and a practice-based pharmacist. The team is supported by a practice manager and a team of non-clinical, administrative staff. Members of the community midwife team and a mental health link worker operate regular clinics from the practice.

The practice operates from a two-storey purpose built property, with disabled access throughout. Patient consultations and treatments take place on the ground floor level. There is a large car park outside the surgery, with parking for people living with disabilities available.

West Street Surgery is open from 8am to 6.30pm on Monday to Friday with extended opening on Monday and Wednesday until 7.30pm. They have recently worked with five local surgeries to provide extended access to patients. When the practice is closed out of hours services can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- There were gaps in the system used for prescribing certain high risk medicines and the practice could not provide evidence to assure us that blood test results were always reviewed prior to prescribing.
- There was no evidence of risk assessments regarding the premises, health and safety and fire at the time of our inspection.
- We found gaps in recruitment checks for some staff.
- Not all staff had received appropriate mandatory training.
- Learning from incidents, complaints and significant events was not formally shared with staff.

Safety systems and processes

There were gaps in the practices systems to keep people safe and safeguarded from abuse.

- The practice had some effective systems in place to safeguard children and vulnerable adults from abuse. A register of vulnerable children was held by the practice. At the time of our inspection, staff could not assure us that this was an up-to-date reflection of vulnerable adults and children. The safeguarding register had not been circulated to staff within the practice since June 2018. However, shortly after the inspection the provider confirmed that this register was up-to-date.
- Patients who were known to have safeguarding concerns were flagged on the patient computer record system.
- Not all staff had received up-to-date safeguarding training appropriate to their role however, staff we spoke with told us they knew how to identify and report concerns. There was no evidence that learning from safeguarding incidents was available to staff.
- The practice did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Staff who acted as chaperones were not given any additional training for this role.
- The register of staff vaccinations did not demonstrate or provide evidence that all staff had received the vaccinations they required to support their well-being

whilst working at the practice. There were no risk assessments in place to explain why the immunisation status was not evident for either clinical or non-clinical staff.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There were some systems in place to manage infection prevention and control however, further improvements were required. For example, there was no current infection control lead in place and the practice was unable to provide evidence of completed cleaning schedules for the premises. We observed the practice to be clean and tidy with no visible health and safety risks. Spill kits were available for spillage of bodily fluids. However, reception staff were required to clean patient toilets when necessary and the practice did not ensure that appropriate cleaning supplies were available for staff to use.
- On the day of the inspection, the practice did not provide evidence of formal risk assessments regarding the premises to ensure that facilities and equipment were safe and in good working order. The practice provided evidence that showed us they had responded to our findings and had prepared these shortly after our inspection.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were some gaps in the 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. However, some staff reported that GP partners often arrived late for planned sessions.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- During our inspection, we found not all non-clinical staff members had received training about the 'red flag' symptoms of sepsis. Therefore, these members of staff

Are services safe?

did not have awareness of how to identify acutely unwell patients when they contacted or entered the practice. (Sepsis is a life-threatening illness caused by the body's response to an infection).

- Clinical staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, including sepsis.
- When there were changes to services or staff, the practice did not always assess these or monitor the impact on safety. For example, the practice did not assess the safety and security of both staff and patients when implementing an extended hours service or discuss this with staff.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.
- The system to manage referrals and discharge letters from hospitals was ineffective however, we found there was no evidence of impact of harm to patients as a result of this.

Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, minimised risks. However, we found gaps in the record keeping to support the appropriate monitoring of the cold chain.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- There were gaps in the system used for prescribing certain high risk medicines and the practice could not provide evidence to assure us that blood test results were always reviewed prior to prescribing medicines.

- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- There was a small number of uncollected prescriptions at reception dating from June 2018. These included anti-psychotic and antidepressant medications. Reception staff reported that these were checked occasionally however there was no robust system in place for contacting patients to remind them to collect these.
- The practice did not have a system in place to monitor the prescribing of controlled drugs or have knowledge of how to raise concerns to the NHS England Area Team Controlled Drugs Accountable Officer. There was a system in place to complete prescribing audits however, there was no evidence to suggest these audits had led to systematic changes in providing care and treatment.

Track record on safety

The practice did not have a good track record on safety.

- On the day of inspection, the practice was unable to provide evidence of formal risk assessments in relation to safety issues, including fire safety. The practice completed these risk assessments and provided evidence of these shortly after the inspection.
- A legionella risk assessment had been completed by an external agency however, actions identified had not been followed up (Legionella is a term for a bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

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

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. However, the practice did not share learning across the staff team or identify themes to improve safety in the practice.
- The practice was able to demonstrate that they received, acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services safe?

Please refer to the Evidence Tables for further information.

Are services effective?

We rated the practice as inadequate for providing effective services. The practice was rated as inadequate across all population groups as the concerns found in this domain affect all population groups. These included:

- No evidence of health checks being completed.
- Limited numbers of care plans being completed.
- Not all staff had received mandatory training.

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice however, improvements were required. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- 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.
- The practice had a blood pressure machine in reception to enable patients to take their own blood pressure.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of their medication.
- The practice employed a practice nurse who also carried out a role as a community matron for the practice and followed up on older patients discharged from hospital. Appropriate tools and templates were used to assist with care however the use of multiple templates caused an inconsistent approach to care planning. Patients with more complex needs were seen by a GP.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- The practice's performance on quality indicators for long term conditions was in line with local and national averages. Exception reporting was above local and national averages for some long-term conditions, for example COPD. (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). We were informed that some staff were not following the practice policy for exception reporting and that this had contributed towards higher than average exception rates in some areas. This led to some patients being excluded from the correct care and treatment required. The practice provided evidence that showed us they had responded to our findings and had reviewed this policy shortly after our inspection.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met, however, we identified that certain groups of patients did not have written care plans. 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 regarding the clinical care for these groups. However, the practice did not have a system in place to assure that this training was being followed.
- The practice nurse who also carried out a community matron role for the practice followed up patients who had received treatment either in hospital, or through the out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were referred to the local hospital for further treatment. People with suspected high blood pressure were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice identified patients with commonly undiagnosed conditions, for example, diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension) through opportunistic assessment.
- The practice maintained chronic disease registers and these patients were flagged on the patient computer record system when appointments were made.

Families, children and young people:

Are services effective?

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- Community midwives regularly attended the practice to offer appointments.

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

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. However, the practice was unable to provide evidence or assurance to confirm how many patients had received a health check. We also spoke with seven patients who had not been invited to attend the surgery for health checks. The practice had no system in place to monitor patients who were eligible or to show they had received health checks.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- The practice held a register of patients living with a learning disability however, none of these patients had evidence of a documented care plan in place. The practice was unable to provide evidence or assurance to confirm that these patients had received health checks. Clinical multi-disciplinary team (MDT) meetings were held every six weeks to discuss these patients.
- The practice did not hold a register of people in vulnerable circumstances including homeless people and travellers.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. However, there was no evidence that this was documented within a care plan. There were 42 people on the palliative care register, however, only two of these patients had care plans in place.
- 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 interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. The practice advised that health checks were also offered to these patients. However, the practice was not able to provide evidence to support this.
- The mental health link worker who attended the surgery each week managed the 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.
- The practice kept a register of patients who had been diagnosed with depression however, none of these patients had a record of a care plan in place.
- 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. There were 76 patients on the dementia register and only three of these had care plans recorded.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a limited programme of reviewing the effectiveness and appropriateness of the care provided. However, this did not lead to quality improvements. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. We saw evidence of clinical audits in place which had led to changes in the delivery of care and treatment however, we saw no evidence to show that changes and improvements had been made to systems and processes within the practice to prevent recurrence. For example, we looked at a recent audit of

Are services effective?

anticoagulant use and although the identified patients had their treatment plans adjusted at the time of audit, there was no change implemented to the system to prevent the issue from recurring.

Effective staffing

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

- When we spoke with staff they had appropriate knowledge for their role. For example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, the lack of governance meant that these reviews were not routinely carried out.
- 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 did not fully respond to the learning needs of staff and provided some protected time and training to meet their needs. Some staff reported there was not enough time to complete training and it had to be completed in their own time. Following our inspection, the provider confirmed that overtime payments were made for any member of staff who completed training in their own time. Arrangements were made for protected time to be allocated for clinical staff to ensure training could be completed within the working day.
- At the time of inspection, a record of staff training had not been maintained. This was completed by the practice and evidence of this was provided shortly after the inspection. However, evidence provided showed that not all staff had completed the required training.
- The practice did not provide staff with ongoing support. We looked at the recruitment files for the three newest members of staff and there was no record of formal induction. There was no evidence of one-to-one meetings, appraisals, coaching and mentoring or formal clinical supervision taking place. The nursing team told us they supported each other to revalidate their registration.
- There was no clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff did not always work 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 via an referral electronic system however this was not reflected in care plans. They shared information 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.
- Multi-disciplinary team meetings were held however, representatives from community teams were not always invited to attend.
- 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.

Helping patients to live healthier lives

Staff were inconsistent in helping patients to live healthier lives.

- The practice did not identify patients who may be in need of extra support such as homeless people or travellers.
- The practice identified patients in the last 12 months of their lives and referred them to relevant services, however, care plans were not always in place for these patients.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- The practice worked closely with 'the hub' in Dunstable that provided support groups, exercise classes and other lifestyle services.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Are services effective?

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. There were posters in the waiting room to ensure patients were aware of these initiatives.
- 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.

Consent to care and treatment

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

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 caring services because:

- The practice did not hold a register of carers
- The practice did not offer additional support or services for those identified as carers.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were slightly below local and national averages for questions relating to kindness, respect and compassion.
- Feedback on the day of inspection showed patients felt they were treated with kindness, respect and compassion. Results from the latest National GP Patient Survey published in August 2018 showed patient satisfaction was in line with local and national averages.
- We contacted three of the local care homes that the practice supports and feedback was positive regarding the care of the residents.
- Bereaved patients received a letter from the practice. The nursing team attended funerals of patients that were known to them and the community matron provided bereavement support visits.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Results from the latest GP patient survey were in line with local and national averages for questions relating to involvement in decisions about care and treatment.
- Patients we spoke with on the day told us they felt involved in their care and treatment. Results from the latest GP patient survey were mostly in line with local and national averages. The number of respondents who felt the healthcare professional understood their mental health needs during their last consultation was below the local average at 75% (local average 85%).
- The practice did not hold a register of carers. On the day of inspection, they were able to identify nine patients that were registered as carers. There was no dedicated carers lead in place and there were no posters or materials available in the waiting area. The practice management told us that they had a carers stand on display in the waiting room once a month.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Telephones were not answered on the front desk to ensure patient confidentiality.
- 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.

The practice was rated as inadequate across all population groups as the concerns found in this domain affect all population groups. These included:

- There was no evidence of learning from complaints.
- There was no evidence of planned improvements in relation to the results from the National GP Patient Survey Results published in August 2018.
- The practice did not tailor services to the needs of the population or effectively care plan for patients.

Responding to and meeting people's needs

The practice did not always organise and deliver services that met patients' needs. It took account of patient needs and preferences.

- The practice did not always address the needs of its population or tailor services in response to those needs.
- Telephone 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.
- For patients that had been identified as having complex needs, the practice provided some coordination of care. They supported them to access services both within and outside the practice with appropriate referrals and escalation however, we identified a delay with incoming correspondence and referrals.

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 community matron also accommodated home visits for those who had difficulties getting to the practice.
- A named GP provided home visits to five local care homes and one learning disability home. They described the practice as effective and responsive to the needs of the residents.

- The practice employed a practice nurse who also provided a community matron role and a GP visited any housebound patients as appropriate.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Diabetic reviews were completed with referrals for retinopathy screening and podiatry services for patients.
- The nursing team had identified that diabetic patients preferred earlier appointments and therefore changed clinic times to begin at 7am.

Families, children and young people:

- We found there were systems to identify and follow up children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. Safeguarding concerns were raised when appropriate to do so however, the safeguarding register had not been disseminated amongst the staff since June 2018.
- All parents or guardians who called with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A community midwife held a clinic at the practice on a regular basis.

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 and utilising an online booking system.
- The practice had recently joined with five local practices to create a community interest company and provide an extended access service.
- An electronic prescribing service was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- There was a register of patients living with a learning disability however, we found that these patients did not have care plans in place. The GP's provided home visits to a local learning disability home.
- There were longer appointments available for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, this included those with no fixed abode.

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

- Staff interviewed by the inspection team were able to explain their understanding of how to support patients with mental health needs and those patients living with dementia however, care plans were not consistently used.
- A mental health link worker offered a weekly clinic at the practice. They proactively followed up patients who did not attend their appointments. The mental health link worker was qualified to complete medication reviews.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients reported that waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients we spoke with on the day reported that the appointment system was easy to use and there was appointments available when needed. This was reflected in the CQC comment cards.
- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment due to the ineffective management of referrals and correspondence.
- The National GP Patient Survey results were below local and national averages for questions relating to access to care and treatment. The practice was unable to provide evidence of plans in place to make improvements in relation to access.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately however this did not always improve 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.
- The practice learned lessons from individual concerns and complaints however, there was no analysis of trends to improve systems.
- There was no evidence of shared learning with the team from complaints.

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 because:

- There was inadequate leadership capacity
- Governance systems were not being operated effectively. Some staff felt unsupported and gave examples of occasions where they felt unsupported by the management team.

Leadership capacity and capability

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

- Staff reported that leaders were not approachable. Some staff told us that they did not feel supported.
- There was some disjointed working within the practice where staff supported each other within small teams.
- There was poor communication between the leadership team and the staff.

Vision and strategy

The practice had a strategy to deliver high quality, sustainable care, however, this was not embedded in the practice or shared with staff. The staff had limited knowledge of the future strategy of the practice and their role in this.

- Staff were not aware of the practice vision and strategy or their role in this. Staff we spoke with worked in line with their own personal values of patient-centred care.
- The strategy was in line with health and social care priorities across the region however, this was required to be embedded within the practice. The practice planned its services to meet the needs of the practice population.
- The practice did not monitor progress against delivery of the strategy.

Culture

The practice did not have a culture of high-quality sustainable care.

- Staff we spoke with told us they felt unsupported and undervalued by the management team and partners.
- The practice vision focused on the needs of patients however, conversations with some members of the team highlighted that patient needs were not always prioritised.

- Conversations with staff highlighted that when concerns were raised these were often dismissed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns however, they did not have the confidence that these would be addressed.
- There were insufficient processes for providing all staff with the development they needed. There was no evidence of regular appraisals or career development conversations taking place. Staff were supported within their own teams rather than by practice management to meet the requirements of professional revalidation where necessary.
- There was no emphasis on the safety and well-being of all staff.
- Not all staff had received equality and diversity training.
- Some conversations with staff highlighted that they did not feel valued and did not feel supported to raise concerns.
- Some staff we spoke with reported that leaders and managers did not always support them and when they did so, could be dismissive of their concerns.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management. This meant that;

- Structures, processes and systems to support good governance and management were ineffective.
- We reviewed the significant events that had been recorded by the practice. There was no evidence that these were analysed for trends. Significant events were not discussed with the practice teams. We also found three incidents that were not recorded as significant events and therefore the practice was unable to demonstrate learning from these.
- There was no oversight of the actions taken from safety alerts. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, they had not received up to date training.

Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was no lone-working policy in place to ensure the safety of staff members in the event of working alone at the practice.
- The practice could not provide assurance or evidence of an effective policy for managing uncollected prescriptions. Although reception staff explained that these were checked occasionally, we found several uncollected prescriptions at reception dating from June 2018. These included anti-psychotic and antidepressant medications.

Managing risks, issues and performance

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

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety. At the time of inspection, the practice was unable to provide risk assessments relating to the premises, fire or health and safety. Evidence of these were provided shortly after the inspection.
- The practice had processes to manage current and future performance. Practice leaders did not have oversight of safety alerts, incidents, and complaints. Following our inspection, we were informed by the provider they had revised their process for the management of safety alerts.
- Some clinical audits had been completed however, these had not resulted in systematic changes within the practice to prevent recurrence of identified improvements required.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

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

- Quality and operational information was used to improve performance. Performance information was combined with the views of patients.
- There were no regular whole practice staff meetings to discuss quality of care and sustainability. Staff reported

they were unaware of practice changes that may affect them and were not involved in decision making. Individual staff teams met regularly and these meetings were minuted.

- The information used to monitor performance and the delivery of quality care was ineffective. We saw examples where patients were exception reported without sufficient attempts to contact them first.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice did involve patients, the public and external partners to support high-quality sustainable services.

- Patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture, however, staff feedback was not always acted upon.
- There was an active patient participation group in place.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was limited evidence of continuous learning and improvement. This was led by individual staff teams.
- The practice did not make use of internal and external reviews of incidents and complaints to analyse trends and make improvements. Learning was not shared with the wider practice team.
- Staff reported there was no support to take time out to review individual and team objectives, processes and performance.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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:

- Staff had not received appropriate training in fire and safeguarding.
- Non-clinical staff had not received formal training on the 'red flag' symptoms of sepsis.
- The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. There was not an embedded system of assessing risks to the premises and actions from risk assessments had not been completed.
- There was additional evidence of poor governance. In particular, appraisals and clinical supervision was not completed. Staff told us they were unsupported in their roles. There was a lack of a cohesive partnership between the practice management and staff. There was evidence of poor communication between staff teams.
- There was no lone working policy.
- There was no infection control lead. Cleaning was not being completed appropriately and there was no oversight of what cleaning had been completed. Fridge temperatures were not consistently recorded to support appropriate monitoring of the cold chain.
- Exception reporting was higher than local and national averages as not all staff were following the exception reporting policy had it not been embedded into the practice working.
- The system for referrals and discharge letters from hospitals was ineffective and unclear.
- There was no policy or procedure in place for uncollected prescriptions.

This section is primarily information for the provider

Enforcement actions

- The provider had no systems or processes in place that enabled them to evaluate and improve their practices. In particular, there was no evidence of oversight or shared learning from complaints, incidents, significant events or safety alerts.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury
Transport services, triage and medical advice provided remotely

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- There was no proper and safe management of medicines. In particular, high risk medications were not managed appropriately.
- A record of staff immunisations was not maintained.