

Dr Tun Lwin

Inspection 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 location

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

This practice is rated as Inadequate overall. (Previous rating 31 August 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Dr Tun Lwin on 14 August 2018. This inspection was to follow up breaches of regulation 17 and 19 identified at our previous inspection.

Dr Tun Lwin was initially inspected on 9 December 2016. During that comprehensive inspection we identified concerns in respect of safety arrangements including fire safety systems, recruitment checks including Disclosure and Barring Services (DBS) checks for clinical staff and systems to act on safety alerts. In addition, we found that Patient Group Directions (PGDs) intended to allow nurses to administer medicines in line with legislation had not been authorised by a prescriber as required. We issued requirement notices in respect of breaches of regulation 12 (Safe Care and Treatment), 17 (Good Governance) and 19 (Fit and Proper Person Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was rated as requires improvement for key questions: are services safe and are services well led? This meant that the provider was rated as requires improvement overall.

We undertook a focused follow up inspection on 3 August 2017 to see if these breaches had been addressed. This inspection focused on the two key questions rated as requires improvement at the first inspection: Are services safe? Are services well led? We again identified concerns around systems to ensure the safe recruitment of staff and fire safety. We issued the provider with requirement notices in respect of breaches of regulation 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection of 14 August 2018 we found:

- Some individuals undertaking clinical work had not been subject to the necessary recruitment checks.

- Reviews of patient records showed a lack of consistent and clear documentation of interactions with patients and instances where follow up actions were not performed at all or in a timely manner. There was a lack of effective clinical governance arrangements to ensure oversight and completion of clinical tasks.
- The practice did not have adequate systems in place to respond to medical emergencies and not all medical equipment had been calibrated.
- Systems and processes in certain areas did not work effectively including arrangements to safeguard patients from abuse, infection control, the monitoring of consent, significant event management, medicines management and the monitoring of cancer referrals.
- The practice performed well against most clinical targets. However, the practice was not meeting Public Health England targets related to cervical screening and childhood immunisations. We were told that this was related to a lack of nursing time and there were no plans in place to meet these targets.
- Arrangements for recording consent and acting on concerns around a person's mental capacity were not clear.
- Care planning was inconsistent.
- Complaints were not always responded to in writing in accordance with the practice's policy.
- There was minimal evidence of quality improvement activity including audit.
- Staff involved and treated patients with compassion and kindness but systems around privacy were lacking and the practice had only identified a small proportion of their patient list as having caring responsibilities.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. However, deficiencies in clinical governance hindered the practice's ability to be responsive to patient needs.
- Complaints were not dealt with in line with the practice policy and information on how to make a complaint was not easily accessible.
- There was a limited evidence of continuous learning and improvement within the practice.

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

- Ensure that care and treatment of patients is only provided with the consent of the relevant person.

Overall summary

- 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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

- Consider how best to periodically review patient safety alerts related to contraindicated medicines.
- Improve systems for safeguarding particularly related to chaperoning and training.
- Expand quality improvement activity including clinical audit.
- Improve systems to ensure care plans are drafted where appropriate.
- Ensure all staff are aware of the practice's business continuity arrangements.
- Improve the practice's complaints system around accessibility and provision of formal responses.

I am placing this service into special measures. Warning notices have been issued in respect of breaches of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with a two-month deadline to achieve compliance. We will reinspect the service after two months to reassess the provider's compliance with the relevant regulations. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we may take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This may 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 may move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Population group ratings

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

Our inspection team

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

Background to Dr Tun Lwin

Dr Tun Lwin is a GP practice located at 343 Prince Regent Lane, London, E16 3JL. The practice website can be found at .

The practice provides primary medical services to approximately 6,000 patients. The practice is located in an area ranked among the second most deprived in the country on the index of multiple deprivation scale. The practice has an ethnically diverse patient population with 58% being from a black or minority ethnic background.

Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider. Further access to GP appointments are provided through a hub network of local practices on Monday 6.30pm until 9pm, Tuesday, Wednesday and Friday 6.30pm until 9.30pm, Thursday 1.30pm until 5.30pm, Saturday from 9am to 6pm and Sunday from 9am to 2pm.

The practice is operated by a single-handed GP who employs two long term locum GP's (two male and one female). The practice provides 18 GP sessions in total per

week. The practice employs a nurse who works one day per week and a healthcare assistant who works 21 hours per week. We were also informed that there was a retired pathologist and retired nurse who were working at the practice. They were tasked with reviewing pathology results and clinical correspondence respectively and deciding which correspondence needed additional action or review by the practice GP. Neither of these individuals were formally employed by the practice and the practice had not undertaken appropriate recruitment checks for these individuals. We were told after our inspection that these individuals would not work at the practice until appropriate recruitment checks and systems to monitor their work were in place.

Dr Tun Lwin is registered to provide the following regulated activities: Diagnostic and screening procedures, Maternity and midwifery services, Family planning, Surgical procedures and Treatment of disease, disorder or injury.

Are services safe?

At our inspection in August 2017 we rated the practice as requires improvement for providing safe service as there were gaps in recruitment checks and other important arrangements for staff such as references checks and medical indemnity cover for clinical staff. The fire safety signage within the premises was insufficient. At this inspection in August 2018 we found there were individuals who were undertaking clinical work without comprehensive recruitment checks having been undertaken, the systems for keeping patients safeguarded from abuse were not sufficient, risks to patients were not adequately mitigated and the systems in place for handling medicines were not always effective. Consequently, the practice is now rated as inadequate for providing safe services.

Safety systems and processes

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

- Two staff members who were not formally employed by the service but who reviewed clinical correspondence had not received safeguarding training. These staff members had not had a check from the Disclosure and Barring Service (DBS). (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.) We were told after our inspection that both of these individuals would not work at the practice until appropriate recruitment checks had been completed. The DBS check for one GP was undertaken in 2009. There was no evidence of a risk assessment in place which assessed the need for another check to be undertaken. All other staff who were contracted to work at the service had completed the appropriate level of safeguarding training and were DBS checked. The learning from safeguarding incidents was available to staff. Staff who acted as chaperones were not all trained for their role. We were told by one member of staff that they were asked by a clinical member of staff to chaperone with their view obstructed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. The lead GP at the service told us they had only made one safeguarding referrals in the past two years.

- The practice had not carried out appropriate staff checks at the time of recruitment and on an ongoing basis. In addition to having no DBS check on file, the two individuals who reviewed incoming correspondence and results had no formal contract of employment, no medical indemnity cover, no evidence of clinical qualifications or professional registration. In addition, one of these staff members had no CV on file and had not signed a confidentiality agreement.
- The practice had completed an infection control audit in the last 12 months. The practice toilet was carpeted and this had not been risk assessed or highlighted in the practice's latest audit. We also noted that the staff toilet sink was dirty.
- The practice had not checked all medical equipment to ensure that it was safe to use and in good working order. We saw that some equipment had been calibrated however there were a number of items which had no evidence of calibration within the last 12 months including: an electronic thermometer, an otoscope, a nebuliser and a blood pressure monitoring machine located within the reception area.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The systems to assess, monitor and manage risks to patient safety were inadequate.

- The practice was understaffed in terms of the availability of nursing staff. We were told that a nurse worked at the practice one day per week and the practice did not have sufficient capacity to adequately meet demand for nursing appointments. The next available nursing appointment was one month from the date of our inspection. The lack of nursing hours had impacted on the practice's ability to meet Public Health England targets for cervical screening and childhood immunisations.
- Staff who were formally employed by the practice had an induction that was tailored specifically to their role. However, the two individuals tasked with reviewing pathology results and workflow had no formal induction, there was no protocol in place for them to work to regarding the management of correspondence and no system in place to review their decision making.

Are services safe?

The safety implications of having persons reviewing clinical correspondence and pathology results in absence of employment checks or effective protocols had not been considered.

- The practice did not have a full stock of recommended emergency medicines and there was no risk assessment in place to explain the absence of missing medicines. Staff at the practice did not have adequate awareness of the warning signs of, or systems and equipment in place to identify and manage sepsis.

Information to deliver safe care and treatment

Staff did not have the 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 not always available to staff. For instance, there was an absence of care planning for some patients, records did not contain consistent or clear clinical rationale or decision making about the clinical action taken to enable those reviewing clinical records to know what care and treatment patients had received and if appropriate follow up action was needed or had been taken.
- The practice did not have effective systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Although we saw examples of multidisciplinary working which was clearly documented both within detailed minutes and within patient records; the practice did not have effective systems in place for following up patients who needed to be referred to secondary care services.

Appropriate and safe use of medicines

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

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. Prescribing of antibiotics was in line with local and national averages however there was no evidence that the practice had audited antibiotic prescribing.
- The practice was comparable to other local and national practices in respect of the prescribing of antibiotics and prescribed a lower percentage of hypnotics when compared with other practices locally and nationally.

- We reviewed records of patients prescribed high risk medicines and found that these patients were monitored appropriately. However, the practice did not have systems in place to ensure that medicines recommended by secondary care services were prescribed or ensure that the consideration of the recommendation was documented.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Track record on safety

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

- The lack of effective clinical governance and recruitment arrangements posed potentially serious risks for patient health and safety.
- There were comprehensive risk assessments in relation to most safety issues related to the premises although risks associated with infection control had not been adequately assessed or addressed.
- There was no failsafe systems to monitor urgent cancer referrals although one was put in place after our inspection.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, some staff were not following the practice policy when reporting events and the practice did not have a system to periodically run searches for contraindicated medicines highlighted in patient safety alerts.

- Staff understood their duty to raise concerns and report incidents and near misses although non-clinical staff were not aware of how to report concerns in line with the practice's incident management policy.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, from reviewing one significant event report it was unclear what the concern was and what the learning outcome was. The lead GP was unable to provide any further explanation.
- The practice 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?

At our inspection in December 2016 we rated the practice as good for providing effective services. This key question was not considered at the inspection in August 2017. At the inspection in August 2018 we found that the provider's lack of effective clinical governance hindered the ability to provide effective care. Although the practice performed in line with local and national targets for the Quality Outcomes Framework; Public Health England Targets were below local and national averages. There was limited evidence of quality improvement and some clinical staff lacked adequate knowledge of capacity and consent legislation. Consequently, we rated the practice, and all of the population groups, as inadequate for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice, yet clinical staff did not consistently assess patient need or deliver required care and treatment due to an absence of effective clinical pathways, protocols and oversight.

- Reviews of patient records demonstrated that there was an absence of effective systems in place to ensure that immediate and ongoing needs were fully assessed and that appropriate follow up action was always taken when required. For example, we saw instances where secondary care services had recommended that the practice take further follow up action for patients which had not been taken. In other instances, we saw examples of requests for medicines to be prescribed by other healthcare services which had not been actioned. On some occasions the directions from secondary care services had not been actioned yet there was nothing documented in the patient's record to indicate why practice staff had not followed these directions.
- Clinical tasks including the review of pathology results and incoming clinical correspondence were delegated to individuals who were not formally employed by the practice and whose level of qualification and professional registration were not evidenced. There were no protocols in place to outline the remit of these individuals work and no system to ensure that the decisions they were making were safe and appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

The practice was rated as inadequate for providing effective care for older people due to concerns related to the systems related to the management of clinical correspondence, ensuring that appropriate follow up action was taken following attendances at secondary care services, knowledge of requirements around consent and capacity, record keeping and medicines reconciliation. For example:

- There was a lack of care planning for older patients who were at the end of their life.
- Systems for following up patients discharged from hospital and acting on requests from secondary care services were ineffective. For example from reviewing patient records we saw that the service had not prescribed medicines as directed by secondary care services. There was an absence of clinical justification in the patient's records as to why medicines had not been prescribed.
- Lack of knowledge around consent and capacity meant that not all staff had the appropriate knowledge and skills to provide care and treatment to this population group.

People with long-term conditions:

The practice was rated as inadequate for providing effective care for people with long term conditions due to concerns related to the systems related to the management of clinical correspondence, ensuring that appropriate follow up action was taken following attendances at secondary care services, knowledge of requirements around consent and capacity, record keeping and medicines reconciliation. For example:

- We saw that systems in place did not ensure that patients were consistently followed up by GPs following attendance in secondary care. Therefore, these systems would not ensure those who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma would be subsequently reviewed.
- The practice provided nursing services one day a week which impacted on the ability of the practice to ensure effective management of long term conditions.

However, we did see some examples of good practice.

Are services effective?

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. There were some areas where exception reporting for long term conditions was higher than local and national averages. Unverified data for these indicators for 2017/18 showed that exception reporting was now comparable to local and national averages.

Families, children and young people:

The practice was rated as inadequate for providing effective care for Families, children and young people due to concerns related to the systems related to the management of clinical correspondence, ensuring that appropriate follow up action was taken following attendances at secondary care services, knowledge of requirements around consent and capacity, record keeping and medicines reconciliation. For example:

- We saw examples of children who failed to attend appointments for immunisations who were not followed up and there was no clear process in place for doing so.

In addition:

- Childhood immunisation uptake rates were below the national Public Health England target of 90% or above. Unverified data for 2017/18 indicated that this had not significantly improved. There was no clear action plan in place to improve childhood immunisation rates.

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

The practice was rated as inadequate for providing effective care for Working age people due to concerns related to the systems related to the management of clinical correspondence, ensuring that appropriate follow

up action was taken following attendances at secondary care services, knowledge of requirements around consent and capacity, record keeping and medicines reconciliation. For example:

- The practice's uptake for cervical screening was 57%, which was below the 80% coverage target for the national screening programme. The practice had no clear action plan in place to improve below average screening figures. Unverified QOF data for 2017/18 provided by the practice indicated that the percentage invited to attend screening in this year was 64%.
- The practice's uptake for breast and bowel cancer screening was below the national average. There was no evidence of action in place to improve uptake.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. However, the lack of effective clinical governance arrangements meant that we could not be assured that appropriate follow-up occurred on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

The practice was rated as inadequate for providing effective care for people whose circumstances make them vulnerable due to concerns related to the systems related to the management of clinical correspondence, ensuring that appropriate follow up action was taken following attendances at secondary care services, knowledge of requirements around consent and capacity, record keeping and medicines reconciliation. For example:

- 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, care plans were not consistently drafted for these patients and there was no register of patients who required palliative care.

However:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had increased the percentage of patients with learning disabilities who had received an annual healthcheck from 75% to 78%.

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

Are services effective?

The practice was rated as inadequate for providing effective care for people experiencing poor mental health due to concerns related to the systems used to manage clinical correspondence, ensuring that appropriate follow up action was taken following attendances at secondary care services, knowledge of requirements around consent and capacity, record keeping and medicines reconciliation. For example:

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. However, concerns around the ability of some staff to assess mental capacity and the lack of effective management of referrals meant that there was a risk that patients early warning signs would not be detected, referrals made and appropriate follow up action taken.
- The practice's performance on quality indicators for mental health were in line with local and national averages. Exception reporting data from the most recently published QOF results indicated that the practice had high rates of exception reporting for some mental health indicators. However unverified data for 2017/18 showed that this had reduced in line with local and national averages.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity although we did see some evidence of the service reviewing the effectiveness and appropriateness of the care provided in some areas.

- The practice performance against the Quality Outcomes Framework (QOF) was comparable to local and national averages. In the few areas where the practice scored below local and national average we saw evidence from reviewing data from 2017/18 that this had improved. However, the practice had not met Public Health England targets for cervical screening and childhood immunisations and there was no clear action plan in place to improve performance in this area.
- Published data for 2016/17 showed that a number of areas had higher rates of exception reporting when compared to local and national averages. We reviewed exception reporting for unverified QOF data from 2017/18. We found that exception reporting had either reduced, related to a small number of patients which resulted in a higher exception reporting percentage or that the exception reporting was justified.

- The practice had introduced systems in June 2018 to enable them to monitor attendances at accident and emergency services and assess if referral pathways were appropriate. We were told that this work would be done to reduce attendance at emergency services and ensure referrals were clinically necessary and that the outcome of this would be reviewed next year.
- There were limited examples of quality improvement activity including clinical audit. We were provided with one completed audit which reviewed the number of patients with learning disabilities who received a review within the last 12 months. The percentage of patients who received a review had increased from 75% in 2016/17 to 78% in 2017/18. The practice told us that they participated in audit activity with the CCG medicines management team but were unable to provide evidence of any auditing. There was no other evidence of quality improvement activity.

Effective staffing

The practice did not ensure that all staff working at the practice had the skills, knowledge and experience to carry out their roles.

- Staff at the practice informed us that two individuals were working at the practice on a trial basis. One of these individual's members did not have evidence of any training or clinical qualification to enable them to perform the role that they were undertaking. The other individuals had some training but did not have the correct level of safeguarding training, basic life support training or evidence of a clinical qualification. There were no protocols or procedures in place for these staff members to follow to ensure that they were processing clinical correspondence and pathology results correctly and there was no system in place to ensure oversight of their decision making. We were told after our inspection that these members of staff would not work until they had the relevant training in place.
- 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.
- Staff employed at the practice had received an induction and were appraised annually.

Coordinating care and treatment

Are services effective?

Staff worked together and with other health and social care professionals but problems with sharing information and taking action in response to information from other professionals hindered the practice's ability to provide effective care and treatment.

- We saw evidence of multidisciplinary working and that the practice was engaged with other agencies. However, records showed an absence of documented care planning for some patients where this would have been appropriate including those at the end of their lives. The lack of effective clinical governance structures also limited the practice's ability to provide effective care. The records we reviewed indicated the systems in place did not ensure that referrals to other services were made on time. The lack of clearly recorded clinical decision making in some patient records suggested that other staff both internally and externally would not have access to the information needed to make decisions about patient's care and treatment.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- They told us they directed patients to relevant support services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff at the practice told us they either did not participate in many social prescribing due to budgetary cuts or because there were a limited number of schemes available.

- The practice supported some national priorities and initiatives to improve the population's health, for example, tackling obesity. The practice did not offer a smoking cessation service.

Consent to care and treatment

The practice did not have clear systems and processes to ensure patient's capacity to consent to care and treatment were assessed in line with legislation and guidance and clearly documented.

- Not all clinicians could clearly outline the requirements of legislation and guidance when considering consent and decision making. All clinical staff whose files we reviewed had received training on these requirements.
- We reviewed a care record where it was unclear as to whether or not a patient had capacity to make decisions and whether or not this patient's care and treatment could be discussed with the patient's relatives.
- We reviewed the records of two patients who had minor surgery in one case written consent had been obtained and in the other verbal consent had been documented in the patient's notes. Staff were unable to adequately outline the process for obtaining and recording consent for minor surgery.

Please refer to the evidence tables for further information.

Are services caring?

At our inspection In December 2016 we rated the practice as good for providing caring services. We did not consider this key question during our inspection in August 2017 of the service. At this inspection in August 2018 we found that staff treated patients with kindness and respect and involved them about decisions around their care and treatment. Consequently, the practice is rated as good for providing a service that is caring.

Kindness, respect and compassion

Staff *treated* patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice supported patients who suffered bereavement.

The practice's 2016/17 GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion in some areas and below in others.

The practice informed us that they had started their own internal patient survey in June 2018 and we saw evidence of this. The survey was still ongoing at the time of our inspection and the practice had not reviewed or acted on the feedback currently available. The practice provided an action plan which considered ways to improve patient perception around being treated with care and concern though it was not overly clear how the proposed action would address below average patient feedback in this area.

Data from the 2017/18 national patient survey showed that the practice was in line with most scores related to kindness and compassion however 73% said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment which was lower than the 80% local average score and 87% national score. 80% say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment compared with 82% locally and 89%

nationally. 90% had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment compared with 92% locally and 96% nationally.

Involvement in decisions about care and treatment

Feedback from patients on the day of the inspection indicated that the practice helped patients to be involved in decisions about care and treatment.

- 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.
- The practice proactively identified carers and supported them. However, practice had only identified 0.7% of their patient population as having caring responsibilities.

The practice's 2016/17 national GP patient survey results were in line with local and national averages for questions relating to involvement in decisions with care and treatment in some areas and below in others.

Again, results from the practice's own internal patient survey were not available. The practice's action plan did not address any below average score related to involvement in decisions about care and treatment.

Data from the 2017/18 national patient survey showed that 91% were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment compared with 87% in the CCG and 93% nationally

Privacy and dignity

The practice did not always respect patients' privacy and dignity.

- The reception area was small and information that patients provided to reception staff could be heard in the waiting area. However, when patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our inspection in December 2016 we rated the provider at good for providing responsive care. At our inspection in August 2017 this key question was not assessed. At this inspection in August 2018 we found that despite feedback around access being largely positive, the practice was not providing formal written responses to all complaints in line with their policy and the complaint procedure was difficult for patients to access, nurse appointments were limited due to low staffing numbers and the lack of effective clinical governance limited the practice's ability to provide care that responded to patient need in a timely fashion. Consequently, we rated the practice, and all of the population groups, as inadequate for providing responsive services.

Responding to and meeting people's needs

Staff at the practice told us that they would take account of patient's individual needs and preferences.

- Deficiencies around clinical governance; particularly the lack of systems to ensure patients were followed up by a clinical staff member, referred to secondary care where required and prescribed medicines when requested by other services, prevented the practice from providing a service that was responsive to patient need.
- 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.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

The practice was rated as inadequate for providing responsive care for this population group due to concerns related deficiencies in the systems for managing

complaints, lack of nursing appointments and lack of effective systems to ensure timely referrals to other services when needed. However, we did see some examples of good practice:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to mobility difficulties.

People with long-term conditions:

The practice was rated as inadequate for providing responsive care for this population group due to concerns related deficiencies in the systems for managing complaints, lack of nursing appointments and lack of effective systems to ensure timely referrals to other services when needed. However, we did see some examples of good practice:

- 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 where possible.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

The practice was rated as inadequate for providing responsive care for this population group due to concerns related deficiencies in the systems for managing complaints, lack of nursing appointments and lack of effective systems to ensure timely referrals to other services when needed. For example:

- There were no systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

However:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Are services responsive to people's needs?

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

The practice was rated as inadequate for providing responsive care for this population group due to concerns related deficiencies in the systems for managing complaints, lack of nursing appointments and lack of effective systems to ensure timely referrals to other services when needed. However, we did see some examples of good practice:

- 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 telephone consultations.

People whose circumstances make them vulnerable:

The practice was rated as inadequate for providing responsive care for this population group due to concerns related deficiencies in the systems for managing complaints, lack of nursing appointments and lack of effective systems to ensure timely referrals to other services when needed. However, we did see some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. A learning disability audit showed an improved in the numbers of patients who received an annual learning disability assessment: from 75% in 2016/17 to 78% in 2017/18.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.

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

The practice was rated as inadequate for providing responsive care for this population group due to concerns related deficiencies in the systems for managing complaints, lack of nursing appointments and lack of effective systems to ensure timely referrals to other services when needed. In addition:

- Not all staff interviewed had a good understanding of capacity and consent legislation which impacted on their ability to support and respond to the needs of patients with mental health conditions and those patients living with dementia.

Timely access to care and treatment

Patients were able to access care and treatment from a GP for initial assessment within an acceptable timescale for their needs. However, the systems to ensure that patients were referred for tests and further treatment were not effective. In addition, there was limited nursing appointments available which impacted the services ability to provide core general practice services.

- We reviewed examples of patient notes where patients were not referred for or did not receive further tests and treatment when secondary care had requested this.
- The service only had a nurse working each Friday. The next available nursing appointment was 14 September 2018. Staff at the practice told us that the lack of nursing time limited the practices ability to offer nursing appointments for travel health, cervical screening and childhood immunisations. Published data in respect of the latter two public health indicators showed that performance was below local and national averages.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's national GP patient survey results for 2016/17 were in line with local and national averages for questions relating to access to care and treatment. Results for 2017/18 also showed responses were comparable to those from other services locally and nationally.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously however formal written responses were not always provided in accordance with the practice's policy and information on how to complain was not easily accessible.

- Information about how to make a complaint or raise concerns was available. However, the information displayed in reception regarding the complaint process did not give patients details on how to make a complaint. We were told by staff that if patients wanted to complain they would have to ask reception staff for a copy of the surgery's complaint policy.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of

Are services responsive to people's needs?

care. However, the practice was not consistently following their complaint policy and had not provided formal written responses for two of the three complaints received in the last 12 months.

Please refer to the evidence tables for further information.

Are services well-led?

At our inspection in August 2017 we rated the practice as requires improvement for providing a service that was well led as there was no system in place to ensure that actions from meetings had been followed up and risks associated with fire safety were not all addressed adequately. At this inspection in August 2018 we found that there was a lack of clinical oversight and leadership which placed patients at potential risk of harm, there was limited evidence of quality improvement systems and systems to manage risk were not fully understood by all staff. Consequently, the practice is rated as inadequate for providing a well-led service.

Leadership capacity and capability

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

- Leaders lacked sufficient oversight of the service and did not seem to be aware of certain key areas of potential risk or the implications of gaps in clinical governance arrangements.
- Staff said that leaders within the practice treated them with compassion and respect.

Vision and strategy

The practice aimed to deliver high quality care. However, deficiencies in clinical governance and oversight undermined the practice's ability to achieve their vision.

- There was a clear vision and set of values.
- The practice had a detailed business plan which included goals and a timetable for achieving these. However, the plan was drafted in 2016 and there was no evidence of any review to assess progress against the plan.
- Staff were aware of and understood the vision, values and strategy.

Culture

The practice had a positive culture.

- Staff said they felt respected, supported and valued. They were proud to work in the practice.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints; although some staff did not have sufficient

awareness of the significant event reporting process. 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 and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. However, two individuals were working at the practice without a contract of employment, adequate training and clearly defined and documented responsibilities.
- Staff told us that the practice supported their well-being.
- Staff felt they were treated equally but not all staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

Clear responsibilities, roles and systems of accountability to support good governance and management were absent in key areas.

- Structures, processes and systems to support good governance and management were unclear or lacking in key areas. The absence of adequate arrangements placed patients at potential risk of harm. There were no clear systems or processes in respect of managing clinical correspondence, urgent cancer referrals (though a system was implemented after our inspection) and to ensure that patients received appropriate follow up in reasonable timescales. The practice was not following their complaint procedure.
- From discussing safeguarding and reviewing the practice's infection control arrangements it was evident that not all staff were clear on their responsibilities in these areas. For example, one staff member told us they were instructed by a clinical member of staff to stand outside of the curtain when they were chaperoning.
- Policies, procedures did not ensure safety. For example, the practice's recruitment systems did not operate effectively as two individuals reviewing incoming clinical correspondence did not have comprehensive checks

Are services well-led?

completed. These members of staff had no job description which outline the limitation of their role and clinical decision making and there was no system or process in place to ensure effective oversight of their work.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- Risks to patient safety had not been addressed. For example, the practice did not have a full supply of emergency medicines on the premises and had not risk assessed the absence of these medicines. Not all equipment had been calibrated to ensure it was functional.
- Practice leaders lacked effective oversight of risk and insight into the implications stemming from risky activities; particularly related to the management of clinical correspondence.
- Clinical audit demonstrated limited improvement in patient care. The practice told us that they were participating in medicines audits but were unable to provide evidence to support this. There were no clear action plans in place to address areas of poor clinical performance specifically low uptake of screening programmes and childhood immunisations.
- Practice leaders were not fully aware of the practice's business continuity arrangements although a plan was in place.

Appropriate and accurate information

The practice did not consistently act on or have systems to enable access to appropriate and accurate information.

- Quality and operational information was used to improve performance in relation to some national clinical targets. However, there was no clear plan in place to address below average performance against Public Health England Targets related to cervical screening or childhood immunisations.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice did not have adequate oversight of persons undertaking some clinical tasks within the service. The absence of clear remit for some roles or system to monitor decision making prevented the practice from being able to hold some individuals to account.
- The practice used information technology systems to monitor achievement against national clinical targets.
- The practice submitted data or notifications to external organisations as required.
- There arrangements for ensure data was secure and privacy maintained were compromised by virtue of the practice having staff having access to confidential clinical correspondence who were not employed or appropriately checked.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners in decisions made about the practice.

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- We saw limited evidence of activity which aimed to improve the quality of service provided.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff 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

Requirement notices

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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Not all staff at the practice demonstrated adequate awareness of consent and capacity legislation.• Decisions around consent and capacity were not always recorded. <p>This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not have sufficient numbers of nursing staff.• The practice could not evidence that all individuals working at the practice had suitable qualifications to enable them to undertake their role. <p>This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Warning Notice</p> <p>How the regulation was not being met:</p> <p>There were insufficient or no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. Specific concerns were:</p> <ul style="list-style-type: none">• The practice had not ensured all staff had the necessary qualifications, competence, skills and experience and were safe to work within the practice.• Not all equipment had been calibrated to ensure it was safe to use.• Patients with suspected diagnosis of cancer were not being managed safely.• Pathology results were not always managed safely.• Clinical correspondence was not always being managed safely.• Patients were not consistently being followed up in a timely fashion.• Medicines were not being managed safely.• Risks associated with infection control were not adequately assessed or addressed.• Systems for chaperoning did not ensure patients were kept safe.• Arrangements for responding to clinical emergencies were not adequate. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Enforcement actions

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Warning Notice

How the regulation was not being met:

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. Specific concerns were identified in respect of systems and processes related to:

- Staff recruitment and monitoring systems
- Significant event management
- The management of equipment
- The management of urgent referrals
- The management of pathology results
- The management of clinical correspondence
- Systems to ensure appropriate follow up action was taken and accurate and contemporaneous accounts of clinical decision making were recorded.
- Systems to improve performance against Public Health England targets related to cervical screening and childhood immunisations. The management of medicines
- The management of emergencies.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.