Dodworth medical practice

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?	**Requires improvement**
Are services caring?	**Not sufficient evidence to rate**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as inadequate overall.

We carried out an announced focused inspection at Dodworth medical practice on 28 November 2017 following feedback to the Care Quality Commission. As we did not look at the overall quality of the service we were unable to provide a rating for the service. We found shortfalls in relation to the recruitment of staff which resulted in a breach of regulation. The focused report on the November 2017 inspection can be found by selecting the "all reports" link for Dodworth Medical Practice on our website at www.cqc.org.uk.

This inspection was an unannounced comprehensive inspection at Dodworth medical practice on 10 and 13 July 2018 and was prompted following information of concerns raised with the Commission.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Not rated

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

At this inspection we found:

- We found significant concerns in the leadership and governance of the practice. The provider did not have a systematic approach when taking over this practice to assess the risks in order to provide adequate leadership to support the governance systems.
- The practice did not have clear systems in place to manage risk so that safety incidents and significant events were less likely to recur. When incidents did happen, the practice did not effectively learn from them and improve their processes.
- There was little understanding or management of risks and issues, and there were significant failures in performance management and audit systems and processes. There were very few risk or issue registers in place. Those that were in place were rarely reviewed or updated.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided. It did not ensure that care and treatment was delivered according to evidence- based guidelines. Staff groups tended to take the lead rather than be driven by the leadership of the practice.
- Not all staff members had received the training required to carry out their roles effectively. For example, safeguarding, infection and prevention control and fire safety.
- On the day of inspection we saw staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients told us the appointment system had recently improved, it was easy to use and care could be accessed when needed. However, patients reported lack of continuity of care when seeing doctors.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed

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

- Review the approach for identifying and providing support to patients with caring responsibilities.

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

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

Overall summary

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Dodworth medical practice

Federated General Practice Partnership Limited registered with the Care Quality Commission (the Commission) in October 2017 to provide services at Dodworth medical practice, High Street, Dodworth, Barnsley, S75 3RF for 5,486 patients as part of the personal medical services contract with NHS Barnsley Clinical Commissioning Group on behalf of NHS England. Further information can be found on the practice website www.apollocourtmedicalcentre.nhs.uk .

The two Directors of Federated General Practice Partnership Limited have other separate provider registrations with the Commission.

Dodworth medical practice (located within Apollo Court Medical Centre) is situated in centre of the village of Dodworth. The catchment area, which includes villages local to the surgery, is classed as within the fifth less deprived areas in England. Income deprivation indices affecting children and older people are experienced less in this area compared to local and national averages. The practice population is similar to that of others in the area, however, there are more patients registered here over the age of 65 years old.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS 111 service.

There is one male sessional GP who works four sessions a week, a long term GP locum who works six sessions a week and three long term locums who work at the practice one day a week. GP sessions on Fridays are covered by locums. There is a part-time male advance nurse practitioner who works three days a week, a practice nurse who works four days a week and a healthcare assistant. A consultant practice manager works at the practice one and a half days a week and there is a team of administrative and reception staff. A group practice director, a healthcare assistant and a senior receptionist from another organisation also work at the practice.

The practice opening hours are from 8am to 6pm Monday to Friday with appointments available on Tuesday evening until 8pm.

Appointments were also available with GPs and practice nurses at the i-Heart Barnsley service between:

- 6pm and 10pm on weekdays
- Saturday, Sundays and bank holidays from 9am to 1pm.

Federated General Practice Partnership Limited is registered with the Commission to provide the following regulated activities:

- Diagnostic and screening procedures

- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- The information needed to plan and deliver effective care, treatment and support was not available at the right time. Information about people's care and treatment was not appropriately shared between staff or with carers and partner agencies.
- Safety was not a sufficient priority. There was limited measurement and monitoring of safety performance.

Safety systems and processes

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

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. Not all staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns however, policies did not detail local safeguarding information and the safeguarding lead in the practice. Staff who acted as chaperones were trained for their role. Disclosure and Barring Service (DBS) checks had been undertaken for these staff, however, the provider did not have sight of the certificates until after the first day of our inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff could explain how they would work with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. No specific examples could be demonstrated as there had been no referrals to safeguarding since the provider took over the practice in October 2017.
- The practice did not carry out appropriate staff checks at the time of recruitment and on an ongoing basis. For example, a member of administrative staff had not had a DBS check prior to employment at the practice and there was no risk assessment in place to explain why one had not been sought.
- There was an ineffective system to manage infection prevention and control.
- The practice had limited arrangements to ensure facilities and equipment were safe and in working order.

Risks to patients

There systems to assess, monitor and manage risks to patient safety were not adequate

- Arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics required review. GP locums worked the same sessions most weeks over a six month period but an overall rota was not produced to identify when extra cover would be needed. We were told two GPs worked each session. On the day of our first inspection there was only one GP working at the practice all day.
- There was an ineffective induction system for temporary staff tailored to their role. Not all long term temporary staff had an induction into the organisation.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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 provider did not assess nor monitor the impact on safety. Recent changes in the management of the practice had not led to an overall review of the safety and governance systems in place to identify areas of risk.

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 there were gaps in the information needed to deliver safe care and treatment. Correspondence and tasks were not dealt with in a timely manner.
- The systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment did not include a process for dealing with urgent information or oversight of correspondence.
- Referrals to other services were not made in line with national requirements.

Inadequate

Are services safe?

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, required review. Two staff we spoke with on our first visit were not sure where the emergency medicines were stored. Documented checks of emergency medicines and equipment was not undertaken as recommended by Resuscitation Council (UK).
- Not all staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. In the absence of a prescribing policy, staff prescribed according to age and number of items rather than in negotiation with the patient and following the Barnsley CCG prescribing formulary.
- The practice pharmacist reviewed antibiotic prescribing and took action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of some medicines and followed up by the practice pharmacist.

Track record on safety

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

- Comprehensive risk assessments in relation to safety issues could not be located during our inspection. Managers did not have access to fire safety, legionella and health and safety risk assessments therefore could not provide assurance that actions were being taken to mitigate any possible risks. .
- There was little evidence the practice monitored and reviewed activity. Recent changes in the management of the practice led to a reactive approach to address issues as they arose. There was lack of understanding of the risks to provide an accurate and current picture of safety in order to lead to safety improvements.

Lessons learned and improvements made

There was little evidence the practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses and were supported to do this.
- The systems for reviewing and investigating when things went wrong required review. Incidents were reported but there was little evidence of learning, themes identified and policies reviewed as part of the process.
- Managers and leaders were unsure of how external safety alerts were received into the practice and disseminated to staff. A record of reports and action taken was not kept.
- Medicine safety alerts were managed by the practice pharmacist and discussed at clinical meetings.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

We rated the practice as requires improvement effective services overall and across all population groups.

The practice was rated as requires improvement because:

- People were at risk of not receiving effective care or treatment. There was a lack of consistency in the effectiveness of the care, treatment and support that people receive.
- Staff were not always supported to participate in training and development, or the opportunities that were offered did not fully meet their needs.

Effective needs assessment, care and treatment

In the absence of systems to keep clinicians up to date with current evidence-based practice, clinicians told us they kept themselves up to date with their areas of individual practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by some clinical pathways and protocols.

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

Older people:

This population group was rated requires improvement for effective.

- Older patients who were 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 medication.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Two people over the age of 75 had received a health check in the last year.
- However, care plans and prescriptions were not always updated in a timely manner to reflect any extra or changed needs. For example, a delay in following up older patients discharged from hospital.

People with long-term conditions:

This population group was rated requires improvement for effective.

- Patients with long-term conditions had a structured annual review with the practice nurse or pharmacist to check their health and medicines needs were being met. For patients with the most complex needs, staff worked with other health and care professionals to deliver a coordinated package of care. However, some medicine reviews were performed by a member of the clinical team who was not an independent prescriber. It was not clear what training they had undertaken to do this.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions. For example, referring patients at high risk of diabetes to the NHS Diabetes prevention programme.
- An improvement in the QOF overall outcomes for 2017/18 for the management of patients with long-term conditions was demonstrated with the practice achieving 80.89 of the available 86 outcomes for diabetes. However, 35.10 of the available 45 outcomes were achieved for asthma.

Families, children and young people:

This population group was rated requires improvement for effective.

- Childhood immunisation uptake rates were above the target percentage of 90% or above.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. However, this was not always acted upon in a timely manner.

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

This population group was rated requires improvement for effective.

- The practice's uptake for cervical screening was 81.6%, which was in line with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average. However, referrals to other services were not always completed within the recommended two week period.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

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

This population group was rated requires improvement for effective.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long-term medication. However, referrals to other services were not always completed in a timely manner.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health had improved from the 2016/17 outcomes. In 2017/18 the practice achieved 47.71 of the available 50 outcomes for dementia, 8.20 out of 10 for depression and all of the mental health outcomes.

Monitoring care and treatment

The practice programme of quality improvement activity was led by the pharmacists and nursing staff and reviewed by GPs only during clinical meetings.

The directors of Federated General Practice Partnership Limited varied onto the previous provider's contract in October 2016. They took over the practice formally in April 2017 and registered with the Commission in October 2016.

The QOF figures in this evidence table are from 2016/17 when Federated General Practice Partnership Limited were not responsible for the outcomes.

During this inspection they shared the unpublished QOF achievement for 2017/18 with us. As this data is not yet in the public domain and unverified it cannot be compared with local and national averages.

An improvement in the QOF overall outcomes for 2017/18 was demonstrated with the practice achieving 407.73 out of a possible 435 points. The exception reporting rate was not available for this period.

The practice used evidence of prescribing medicines to identify and make improvements.

Requires improvement

Are services effective?

Effective staffing

The majority of administrative staff had commenced employment at the practice during 2018. Clinical staff had started at the practice from February 2017 onwards.

- The provider could not demonstrate staff had the appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews as records of staff training were not kept. A member of clinical staff who was not an independent prescriber performed patient medication reviews.
- 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 provider did not have an oversight of the learning needs of staff to perform their roles. The organisational mandatory training was not covered in permanent staffs' induction at the practice. For example, not all staff received infection prevention and control training within the first four weeks. Not all staff had undertaken recent child and adult safeguarding training. Fire training was informal. The management had identified this prior to our visit and all staff had completed a training needs questionnaire to determine what training needed to be undertaken. Managers told us protected time would be provided for staff to achieve this. Up to date records of skills, qualifications and training were not maintained.
- Where identified the practice provided staff with ongoing support. Appraisals were scheduled for August 2018 and supervised practice undertaken.
- There was no clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Staff told us they had recently started hosting multidisciplinary meetings. However, not all disciplines invited had attended and the practice did not keep minutes of these meetings. This meant we were unable to ascertain what action had been taken or if information had been effectively shared across the practice and with other agencies.
- The practice shared end of life care plans with the out of hours service.

Helping patients to live healthier lives

- Staff helped patients to live healthier lives.
- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example, through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We did not rate the practice for caring. This is because there was limited evidence available to the Commission relating to this provider to make a judgement.

Kindness, respect and compassion

We witnessed staff, on the days of inspection, as treating patients with kindness, respect and compassion.

- Feedback from patients was positive about the way administrative, pharmacy and nursing staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- We saw during our visit staff gave patients timely support and information.

The practices most recent GP patient survey results available were taken from January 2017 to March 2017. The previous provider was responsible for the practice at this time, however the directors of the current provider had joined the practice from October 2016.

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.
- The practice identified carers and supported them.
- The practices GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment.

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.
- 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.

Requires improvement

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for responsive because:

- There was some flexibility to take account of individual needs as they arose, but the service did not meet the needs of all the people who used it.

Responding to and meeting people's needs

The practice did not organise and deliver services to meet all patients' needs. Patient needs and preferences were not always taken into account.

- Patients were unclear who their named GP was. The sessional GP who worked four sessions a week was the named GP for all patients. Patients reported they did not always have continuity of care as they saw different GPs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated by nursing staff with other services. GPs' did not take the lead involving other services.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.

Older people:

This population group was rated requires improvement for responsive.

- Co-ordinated care for patients in whatever setting they lived, whether it was at home or in a care home or supported living scheme, was co-ordinated by the advanced nurse practitioner.
- Home visits and urgent appointments were available for those with enhanced needs.
- The local pharmacies offered a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated requires improvement for responsive.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Patients with multiple conditions were not reviewed at one appointment and often resulted in them seeing more than one member of staff.
- The practice contacted the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for responsive.

- We found there were not always systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was rated requires improvement for responsive.

- The practice was currently consulting with patients to adjuste the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice opening hours had changed recently from 8.30am to 8am on a daily basis.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for responsive.

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

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

This population group was rated requires improvement for responsive.

Requires improvement

Are services responsive to people's needs?

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- From figures the practice provided for the outcomes for people experiencing poor mental health an improvement was demonstrated. This was due to identifying and offering further assessment for those patients who may have memory problems and referral onto other services.

Timely access to care and treatment

Patients told us more recently they were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment as results were not always reviewed by a GP in a timely manner.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system had been reviewed was easy to use.

The practices GP patient survey results were below average and the provider had identified this area as a priority when they took over the practice in April 2017. They told us they had reviewed the telephone system to improve the patient experience and new handsets were being installed to offer greater functionality of the system. In addition more appointments were made available on the day for patients to be seen.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to 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 and also from analysis of trends. It acted as a result to improve the quality of care. We did note one complaint response was completed by the person the complaint was about. However we saw that it had been investigated by another member of staff.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- We found significant concerns in the leadership and governance of the practice. The provider did not have a systematic approach when taking over this practice to assess the risks in order to provide adequate leadership to support the governance systems.
- There was little understanding or management of risks and issues, and there were significant failures in performance management and audit systems and processes. There were very few risk or issue registers in place. Those that were in place were rarely reviewed or updated.

Leadership capacity and capability

At the time of our inspection the practice was supported by a practice group director from another organisation, who worked from the practice, and a consultant practice manager one and a half days a week. They had the skills to deliver high-quality, sustainable care. However, the capacity to do this was unclear as they all had other work commitments at other GP practices and there was no specific improvement plan in place to identify areas for improvement and measure progress.

- The provider demonstrated a lack of knowledge about issues and priorities relating to the governance of the practice and did not have an oversight of the running of the practice. Challenges and issues were addressed as they arose.
- Leaders at all levels spent some time at the practice and staff told us they were approachable and contactable by phone. However, not all staff contacted clinical leaders for advice when they were off site.
- The practice processes to develop leadership capacity and skills, including planning for the future leadership of the practice were lacking. There was a very high turnover of staff at the practice.

Vision and strategy

The provider did not have a clear vision and credible strategy to deliver high quality, sustainable care that was shared with staff.

- Staff were aware of the practice values and mission statement. There was a lack of a organisational strategy and supporting business plans to identify and achieve priorities.
- Staff were aware of and understood the mission statement.
- Progress was not regularly monitored.

Culture

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

- Performance issues which were not consistent with practice values were not always acted upon by leaders and managers.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. However, this was not always followed. Patients who had experienced delays in referrals to other services had not been routinely contacted to notify them and explain the circumstances of the delay.
- Staff we spoke with told us they were able to raise concerns and that these would be addressed. They did not always receive feedback.
- Most of the administrative staff had been recruited by the practice since March 2018. They told us they felt respected, supported and valued in their roles and were proud to work in the practice. On the day of inspection, we saw staff had a kind compassionate approach towards caring for patients.
- The processes for providing all staff with the development they needed had been reviewed prior to our inspection. Staff recently employed were asked to complete a training analysis to determine their outstanding training requirements. Appraisals were scheduled to take place in August 2018.
- Arrangements were in place for staff working under supervision. Staff were supported to meet the requirements of professional revalidation where necessary.
- Equality and diversity training had not been completed by staff.

Governance arrangements

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

Inadequate

Are services well-led?

- Structures, processes and systems to support good governance and management were not clearly set out. There was a practice lead for safeguarding but other arrangements for areas of leadership within the practice was not identified. The governance and management of partnerships and joint working arrangements were unclear in relation to staff contracts and indemnity arrangements.
- Not all permanent staff had received up to date training in respect of safeguarding and infection prevention and control.
- Policies and procedures required review. The provider did not have oversight that activities to ensure the safe running of the practice were operating as intended.

Managing risks, issues and performance

There were no clear processes in place for managing risks, issues and performance.

- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not evident. The provider did not have any oversight of the management of the practice.
- Processes to manage current and future performance were reactive rather than proactive. Practice leaders did not have oversight of safety alerts and complaints. On our first visit to the practice no one was able to locate the complaints file and policy, this was found prior to our second visit.
- Clinical audit related to the management of medicines and whilst this had a positive impact on quality of care and outcomes for patients there was little evidence of any other audit activity.
- The provider demonstrated little understanding of the potential impact on the quality of care and service delivery as a result of significant staff and organisational changes.

Appropriate and accurate information

There was little evidence to demonstrate that the practice had and acted in a co-ordinated way in respect of appropriate and accurate information.

- The leaders had regular clinical meetings however, there was no mechanism in place to share information with long term locum staff who provided care to patients.
- We saw QOF had been previously discussed and reviewed at meetings, however, there was no evidence that any information was being used to measure performance since the previous practice manager left.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we saw they were not always followed. For example, we found print outs of patients records with consultation notes stored chaotically in an unlocked draw in an unlocked room. Staff were not clear why they were there and whether the consultation information had been uploaded to the patient record system.

Engagement with patients, the public, staff and external partners

The practice had involved patients, the public, staff and external partners to support delivery of the service.

- There was an active patient participation group. A patient education event had been held in December 2017.
- Most staff were new to the service. Long term locum staff met with a medical director informally each month.
- The service met regularly with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on addressing issues as they arose and lack of continuous learning and improvement. The practice had had a number of practice managers in post over the last two years. Continuity of management of the practice was not maintained.
- There was little evidence the practice made use of internal and external reviews of incidents and complaints. Learning was not shared and used to make improvements.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How the regulation was not being met** 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: • Staff did not have access to a medicines prescribing policy. Vaccine refrigerators were overstocked and not monitored appropriately. Some medicines stored in the practice were out of date. • Where responsibility for the care and treatment of service users was shared with, or transferred, to other persons, the registered person did not ensure that timely care planning took place to ensure the health, safety and welfare of those service users. Referrals to other care providers were outstanding from 24 May 2018. • The practice did not have a system in place to monitor the appropriate use, distribution and storage of prescription pads in line with NHS Protect guidance. • The provider did not have an effective system in place for the discussion, review and management of significant events or incidents. There was limited written evidence of dissemination to staff, learning taking place or changes in policies or procedures as a result of these. • There was an incomplete assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Staff could not locate fire, legionella and health and safety risk assessments. • The provider did not receive medicine and safety alerts.

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Enforcement actions

- The registered person had failed to review and maintain oversight of the immunisation status of the entire staff team, in line with the guidance 'immunisation against infectious diseases ('The Green Book' updated 2014).
- Not all of the people providing care and treatment had undertaken recent training in safeguarding children and infection prevention and control.

Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems and processes in place which operated ineffectively, in that they failed to enable the registered persons to assess, monitor and improve the quality and safety of the services being provided.** **How the regulation was not being met** • Governance arrangements were ineffective and arrangements to improve them were reactive addressing issues as they arose rather than being proactive. • The provider failed to keep patient records secure. • The provider did not have adequate oversight of the clinical care provided to patients. Processes to escalate concerns to the responsible person were not always followed. • Some policies and procedures for staff to follow were either not practice specific, incomplete or related to a previous provider. **Regulation 17(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Fit and proper persons employed **How the regulation was not being met**

This section is primarily information for the provider

Enforcement actions

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular:

- The provider did not have effective recruitment and selection procedures. A full employment history, together with a satisfactory written explanation of any gaps in employment was not available in relation to each such person employed.
- The provider did not have did not have a process to check that staff have appropriate and current registration with a professional regulator, where required.
- The provider did not check clinical staff's indemnity arrangements. A member of staff's indemnity had expired on 28 June 2018.

Regulation 19 (3) (4)