Oulton Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oulton Medical Centre on 7 October 2015 and a follow up unannounced visit on the 12 October 2015. We had previously inspected this practice in March 2015 when the practice was placed into special measures due to concerns across all the domains that CQC inspects. We inspected again in September 2015 after concerns were raised by NHS England regarding referral of patients to specialised care and prescribing errors. On the September inspection, we found that the practice was failing to refer patients to specialist services in a timely way, not learning from complaints and errors and failing to keep patient records adequately updated. As a result CQC issued a warning notice. The purpose of the latest two day inspection was to follow up the concerns identified in the warning notice and to see whether the practice had secured sufficient improvement for the special measures to be lifted. The practice continues to be rated as inadequate overall.

Specifically, we found the practice inadequate for providing safe, effective and well led services. It required improvement for responsive services. It was also inadequate for providing services for families, children and young people, working age people, older people, people with long standing conditions, people whose circumstances make them vulnerable and people experiencing poor mental health.

Our key findings across all the areas we inspected were as follows;

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate processes were not in place to issue prescriptions and follow up patients on long term medicines to ensure these remained safe and appropriate for each patient.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example reviewing people prescribed controlled drugs to ensure they were still receiving appropriate treatment. Patients were not being appropriately recalled for blood tests and to review their medication.

Summary of findings

- Patients did not have the correct code added to their care records this demonstrated a failure to ensure that the practice and other providers could access accurate detail upon which to make judgements regarding patient care.
- Staff were not clear about their responsibilities or the process for reporting incidents, near misses and concerns and the provider could not demonstrate evidence of learning and improving services from incidents.
- The practice leadership structure was not clear; there was insufficient leadership capacity and limited formal governance arrangements to enable the provider to fulfil their responsibilities to assess and monitor the quality of the service and to identify, assess and mitigate risk.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment.

As a result of serious concerns being identified on 7 October the registration of this provider was cancelled with immediate effect by court order on 13 October 2015 under section 30 of the Health and Social Care Act 2008.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services. Staff told us they were fearful about reporting incidents, near misses and concerns. Although the practice carried out investigations when things went wrong, lessons learnt were not communicated amongst the staff group and safety was not improved. Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. We saw meetings where safety issues were discussed and solutions minuted. We saw that GPs had not then acted in order to mitigate safety risks, thus exposing patients to risk of harm. We saw evidence that the practice had improved its policies and procedures but minimal evidence was available to show these new procedures were being carried out robustly.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. Patient outcomes were hard to identify due to poor patient records. There was little or no reference made to audits and little evidence to demonstrate changes as a result of any audits. The provider could not evidence that the practice was comparing its performance to others either locally or nationally and there was minimal evidence of engagement with other providers of health and social care. There was limited recognition of the benefit of an appraisal process for staff. Patient records did not contain sufficient information and evidence to demonstrate that the GPs were assessing different courses of action before deciding on the appropriate course of treatment for patients. Basic care and treatment requirements were not being met, for example, patients were not being recalled for blood tests when accepted guidance stated they should be. Patient's records did not contain the correct codes and no suitable explanation could be given by the GPs. Some patients told us they were being pressed into certain care choices particularly in relation to contraception and women told us their choices were being disregarded.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services. Data showed that patients rated the practice lower than others for many aspects of care. Patients gave us examples of where they were not treated with respect and where staff lacked compassion. There was insufficient information available to help patients understand the range of treatment options, for example, patients told us they

Summary of findings

felt bullied into contraception methods advocated by the GPs. The practice had an active patient participation group (PPG) which was supportive of the GPs but their views were not reflective of the wider national patient survey results.

Are services responsive to people's needs?

Requires improvement

The practice is rated as inadequate for providing responsive services. The practice had not reviewed the needs of its local population in the past two years or adjusted services accordingly. Patients reported considerable difficulty in accessing a named GP and poor continuity of care. Information about how to complain was available for patients but some patients told us they found it difficult to understand and did not explain the process properly. There was a designated person responsible for handling complaints. When safety concerns were raised as complaints the provider was unable to demonstrate they had treated this as a significant event in order to identify learning and prevent issues recurring. There was a new process in terms of handling significant events but several examples showed staff were not following this process in practice.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. There was a clear leadership structure in terms of administrative staff but staff did not feel supported by GPs. The practice had a number of policies and procedures to govern activity, but these were new and there was no evidence they were being followed. We saw evidence of a culture in which staff felt intimidated and unable to raise concerns without fear of recrimination. The practice had received intensive support throughout the special measures period from several NHS organisations. Despite this, CQC found serious concerns which put patients at risk of harm when we inspected in October 2015.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The provider was rated as inadequate for providing safe, effective, caring, and responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The lead GPs demonstrated insufficient understanding of the needs of older people and were not attempting to improve the service for them**.** Services for older people were therefore reactive and there was a limited attempt to engage this patient group to improve the service. We saw evidence of prescribing errors which had put patients at potential risk of serious harm. Quality and outcomes framework data for conditions commonly found in older people was poor for example rheumatoid arthritis; the practice only achieving 83.3% which was 12.1% below national average.

People with long term conditions

Inadequate

The provider was rated as inadequate for providing safe, effective, caring, and responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the care of people with long-term conditions. Structured annual reviews were not undertaken to check that patients' health and care needs were being met. Quality and outcomes framework data for patients with long term conditions was poor for example diabetes where the practice achieved 48.8% which was 40.4% below national average.

Families, children and young people

Inadequate

The provider was rated as inadequate for providing safe, effective, caring, and responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were limited systems to identify and follow up patients in this group, some who were living in disadvantaged circumstances and so were at additional risk. We also saw examples of care which some female patients described to us as oppressive. Several patients told us they had felt intimidated into treatment plans advocated by one of the GPs. Quality and outcomes framework data for cervical screening was poor, the practice achieving 74% which was 7.8% below national average.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for providing safe, effective, caring, and responsive and well led services. The concerns which led

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to these ratings apply to everyone using the practice, including this population group. The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group due to widespread clinical errors.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for providing safe, effective, caring, and responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice worked with multi-disciplinary teams in the case management of vulnerable people but was not translating the notes from these meetings into patients' notes and forming care plans. There were no examples of on-going care packages demonstrated to us as a result of the meetings.

There were examples shown to us of poor prescribing and we were told of patients having large doses of opiate medication being prescribed to them without due care and management of these addictive medicines.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for providing safe, effective, caring, and responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Some staff had received training on how to care for people with mental health needs but no dementia training was available. Quality and outcomes framework data for dementia was poor, the practice only achieving 76.9% which is 17.6% below national average.

Summary of findings

What people who use the service say

The results of the national GP Patient Survey from July 2015 (an independent survey run by Ipsos MORI on behalf of NHS England) were based on responses from 107 patients out of 352 sent out which represents a 30% response rate. This showed the practice scored, on the whole, less than CCG and national averages:

- 71% found it easy to get through to this surgery by phone compared with a CCG average of 81% and a national average of 73%
- 84% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%
- 55% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 66% and a national average of 60%
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 88% and a national average of 85%
- 93% said the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%
- 65% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%

We spoke with one member of the patient participation group (PPG) on the date of our inspection who told us they were very happy with the improvements that had been made and the service from the GPs but this was not reflected in the wider patient survey.

Oulton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

On 7 October 2015 our inspection team was led by a CQC lead inspector and included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor. On 12 October 2015 our inspection team was led by a CQC lead inspector and included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and a pharmacy inspector.

Background to Oulton Medical Centre

Oulton Medical Centre, in the Great Yarmouth and Waveney Clinical Commissioning Group (CCG) area, provided a range of primary medical services to approximately 5300 registered patients living in Oulton and the surrounding villages.

They had a branch surgery called Marine Parade Surgery, which is approximately three miles away. According to Public Health England information, the patient population has a slightly lower number of patients aged under 18 compared to the practice average across England. It had a slightly higher proportion of patients aged 65 and over, aged 75 and over and aged 85 and over compared to the practice average across England. Income deprivation affecting children and older people is slightly higher than the practice average across England. A slightly lower percentage of patients had a caring responsibility and a slightly higher percentage of patients have a long standing health condition compared to the practice average across England.

There were two GP partners, one male and one female who held financial and managerial responsibility for the practice. The practice employed a GP locum for periods when the GPs were not available. A locum emergency care practitioner was also employed and worked 8am to 4pm, two days a week, under the supervision of the GP who was working that day.

There was one practice nurse who works one day per week and a health care assistant, who worked 9am until 3pm, three days a week and alternates between the sites. We were told that a further health care assistant would have begun work at the practice shortly after our inspection and would have been working three days per week.

There were also five administration/reception staff, one medical secretary and one administrator and a practice manager who had been in post for eight weeks at the time of our inspection.

The practice was open 8am to 7pm Monday to Friday, with extended hours from 7:30am on a Thursday. Appointments are available within these times. Outside of practice opening hours, patients could have accessed the GP Out of Hours service (Integrated Care 24) by calling NHS 111 service.

We previously inspected this location on 22 August 2014 and 2 March 2015 and found they were not meeting the Health and Social Care Act Regulations (2008) and the practice was placed in special measures on 23 April 2015.

Why we carried out this inspection

We carried out a focussed inspection on 10 September 2015 after concerns were raised by other agencies and warning notices were issued after that inspection. The intention of these notices was to ensure patients were

referred to secondary care effectively, to ensure patients' notes were complete and to ensure any complaints that were made about the service were recorded as adverse incidents.

We inspected this service as part of our comprehensive inspection process that is customary when warning notices have been issued to a provider. We carried out a planned, comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time and was published on 25 October 2015 .

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew.

We carried out an announced inspection on 7 October 2015 and a second unannouncedvisit on 12 October 2015. During our inspection we spoke with a number of GPs, nursing and reception staff. In addition we spoke with patients and we observed how patients were cared for in the reception area.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used some information to identify risks but there was very little evidence of these risks being addressed. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses but the staff told us that they felt threatened and intimidated by a GP which did not promote a culture in which mistakes could be reported and lessons learnt.

We reviewed safety records, incident reports and minutes of meetings where incidents were discussed for the last year. There had been a lack of paperwork existing from previous years but this had been addressed by the new practice manager.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of 33 significant events that had occurred during the last year and saw that although the system was followed appropriately, there was evidence that not all events were being recorded.

Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held two-monthly to review actions from past significant events and complaints. There was evidence that information from these meetings was not being followed up. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings but told us they did not feel confident to do so. There was an inconsistent approach to some aspects of significant event records, for example not all events were dated, making it difficult to determine when these had taken place. There was a complaint from a pharmacist regarding a medicines error on 5 October 2015. This was a serious error which had not been recorded as a significant event. There was evidence of this situation occurring many times in the previous year and not being appropriately recorded or addressed despite a pharmacist bringing these errors to the attention of the GPs.

National patient safety alerts were disseminated by email to practice staff Alerts were emailed to them and discussed at staff meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a GP who leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competence and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

GPs were not using the appropriate codes on their electronic case management system to ensure risks to children and young people (who were looked after or on child protection plans), were clearly flagged and reviewed. We found multiple instances where codes had not been added to patients' records, which meant that during any subsequent consultation a clinician might not have the correct data to support their decision making. In addition we saw that vulnerable patients' care records were not complete and this meant that healthcare professionals could not access all the information that was relevant for each patient. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated liaison with partner agencies such as the police and social services. However patients' records had not been completed as a result of these discussions. This posed a risk where patients were supported by locum GPs, if they needed to seek out of hours or emergency care as these healthcare professionals would not be able to access all the necessary information.

Inadequate

Are services safe?

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms and on the practice web site. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

- We checked medicines stored in the treatment rooms and refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There were a number of serious concerns in relation to prescribing at the practice.

- There was extensive evidence of prescribing errors which had been raised as a concern by patients and a pharmacist over a period of two years. Despite these errors being notified to the GPs by the pharmacist, the errors were repeated sometimes multiple times. These included: multiple prescriptions being signed for by patients which potentially allowed for the collection of controlled drugs at greater volumes than intended by the prescriber; delays in prescriptions being signed which meant medicines were not dispensed in a timely manner; and over 50 prescriptions in the previous eight weeks where errors had been made with the administration of prescribing together with prescribing errors.
- We saw evidence of patients being prescribed two different types of medication that should not be taken concurrently.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. This system was not always effective and did not ensure that appropriate action was taken to ensure patients' health and wellbeing was monitored. For example, some patient notes did not contain information on blood tests that should have been requested for patients and there was no evidence the tests had been ordered or the patient informed.

We looked at patient records and found areas of concern in relation to prescribing of controlled drugs. For example, a patient had requested morphine and a GP had signed a prescription which had been collected by a pharmacist in an adjacent building. The patient arrived at the practice to collect the prescription and a GP signed a second one without checking the location of the first, potentially enabling the patient to receive double the amount.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that had been updated in October 2015. We saw evidence that nurses had received training and been assessed as competent to administer the medicines referred to under a PGD. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Cleanliness and infection control

Inadequate

Are services safe?

We observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received training for infection control specific to their role during their induction and received annual updates. We saw evidence that the lead had carried out audits for each of the last three years and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

We saw that a cleaning policy had been amended and changes implemented in August 2015. The practice manager had liaised with an external cleaning company regarding issues and changes were made to ensure that the practice was being cleaned daily. In September 2015 an external company carried out a cleaning audit of the practice using national NHS specifications. An acceptable score from the audit was 83% and the practice had scored 93.1%.

The infection prevention and control policy had been amended in August 2015 by the practice manager. Following on from this, monthly infection control inspection checklists were completed for the practice. A comprehensive infection prevention and control risk assessment and action plan had been started in August 2015.

Infection prevention and control training had been delivered by an external company to all staff on 2 October 2015. We confirmed this had taken place when we spoke with staff.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings).We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the next testing date which was October 2015. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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 saw that progress had been made since our last inspection for example there were suitable processes in place to provide an induction programme for new staff. There had been no new staff recruited since our last visit so we could not confirm the policy was being followed.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

We were aware that one of the GPs had a restriction placed on their practice by the General Medical Council. We saw that a locum GP was performing supervision duties at the practice as a result of these restrictions.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always

enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

We saw a practice manager had been that had been in post for eight weeks. This individual had made progress in the production of policies and putting these into practice. We were told of examples where this effort was frustrated by a GP who undermined this process.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor environmental risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location (these included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia). Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company if the current heating system failed. The plan was last reviewed in September 2015.

The practice had carried out a fire risk assessment in August 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. There was evidence however that this guidance was not always being followed. The practice manager, GP and nurse told us guidelines were downloaded from the website and disseminated to staff.

Clinical meetings took place but there were no minutes taken of these meetings. The GPs could not provide evidence to demonstrate there were discussions about the implications of best practice guidance on the practice's performance or that patients potentially affected were identified and actions agreed to ensure their health and wellbeing.

Staff told us they carried out assessments in line with national and local guidelines but this was not reflected in patient records we looked at or supported by comments from some patients we spoke with. In some cases, basic care and treatment requirements were not met. For example, patients who had been seen by a specialist were not being treated in line with their treatment plan.

Subsequent to our inspection and the cancellation of the registration for this provider the patients from the practice have been treated at two other practices within the local area. We have been contacted by GPs at those practices who state that they have noticed some very poor care for this patient group when they had previously been treated. For example they told us of

- Medication issues. Significant evidence of repeat prescriptions that have been repeated many times over the normal maximum.
- Significant evidence that regular reviews have not been held and that normal routine blood tests and monitoring have not taken place, often for a few years. This has been discussed independently with both the GPs in the practice, locum GPs and Locum Nurse Practitioners.
- High use of opiates and patients not correctly monitored.
- Incidents of babies that have not been immunised on time.
- Significant numbers of patients on the chronic disease list that have had no appropriate review completed with the last 12 months and frequently for more than a couple of years.
- Patients that have been put on medication without any obvious signs of investigations to ascertain the patients correct diagnosis.At least not recorded on their records.
- Often the GPs cannot ascertain what the patents medication had been prescribed for or is very unclear without reveiwing historicpatient records.
- Examples of very poor patient notes and that read coding is not correct or does not match the illness.

Management, monitoring and improving outcomes for people

The practice showed us six clinical audits that had been undertaken in the last two years. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. One of these related to checking the efficacy of intrauterine coil implant fittings. We were told however by fourpatients that they felt their choices of contraception were being disregarded and the they felt pressured into accepting the preference of the GP. This disregarded their choices and showed lack of informed decion making.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. It achieved 72.3% of the total QOF target in 2014/2015 (which was published on 25 October 2015) , which was considerably below the national average of 93.5%. There were 7.1% subject of exception rating by the practice with the national average being 9.2%. Specific examples to demonstrate the performance included:

- Performance for diabetes related indicators was significantly worse than the national average, the practice achieved 48.8% points compared to the national average of 89.2%
- Performance for mental health related indicators was significantly worse than the national average; the practice achieved 23.1% points compared to the national average of 92.8%.

Inadequate

Are services effective?

(for example, treatment is effective)

When we asked the GPs they could not offer an explanation for these poor figures and had not taken action to improve.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Nevertheless, staff spoke negatively about the culture in the practice around audit and quality improvement and they told us they feel did not able to report incidents without the fear of recrimination. The staff we spoke with told us they felt that there was a lack of ownership of the problems by the GPs.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. However we received negative feedback from the relative of a patient who had recently died. They told us that the GP who visited lacked compassion and respect for their loved one.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support which the practice considered mandatory. We noted a good skill mix among the doctors with one having additional diplomas in surgery and sexual and reproductive medicine. All GPs were up to date with their annual continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Practice nurses and the health care assistants had job descriptions outlining their roles and responsibilities and they provided evidence that they were trained appropriately to fulfil these duties. For example, administration of vaccines, cervical cytology and seeing patients on long term conditions (such as asthma, COPD, diabetes and coronary heart disease).

Working with colleagues and other services

We spoke to a local pharmacist who told us that the GPs were very difficult to engage with. They showed us an example where a patient had been prescribed an incorrect medicine and this error had been pointed out to the GP. The pharmacist waited for over two weeks to receive another signed prescription and that was also incorrect. The pharmacist took independent action to ensure the patient was able to access the correct required medicine. The pharmacist had met with the GPs regarding prescribing 12 months previously but in spite of this, they told us the prescribing errors had continued to occur.

The practice worked with other service providers as would be expected to meet patients' needs and manage patients with complex needs. Out-of hours reports, 111 reports and pathology results were all seen and actioned by a GP. The GP who saw these documents and results was responsible for the action required. There were instances identified within the last year where test results and discharge summaries had not been followed up. This procedure had been modified following a warning notice issued by CQC in September 2015, but we were not shown any evidence of improvement.

Emergency hospital admission rates for the practice were not available. The practice had recently modified the procedures to ensure patients who required follow-up appointments for secondary care received them and also to ensure that the letters to ask for appointments with secondary care had appropriate clinical oversight. This action was taken following a previous inspection in September where a warning notice was issued in order to enforce this change. Previous to these warning notices a staff member with no clinical training had been completing the letters and sending them without a GP ensuring they were correct. As only three weeks had passed between CQC issuing the warning notice and this further inspection, we were unable to assess whether the new system was adequately embedded.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw that a system was in place for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services. There was evidence the GPs were not coding patient records correctly which meant that other providers may not be able to

Inadequate

Are services effective?

(for example, treatment is effective)

access information such as their current treatment or medication easily. There was therefore a risk that patients could receive inappropriate treatment if they required care out of hours.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. Some staff including the GPs were not fully trained on the system. For example they were unable to use proformas useful for treating patients who are vulnerable or on specific types of medicine. We saw that patient records not being completed adequately.

Software was in place to enable scanned paper communications, such as those from hospital, to be saved in the system for future reference. No audits had been carried out to assess the completeness of these records and no action had therefore been taken to address any identified shortcomings.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. The policy also highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. When interviewed, staff gave examples of how patients' best interests were taken into account if a patient did not have capacity to make a decision.

All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. The practice could not provide us with information showing what percentage of patients in this age group took up the offer of the health check.

The practice's performance for the cervical screening programme was 74%, which was lower than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend.

We saw that outcomes from quality and observational framework were poor for several groups of patients for example;

- Chronic kidney disease where the practice achieved 84.4% which was 10.3% below the national average.
- Diabetes where the practice achieved 48.8% which was 40.4% below the national average.
- High blood pressure where the practice achieved 76.9% which was 20.9% below the national average.
- Mental health where the practice achieved 23.1% which was 69.7% below the national average.

Inadequate

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey July 2015.

The results from this survey indicated patients did not always feel they were treated with compassion, dignity and respect. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 82% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was in a separate room which helped keep patient information private. A system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

84% of respondents in the national patient survey said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff. There was no evidence of learning taking place but a new system had been put in place to allow discussion at staff meetings.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients were not as satisfied with their involvement in planning and making decisions about their care and treatment and generally rated the practice poorly in these areas. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Some patients we spoke with on the day of our inspection told us they felt pressurised into accepting treatment plans and some had refused to see specific GPs as they felt they were not being supported in developing their care plans. Some also told us they did not feel listened to and supported by staff. We were also told by some female patients that they had received 'oppressive' treatment and that they had felt intimidated into treatment plans advocated by the GPs.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were not as satisfied with the emotional support provided by the practice when compared to others in the area. For example:

- 76 % said the last GP they saw was good at treating them with care or concern compared with a CCG average of 89% and the national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

We received mixed evidence from patients. For example some patients we spoke with on the day of our inspection

were happy with the care they received but others stated they were very unhappy. For example, they highlighted that staff responded without compassion when they needed help and they felt their choices were disregarded.

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful. We spoke with another patient who had cause to complain about how a GP behaved in the presence of a relative who had died, this member of the public stated the GP was highly disrespectful. We saw a board in the support office which displayed details of patients that had passed away so staff could amend their records appropriately.

The practice IT system did include a marker to identify if a patient was a carer but we were not shown any evidence that this then lead to any enhanced services for the carers.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was not responsive to patients' needs and had some systems in place to maintain the level of service provided. The needs of the practice population were understood but limited systems were in place to address identified needs in the way services were delivered.

The practice had recently implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example a new patient survey had been developed to assist the practice in planning services.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities. The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed. Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us that they did not have any patients who were homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There was one male and one female GP in the practice; therefore patients could choose the gender of the GP they saw.

The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months and that equality and diversity was regularly discussed at staff appraisals and team events.

Access to the service

The practice is open 8am to 7pm Monday to Friday, with extended hours from 7:30am on a Thursday. Appointments are available within these times. Outside of practice opening hours, patients can access the GP Out of Hours service (Integrated Care 24) by calling NHS 111 service.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to two local care homes on a specific day each week, by a named GP and to those patients who needed one.

The patient survey information we reviewed showed lower levels of patient satisfaction in relation to questions about access to appointments and patients generally rated the practice poorly in these areas. For example:

- 67% were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 65% described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 61% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 71% said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.

Patients we spoke with told us they were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking four weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, there was information contained in a patient leaflet, on the internet and in reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, the practice was open and transparent with dealing with the complaint and an apology had been given where appropriate. We were not convinced that the list of complaints were complete and there had been inappropriate learning displayed on a number of occasions. For example a case of a baby being immunised incorrectly, superficial changes had been made and though rough learning not evident.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints had been acted on and improvements made to the quality of care as a result.

We saw there was no system in place to record an incident as significant and adverse if that became apparent from a complaint. We spoke to the practice about this and they amended their procedures.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care; however there were significant cultural and systemic barriers to the practice achieving this. Whilst the practice had a strategy in place, there was very limited evidence of its implementation.

We spoke with eight members of staff and they did not all know and understand the vision and values and only some knew what their responsibilities were in relation to these.

Staff spoke about a derisive management structure where GPs would not take responsibility when things went wrong and staff felt they would be blamed. We were told of an example of a staff member being verbally challenged by a GP when they had put a concern in writing. The staff member stated that they felt controlled and bullied.

Governance arrangements

The practice held monthly staff meetings where governance issues were discussed but there was no evidence from the minutes that the GPs attended those meetings. We looked at minutes from these meetings and found that performance, quality and risks had been discussed.

We looked at 14 policies and procedures relating to medicines management, for example controlled drugs management policy and the repeat prescribing policy. All of the policies and procedures had been reviewed and amended in August and September 2015. Not all staff had signed the policy front sheets to demonstrate they had read and understood the documents for example; the controlled drugs prescription policy had only been signed as having been read and understood by one non-clinical member of staff.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice. We spoke with staff regarding the confidence they had to report incidents and whether they felt their opinion would be valued. We were told that they did not feel this was the case and they felt that the non-clinical staff were blamed for any incidents that arose in the practice. Staff described to us a culture in which they felt "bullied and harassed" by the GPs.

A new member of staff at the practice had begun to implement stock control procedures for medicines kept on the premises. Although this was in the early stages of implementation, the system had checks and balances in place to ensure appropriate stock control.

Leadership, openness and transparency

The partners were visible in the practice but staff told us that they were not approachable and never took the time to listen to all members of staff. Staff told us they were not involved in discussions about how to run and develop the practice. Staff also told us they felt unsupported and intimidated

We saw from minutes that team meetings were held every two weeks but we were told by staff that a GP frustrated efforts the practice staff were making to improve. Minutes were written up then a GP told a senior staff member to disregard them.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG). We spoke with one member of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

Staff told us they would not give feedback to the lead clinicians as it was always viewed negatively but they did feel they had an open channel to the practice manager and felt confident they would respond to their feedback.

Management lead through learning and improvement

We found a culture at Oulton Medical Centre which stifled innovation and continuous learning. The lead clinicians

Are services well-led?

Inadequate

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

had adopted a paternalistic management style which dismissed the ideas and concerns of their staff team. When we inspected in September in response to concern raised by NHS England, we found that, in spite of intensive support over a 6 month period, the practice was still failing to learn effectively from complaints and significant events. We issued a warning notice in relation to this and when we returned to inspect in October we saw that a new process had been initiated by the practice manager, but it was too early to see whether the new system had been successfully adopted and embedded.

The practice had received intensive support since April 2015 and throughout the special measures period from several NHS organisations. Despite this, CQC found serious concerns which put patients at risk of harm when we inspected in October 2015.