

# Brookdale Surgery

## Inspection report


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

## Ratings

### Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Inadequate 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

# Overall summary

**This practice is rated as inadequate overall.** (Previous inspection November 2017 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Brookdale Surgery on 3 May 2018. The practice had been previously placed in special measures on 11 April 2017 and re inspected on the 2 November 2017.

At this inspection we found:

We identified continuing breaches of regulation from the previous inspections with no actions taken to provide safe and effective clinical care to patients, and significant concerns remained: For example:

- There were insufficient day to day clinical structures in place. This left both patients and staff at risk. We identified eight occasions where patients had no access to a GP, leaving staff unsupervised and patients without access to any services.
- There was insufficient nurse cover to manage long term conditions of patients safely and effectively. For example, long term condition reviews and assessments of the care needs for patients were not being carried out systematically or collaboratively.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided. There was a lack of understanding of what a care plan was by the lead GP and to meet patient's individual needs or reflect their individual preferences.
- The safeguarding lead was unaware of the children at risk within the practice, with the adult safeguarding policy not reflecting current guidelines.
- The practice had recently invited another practice to help govern activity within practice. However this arrangement had been in place for six weeks with more

intense support taking place just two weeks prior to the inspection. The lead GP was not aware of the changes being implemented by the management team within the practice.

- The monitoring of care and treatment was not taking place. We found no process to review and check referrals, with one patient at serious risk of harm due to a referral not being sent.
- There was no process to summarise patient's notes taking place, placing both patients and staff at risk, we identified serious conditions not being documented in the patient's electronic records.
- We identified 600 letters had been sent to patients, the week prior to the inspection, inviting them to attend the practice for an NHS health check. There had been no forward planning or clinical staff to support the potential uptake from patients and ensure there was sufficient capacity to deal with the response.
- We identified 246 letters had been sent to patients the week prior to the inspection, inviting them to attend the practice for a medication review, the week prior to the inspection. There had been no forward planning or clinical staff to support the potential uptake from patients and ensure there was sufficient capacity to deal with the response.

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.
- Ensure patients are protected from abuse and improper treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

This inspection follows previous inspections to this location where the quality of service was also found to be inadequate. The provider has not made improvements required which placed patients at risk. The Care Quality Commission has taken action to prevent the provider from operating at this location and cancelled their registration. The provider is no longer providing care or treatment at Brookdale Surgery.

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

## Population group ratings

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

## Our inspection team

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

## Background to Brookdale Surgery

Brookdale Surgery is the registered provider and provides primary care services to its registered list of 2,577 patients.

The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; maternity and midwifery services and treatment of disease, disorder and injury.

Regulated activities are delivered to the patient population from the following address:

202 Droylsden Road

Newton Heath

Manchester

M40 1NZ

The practice has a website that contains information about what they do to support their patient population and the in house and online services offered:

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services.

# Are services safe?

When we inspected the practice on 2 November 2017, there were multiple issues affecting the delivery of safe services to patients. At that time we rated the practice as inadequate. There was insufficient day to day management to oversee the new governance system to keep staff and patients safe. We found the process for repeat prescribing and the safe handling of medicines was not monitored effectively, with reception staff issuing acute medicines at the request of the GP. The sample of vulnerable patients we reviewed did not have system alerts in place, with adults listed within the child protection register. Staff were not informed how to report and act on significant events. We found at this latest re-inspection that improvements had not been made.

## **We again rated the practice as inadequate for providing safe services.**

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

- We identified eight occasions where no clinics had taken place between February 2018 and April 2018, leaving staff unsupervised and patients without access to a GP or clinics. We found that there was insufficient day to day clinical and management structure to keep staff and patients safe. We found the process for repeat prescribing and the safe handling of medicines was not monitored effectively. We identified adults were included within the child protection register and the adults safeguarding policy did not reflect national guidance.

## **Safety systems and processes**

The practice was in a very early stage of embedding new systems and processes to keep patients safe and safeguarded from abuse. However the lead GP was unaware of these changes.

- The lead GP was the practice's safeguarding lead and staff members were clear who the practice lead was.
- The safeguarding lead was not able to inform the inspection team how many children were at risk in the practice. When the inspection team reviewed the practice child protection register, we identified three adults aged between 23 and 42 years who were included in the list. This had not been corrected since the last inspection in November 2017.

- The practice had within the last six weeks carried out recruitment checks on locum staff, including checks of professional registration of GPs.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had recently been painted and the chairs in the waiting area replaced. The meeting room had been decluttered.
- The lead GP told us they were the infection control(IC) lead. However other staff informed us that this was not correct and the locum nurse had taken lead on IC two weeks prior to the inspection. There was an infection control protocol in place and staff had received up to date training.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## **Risks to patients**

There were limited procedures for assessing, monitoring and managing risks to patient and staff safety.

- The lead GP was not aware of any processes or procedures for assessing, monitoring and managing risks to patient and staff safety. When the inspection team asked what clinical support the practice had put in place, since the November 2017 inspection to support patients with long term conditions, the lead GP stated nothing had been done.
- There were no arrangements for planning and monitoring the number and skill mix of staff needed. For example, there was no clear support or processes in place to support staff or to ensure patients with a long term condition were safely managed and monitored.
- Clinical staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

# Are services safe?

- The locum nurses employed were not effectively managed or monitored within the practice. We identified on one occasion a locum nurse was left unsupervised running a clinic, with no other clinicians on the premises.

## Information to deliver safe care and treatment

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

- We identified that no referral quality assurance checks or reviews were taking place. We identified three patients at serious risk of harm, due to the practice not sending the referrals.
- Individual care records were not always managed in a way that kept patients safe. The care records the inspection team reviewed showed that information needed to deliver safe care and treatment was not always up to date. For example, the lead GP did not understand the principle of care planning for patients. We were told after explaining the process they had completed one care plan, on the afternoon during the inspection.
- There were no formal failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and no system to follow up women who were referred as a result of abnormal results.
- The practice had implemented a system to check or monitor that care and treatment was meeting “The National Institute for Health and Care Excellence” (NICE) guidelines. This had been introduced six weeks prior to the inspection by the administration team. The lead GP was not aware of the process.

## Appropriate and safe use of medicines

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

- Patients’ health needs were not monitored fully to ensure medicines were being used safely and followed up on appropriately. We were told the practice had arrangements in place to monitor high risk medicines. However, we reviewed 13 patients taking a medicine that required regular monitoring to check kidney function, but blood tests were not taking place. We

identified one patient to be taking a very large dose of this medication without receiving any monitoring or review, which could result in serious side effects and complications if not monitored closely.

- The practice had a pharmacist attend the practice twice before the inspection. We were told they had sent 246 letters the week prior to the inspection. This was to invite patients in for a medication review. The lead GP was not aware of this and there had been no forward planning on how the practice would be able to support the potential uptake from patients.
- Overdue medication review dates on repeat prescriptions were not being identified or actioned when patients requested medications. Appropriate action was not always being taken to invite patients in for a review or to limit prescribing where the review date had expired. We identified multiple patients requesting repeat prescriptions too frequently and past the review dates without this being identified or addressed by the practice.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment were solely managed by reception staff. The new system had been in place two weeks. We were told a nurse who worked one full day a week was responsible but they had only been in post two weeks and currently not in practice due to sickness.
- We were told the new health care assistant (HCA), who had been in post two weeks, were not administering any injections to patients. However, the HCA told the inspection team, they were administering injections to patients. This was without having Patient Specific Directions (PSD) in place, which authorises the healthcare assistant to administer vaccinations without a clinician being present.

## Track record on safety

The practice had a good track record on some aspects of safety.

- We found fire safety arrangements had been implemented. For example, there was a fire warden nominated within the practice, with a record of fire drills completed in the last six months.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

## Are services safe?

of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Lessons learned and improvements made

- Since the last inspection in November 2017, the practice had implemented (six weeks prior to this inspection) a second policy for acting on significant events and incidents.
- We found that significant events were not consistently raised or recorded. We identified eight serious incidents

during the inspection where a significant event had occurred but was had not recorded or reviewed. When we discussed these with the lead GP we were told they did not feel the need to record these incidents.

- There was a new formal process, to distribute and take action in response to patient safety alerts, incident reports or updated national guidance that had been in place for six weeks. However, the lead GP was not aware of any processes or what they involved from a clinical prospective and only the administrative side of the process was actioned.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

When we inspected the practice on 2 November 2017, there were issues affecting the delivery of effective services to patients. At that time we rated the practice as inadequate. We found there was no practice care planning and little monitoring taking place for patients. There were insufficient management staff and nurses in place to keep staff and patients safe. We found multiple issues with the random sample of patients records we reviewed. There had been a decrease in the Quality and Outcome Framework (QOF) by 23% from the previous inspection in multiple long term conditions and patient reviews. At this most recent inspection we found significant concerns remained.

## **We again rated the practice as inadequate for providing effective services overall and inadequate across all population groups.**

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

- We found the same issues identified in the November 2017 inspection, had not been resolved, reviewed or actioned. The lead GP did not understand the need for care planning. There were insufficient nurses in place to keep patients safe and no structure in place to monitor patients with long term conditions. We found serious concerns and multiple issues with the random sample of patients records reviewed. The lead GP was not aware of the QOF 2017/18 figures submitted.

## **Effective needs assessment, care and treatment**

The full information needed to plan and deliver care and treatment was not completed or updated in patient records. Documented care plans had not been developed for patients in any areas of care. This was also identified in the inspection which took place in November 2017 and April 2017. For example :

- Electronic template care plans were in place for patients only where an external organisation had provided the basic template to the practice. The lead GP was confused by what a patient care plan involved. The inspection GP had to explain the process to the lead GP.
- There was no monitoring taking place around planned referrals and unplanned hospital admissions and long term conditions such as dementia or asthma.
- No clinical reviews were taking place of patients who had been discharged from hospital or who had attended accident emergency.

- We reviewed a random number of patient's records. From those we identified multiple patients who required immediate action and review by the GP. This included three children receiving medicines for a specific condition, which required regular monitoring checks which were not taking place.

Older people:

This population group was rated inadequate because:

- The practice clinicians did not follow up on older patients discharged from hospital to ensure care plans and prescriptions were updated and reflected changes required.
- Long term condition reviews were not structured.

People with long-term conditions:

This population group was rated inadequate because:

- No nursing structure was in place to support patients with long term conditions.
- Structured annual reviews of medicines were not undertaken to check that patients' health and care needs were being met. For example, repeat medicines were issued past the annual review date.

Families, children and young people:

This population group was rated inadequate because:

- The practice had no arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The safeguarding lead was unaware of the children in the practice on a protection register or children who were at risk.

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

This population group was rated inadequate because:

- NHS Health checks were not available to this population group. However we were told 600 patients had been identified as requiring a health check and those 600 patients had been invited in for a health check the week prior to the visit.
- Patients did not have 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 not identified.

# Are services effective?

People whose circumstances make them vulnerable:

This population group was rated inadequate because:

- The practice did hold a register of patients living in vulnerable circumstances. However the lead GP did not keep the register up to date.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

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

This population group was rated inadequate because:

- We identified a missed referral to support a patient suffering with poor mental health.
- There was no system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

## Monitoring care and treatment

We asked to review the most recently submitted QOF results for 2017/2018. The lead GP was not aware of the most recent submission; the inspection team had to identify these results themselves during the inspection.

This unverified overall results were 78 % of the total number of points available, below the clinical commissioning group (CCG) average of 94% and national average of 95%. This was an increase of 10% on the previous year's results.

The most recently published QOF 2016/2017 results were 68% of the total number of points available, below the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 5% compared with a national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

For example:

- 44% of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions.

- 47% of patients The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months.
- 47% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.
- 53% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- 61% of patients The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less
- 64% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months.
- 61% of patients had received a review for their chronic obstructive pulmonary disease (COPD).
- 71% of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.
- 79% of children aged 2 who have received immunisation for measles, mumps and rubella (first dose MMR).

## Effective staffing

Most staff had the skills, knowledge and experience to deliver effective care and treatment but this knowledge was inconsistent, specifically across the clinical staff.

- There was insufficient day to day clinical and management structure in place to support staff and protect patients. However, the practice within the last six weeks had commissioned a nearby practice to support the practice in multiple areas. The outcome of this support was too early to assess.
- The locum nurse spoken to on the day of the inspection had experience of immunisation and taking samples for the cervical screening programme and had received specific training and could demonstrate how they stayed up to date.
- The lead GP had completed safeguarding training to a level three.
- All staff had completed online training modules that included: safeguarding, fire safety awareness, infection control, and basic life support.

# Are services effective?

## Coordinating care and treatment

- We saw records that showed different services and organisations, were involved in assessing, planning and delivering care and treatment. For example, meetings had taken place with the safeguarding team.
- Patients did not receive coordinated and person-centred care. The practice did not develop personal care plans.

## Helping patients to live healthier lives

The practice had an inconsistent approach to identify patients who may be in need of extra support.

- The practice had insufficient nursing staff to monitor or review the long term conditions of patients. The practice did not provide continuity of care for patients and all the nurses clinics were held by locum staff with no quality assurance in place.

- 50% of the clinical GP sessions were run by locum doctors, which had no overall clinical oversight or support from the lead GP.

## 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?

When we inspected the practice on 2 November 2017 we rated the practice as inadequate. We identified that the patient GP survey in some areas shows a decrease from the previous inspection. Three out of four patient comments on the day of inspection were negative about the practice and care received.

### **We again rated the practice as inadequate for caring.**

The practice was rated as inadequate because:

- We identified low patient satisfaction survey results and online patient feedback was poor.

### **Kindness, respect and compassion**

The lead GP did not attempt to provide patients with adequate access to a GP. We identified eight occasions where patients were left with no access to a GP or care.

Frontline staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

### **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

When we inspected the practice on 2 November 2017 there were issues affecting the delivery of responsive services to patients. At that time we rated the practice as inadequate. We found the practice complaints were not managed, responded to or actioned in an appropriate manner. Patient comments were negative toward the clinical aspect of care received. At this most recent inspection significant concerns remained, the practice is below local and national average scores in QOF and GP survey results, some seeing a decrease since the last inspection.

**We again rated the practice as inadequate for providing responsive services overall and across all population groups population groups which we rated inadequate.**

The practice was rated as inadequate for responsive because:

- Patient feedback was negative towards the clinical aspect of care received. The practice was below local and national average scores in QOF and GP survey results, some seeing a decrease since the last inspection.

## Responding to and meeting people's needs.

The practice did not deliver services to meet patients' needs. We identified times where no GP was available during opening hours of the practice.

- Home visits were not always available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were not always available for children and those patients with medical problems that require same day consultation.
- There was a website for patients; however this was out of date.
- There were accessible facilities and a hearing loop available.

Older people:

This population group was rated inadequate for responsive because:

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below local and national averages.

- Systems for discussing multi-disciplinary package of care for patients with complex or palliative care needs with other health professionals were attended by a clinician.

People with long-term conditions:

This population group was rated inadequate for responsive because:

- The practice ran on locum nursing staff who performed tasks highlighted on the system for that day.
- The new long term locum nurse had been in post two weeks, working 3.5 hours a week. They were responsible for a vast number of tasks and responsibilities. For example being responsible for significant events and complaints. On the day of the inspection we were told the nurse was unavailable for approximately six weeks. The lead GP told us there had been no plan formulated or in place to oversee the patients with long term conditions.

Families, children and young people:

This population group was rated inadequate for responsive because:

- Parents or guardians calling with concerns about a child under the age of 16 were not always offered a same day appointment when necessary.

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

This population group was rated inadequate for responsive because:

- The practice patients did not always have access to a GP.
- The practice is part of the GP Access Scheme offering extended hours and weekend appointments to patients.

People whose circumstances make them vulnerable:

This population group was rated inadequate because Staff knew how to recognise signs of abuse in vulnerable adults and children and had received training to the appropriate level.

- Patient access to a GP was not always available.
- The practice had developed a vulnerable patient's register of patients living in vulnerable circumstances including those with a learning disability. We were told this was reviewed by the clinician monthly.

# Are services responsive to people's needs?

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

This population group was rated inadequate for responsive because:

- We identified patients who had missed referrals to the mental health services, the lead GP was not aware till this was highlighted by the inspection team.

## Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs did not always have care and treatment prioritised. There had been eight occasions where care and treatment was not available to patients.

## Listening and learning from concerns and complaints

The practice within the last six weeks 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.
- We were told a review to collectively identify and source historic complaints had taken place without success, as these had not been documented.
- A new process had been implemented six weeks prior to the inspection. This was communicated to staff on handling complaints. However, verbal complaints were not recorded.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

When we inspected the practice on 2 November 2017 there were multiple issues affecting the delivery of a well led service to patients. At that time we rated the practice as inadequate. We found the lead GP did not have the correct arrangements in place to manage or oversee the clinical or day to day performance of the practice to sufficiently operate safely and effectively. There was no managerial support on a day to day basis, to support staff whilst maintaining and implementing the new governance arrangements. At this most recent inspection significant concerns remained.

## **We again rated the practice on this inspection, as inadequate for well led.**

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

- We identified major concerns with the overall running of clinical accountability in the practice. There were multiple issues and serious concerns identified that threatened the delivery of safe and effective care, which the practice had not identified or adequately managed.

## **Leadership capacity and capability**

On the day of inspection the lead GP did not have the correct arrangements to manage or oversee the clinical or day to day performance of the practice to ensure it operated safely and effectively. They told us they prioritised safe, high quality and compassionate care; however we found concerns which did not align with what we were told.

Six weeks prior to our inspection the practice had commissioned a neighbouring provider to help support the practice. Their role was to introduce non-clinical processes and implement the new clinical governance system and help with some of the clinical clinics. The new systems were at a very early stage of development and had not been fully embedded throughout the practice. The lead GP did not seem to have a proper understanding or knowledge of the new changes taking place that directly impacted the practice.

## **Vision and strategy**

The practice had developed another mission statement following the November 2017 inspection. This statement read "To provide good quality, safe and up- to- date, timely and cost effective medical care for the practice population". However, when we spoke to the lead GP they were not aware of the new mission statement or the values.

## **Culture**

The practice did not have a culture of high-quality sustainable care. The lead GP was not aware or followed their practice values. With the lead GP not responding to significant incidents or documenting them accordingly.

## **Governance arrangements**

- Since the last inspection the practice had commissioned a neighbouring provider to help support the practice in governance arrangements and structure. The lead GP was unclear what support was being provided on a day to day basis.
- The arrangements for clinical performance management did not operate effectively or safely, with clinical staff coming in from the new provider and the lead GP unaware of the work being undertaken.
- Structures, processes and systems to support good governance were not clearly set out, understood or effective, due to these being newly implemented over a six week period.
- The practice had a current advertised a role for a team leader and practice nurse. However, the lead GP did not review the job descriptions and did not know the expected salary or hours the nursing role was advertised for.

## **Managing risks, issues and performance**

There were no defined or effective processes for managing risks, issues and performance.

- There were no effective, processes in place to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had no processes to manage current and future performance. Performance of locum GPs and locum nurses could not be demonstrated through audit of their consultations, prescribing and referral decisions.
- The lead GP had no oversight of The Medicines and Healthcare products Regulatory Agency (MHRA) alerts or actions from these alerts. However the commissioned practice support was fully aware of the alerts.

## **Appropriate and accurate information**

The practice did not have appropriate and accurate information.

- Quality and operational information was not in place to effectively monitor or to improve performance.

## Are services well-led?

- The practice submitted data to external organisations as required.

### **Engagement with patients, the public, staff and external partners**

- The practice had taken measures to improve communication with patients over the last six weeks. The Patient Participation Group had met in the week prior to this inspection.

**Please refer to the Evidence Tables for further information**

**CQC have taken action in line with its enforcement policy.**