

# Orton Bushfield Medical Centre

## Inspection report

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Date of inspection visit: 27 Jul 2018

Date of publication: 24/09/2018

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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



# Overall summary

**This practice is rated as inadequate overall.** The practice was previously inspected in March 2016, where the practice was rated as Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Orton Bushfield Medical Practice on 27 July 2018 as part of our inspection programme.

At this inspection we found:

- The practice did not have clear management oversight to ensure systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not always evidence that they had shared the learning and improved their processes.
- We found that the practice had not made improvements to address the concerns identified in our two previous inspection reports. The process for recording and handling complaints was not effective, this had been raised on two previous inspection visits to the practice. In addition to this, the uptake rate of cervical screening was still below the local and national averages, this had also been raised on two previous inspection visits to the practice.
- There was a lack of oversight to ensure that the systems and processes in place to mitigate risks to patients such as fire safety and health and safety were reviewed and monitored appropriately.
- The system in place did not ensure all significant events were recorded, that learning was shared and changes made and monitored.
- We found that staff recruitment and ongoing checks were not always completed.
- The system in place for monitoring patients on high risk medicines was generally well managed however; we found one patient prescribed a high risk medicine had not been monitored appropriately.
- Patient feedback from the GP Patient Survey data 2017, feedback from patients during the inspection and

reviews of the practice on NHS Choices and Google Reviews showed the dissatisfaction of patients. The practice failed to show that they had taken actions to improve this.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points available compared with the CCG and national average of 96%.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. In the last year, out of 16 patients on end of life care, 15 patients died in their preferred place of death.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review systems and processes to encourage patients and improve the uptake of childhood immunisations.
- Review systems and processes to encourage patients to and improve the uptake of cervical and bowel cancer screening.

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

## Overall summary

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

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

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

## Population group ratings

|  |   |
|--|---|
| <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 included a GP specialist adviser and a practice manager adviser.

## Background to Orton Bushfield Medical Centre

Orton Bushfield Medical Centre is located in the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) area and is contracted to provide general medical services to approximately 5,403 registered patients.

The practice has two GP partners who hold overall financial and managerial responsibility for the practice, and a salaried GP. The practice also employs a practice manager and deputy manager, an advanced nurse practitioner, two nurses, a healthcare assistant and a number of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday apart from between 1pm and 1.30pm when the practice closes for lunch. Outside of practice opening hours out of hours care is provided by another health care provider, Herts Urgent Care, via the 111 service.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged 0 to 29 years, and a lower than average number of patients aged 70 to 85 plus years compared to the practice average across England.

# Are services safe?

**We rated the practice as requires improvement for providing safe services. At the previous inspection in March 2016, the practice was rated as good for providing safe services.**

The practice was rated as requires improvement for providing safe services because:

- We found a lack of oversight of risk assessments to ensure the patients and staff would be kept safe; for example, health and safety.
- The system in place did not ensure all significant events however minor were recorded, that learning was shared and changes made and monitored.
- We found that staff recruitment and ongoing checks were not always completed.
- The system in place for monitoring patients on high risk medicines was not always effective; we found there was insufficient oversight of one patient prescribed a high risk medicine to ensure they were kept safe.

## Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. 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.)
- The practice was able to evidence that most staff had appropriate recruitment checks completed, however, we were unable to find evidence of a DBS check for one newly appointed clinical member of staff.
- The practice, in most cases, carried out appropriate staff checks at the time of recruitment and on an ongoing basis. Records we saw showed that the practice did not have oversight that one nurse's professional registration was up to date as the date they had recorded had expired.

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was an effective system to manage infection prevention and control. We saw evidence that an infection control audit was completed one week prior to our inspection. An action plan had not been completed. We saw evidence that actions had been completed on previous audits.
- The practice did not have arrangements to ensure that facilities and equipment were safe and in good working order. NHS Property Services managed the building and were responsible for completing a fire, legionella and health and safety risk assessments. However, the practice could not provide evidence to show they had oversight of a recent risk assessment and staff were not aware of any actions required.
- Portable appliance testing had been completed in March 2017.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role, we saw evidence of an induction checklist and information packs for locum staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures, staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- Clinicians knew how to identify and manage patients with severe infections including sepsis.

## Information to deliver safe care and treatment

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

# Are services safe?

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. Referral letters that we viewed contained adequate information and were made in a timely manner.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- We saw evidence that most patients prescribed high risk medicines were appropriately monitored and clinically reviewed prior to prescribing. However, in a review of patients prescribed a high risk medicine, the practice could not immediately evidence two of the three patients had received a recent blood test. By the end of the inspection, the practice was able to provide evidence that one of the two patients had received monitoring by their secondary care consultant; but one patient remained unmonitored. The practice informed us that, following the inspection this patient had been contacted and recalled for monitoring.

## Track record on safety

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

- There were not comprehensive risk assessments available in relation to safety issues. The practice could not provide evidence to show they had oversight of recent building and safety risk assessments and staff were not aware of any actions required.

## Lessons learned and improvements made

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

- The practice provided a list of significant events, including actions that had been taken. However, we found that this was not a comprehensive list as we were informed during the inspection about significant events that were not included on the initial list provided.
- Staff understood their duty to raise concerns and report incidents and near misses, however, staff we spoke with told us they did not raise all issues. For example, staff we spoke with told us that if they felt an incident was minor or they had dealt with the situation as it occurred, these would not always be reported. The practice was unable to provide us with a clear number of events that had occurred in the previous twelve months, as the list that was provided to us was incomplete.
- The systems for reviewing and investigating when things went wrong were not always effective. We saw that some significant events were discussed during clinical meetings, however, the practice did not show evidence that learning from all significant events was shared with all staff.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

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

# Are services effective?

**We rated the practice requires improvement for providing effective services overall and for Long Term Conditions and Working Age People population groups. All other population groups were rated as good for providing effective services.**

**At the previous inspection in March 2016, the practice was rated as good for effective services.**

The practice was rated as requires improvement for providing effective services because:

- The practice performance on quality indicators was below average in the percentage of patients with hypertension, asthma and diabetes indicators.
- The practice's uptake for cervical screening below the 80% coverage target for the national screening programme. The practice were aware of this, but could not explain any specific actions they had taken to improve these percentages.
- The practice's uptake for bowel cancer screening was 49% and below the Clinical Commission Group (CCG) and national averages. The practice were aware of this, but could not explain any specific actions they had taken to improve these percentages.

## Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- All patients had a named GP, including those patients in a residential care home.
- The practice held fortnightly MDT meetings which was attended by representatives of social services, community matrons, mental health team and district nurses.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages. However, the practice was below average in the percentage of patients with hypertension, asthma and diabetes indicators. The practice were aware of this and had taken action to attempt to improve these percentages by recalling and reviewing patients.
- Most patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)

Families, children and young people:



# Are services effective?

- Childhood immunisation rates for children aged one year old with completed primary course of 5:1 vaccine were below the target percentage of 90% at 85%. The practice were aware of this, but could not explain any specific actions they had taken to improve this percentage. The other childhood immunisation rates were above the target percentage.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.
- Antenatal clinics were provided at the practice by the local midwifery team.
- Health visitors were able to offer appointments at the practice.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 67%, which was below the 80% coverage target for the national screening programme. The practice were aware of this, but could not explain any specific actions they had taken to improve these percentages.
- The practice's uptake for bowel cancer screening was 49% and below the Clinical Commission Group (CCG) and national averages of 57% and 55% respectively. The practice were aware of this, but could not explain any specific actions they had taken to improve these percentages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose

circumstances may make them vulnerable. The practice held MDT meetings with palliative care nurses to discuss patients who were receiving end of life care and to coordinate their approach.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We requested information from the practice in relation to the number of learning disability health checks completed, but this was not provided.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- A PRISM (Primary Care Mental Health Service) worker facilitated appointments at the practice.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was in line with CCG and national averages.

## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- For example, we saw evidence of a two-cycle audit in relation to urinary incontinence which showed an improvement in how patient records were updated and in prescribing in line with current guidance.



# Are services effective?

- The most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points available compared with the CCG and national average of 96%.
- The practice used information about care and treatment to make improvements.

## Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and they told us that the practice provided protected time and training to meet them. However, the practice did not maintain up to date records of skills, qualifications and training.
- There was an induction programme for new staff, however, some clinical staff had not had a formal review since starting at the practice. There was an induction programme for new staff. All staff appraisals were overdue, and the practice were not able to evidence that they had undertaken reviews to assure clinical staff were competent to undertake the roles they performed.

## Coordinating care and treatment

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

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. In the last year, out of 16 patients on end of life care, 15 patients died within their preferred place of death.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example stop smoking campaigns and tackling obesity.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. We saw evidence of a variety of leaflets and posters throughout the practice in relation to health eating and local exercise classes.

## 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.
- From the records we viewed, we saw that consent had been obtained appropriately.

## Are services effective?

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as requires improvement for caring. At the previous inspection in March 2016, the practice was rated as good for providing caring services.**

The practice was rated as requires improvement for providing caring services because:

- The practice had received several negative reviews on both NHS Choices and Google Reviews in relation to kindness, respect and compassion shown by staff.
- The practice had not responded to, investigated or taken any actions in relation the reviews despite informing us that they were aware of them.

## Kindness, respect and compassion

- Patients we spoke with advised that the majority of staff were helpful and caring towards them. However, some patients advised that not all staff were courteous and helpful.
- Most of the comment cards received had some positive feedback that reflected kind and caring staff including GPs and nurses. However, some comment cards included negative comments in relation to staff attitude and empathy.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice had received several negative reviews on both NHS Choices and Google Reviews in relation to kindness, respect and compassion shown by staff.
- The practice had not responded to, investigated or taken any actions in relation the reviews despite informing us that they were aware of them.

## Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above or in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice as inadequate for providing responsive services . At the previous inspection in March 2016, the practice was rated as good for responsive services.**

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

- Patient feedback from the GP Patient Survey data 2017, feedback from patients during the inspection and reviews of the practice on NHS Choices and Google Reviews showed the dissatisfaction of patients. We could not find evidence to show the practice had taken actions to improve this, despite informing us that they were aware of the feedback and reviews.
- Patients were not able to plan their appointments as the practice did not offer pre-bookable appointments; patients we spoke with told us this made it more difficult to get a convenient appointment.
- The process for recording and handling and learning from complaints and feedback was not effective. Of the three complaints that we reviewed, we were unable to find evidence that the practice had sent a final response to the complainants. Staff that we spoke with told us not all complaints were recorded.
- Concerns had been raised on two previous inspection visits to the practice in relation to the handling of complaints and the uptake of cervical screening and the practice had failed to improve on these concerns.

## Responding to and meeting people's needs

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. However, patients were not able to plan their appointments as the practice did not offer pre-bookable appointments.
- The practice had received several negative reviews on both NHS Choices and Google Reviews. The practice had not responded to, investigated or taken any actions in relation to the reviews.
- The facilities and premises were appropriate for the services delivered.
- NHS physiotherapy, health visitors, counselling, podiatry and speech and language therapy services were operated from the same building.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. 15 out of 16 patients on end of life care died within their documented preferred place of death in the last year.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients from this population group that we spoke with told us that they often found it difficult to access the practice and make appointments.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. However, published data showed that outcomes for patients with some long term conditions were below local and national averages.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Six weekly postnatal checks were completed for new mothers.

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

- The needs of this population group had been identified but the practice had failed to adjust the services it offered to ensure these were accessible, flexible and offered continuity of care.

# Are services responsive to people's needs?

- The practice's uptake on national cancer screening programs was below local and national averages. This was highlighted in our two previous inspection reports but the practice could not advise us of any actions being taken to improve this uptake.

People whose circumstances make them vulnerable:

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

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

- The practice did not offer any routine pre-bookable appointments, which would impact on patients experiencing poor mental health to be able to plan their appointments and treatment.
- Staff that we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend were proactively followed up.

## Timely access to care and treatment

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

- We were advised by both staff and patients that clinics were often cancelled at short notice. For example, two days prior to our inspection a nurse's clinic was cancelled on the day due to the practice incorrectly scheduling a clinic with no nurses available.
- Feedback indicated there were long waiting times for appointments and frequent delays and cancellations which were not managed appropriately.
- Data from the GP patient survey July 2017 showed the practice achieved lower percentages than both CCG and England averages for all indicators in relation to accessing the practice.
- Most of the comment cards received included negative feedback relating to accessing the practice by telephone or making appointments. Negative comments on 21 cards reflected delays in getting appointments or getting through on the telephone.

- Most of the patients that we spoke with advised they had difficulties in accessing the practice by telephone or making appointments.
- The practice had received several negative reviews on both NHS Choices and Google Reviews were in relation to accessing the practice by telephone or making appointments.
- Patients with the most urgent needs had their care and treatment prioritised.

The practice were aware of this feedback, however, did not evidence that specific actions had been taken to improve patient experiences. The practice advised us that a new telephony system was being considered, with a consultation visit by the telephone provider planned shortly following our inspection.

## Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.
- The practice had recorded three complaints received in the previous 12 months. However, we were advised by staff that there had been a number of other complaints which were not recorded on the log that we were provided with.
- Of the three complaints that we reviewed; two of the complaints had acknowledgment letters sent to the patient but the practice were unable to evidence a final response had been sent. One of the complaints had a letter sent to the complainant (a patient's relative) advising they did not have the patient's consent to discuss the case. There was no evidence to say they wrote to the patient to request their consent or that any follow up actions were taken.
- Concerns had been raised on two previous inspection visits to the practice in relation to the handling of complaints and distribution of learning. We were provided with no evidence that the practice had acted upon these concerns.

**Please refer to the evidence tables for further information.**

# Are services well-led?

**We rated the practice as inadequate for providing a well-led service. At the previous inspection in March 2016, the practice was rated as good for providing a well-led service.**

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

- We found that the practice had not made improvements to address the concerns identified in our two previous inspection reports.
- During this inspection we identified new concerns.
- We found the governance systems and the oversight of the management did not ensure that services were safe and that the quality of those services was effectively managed.

## Leadership capacity and capability

- The leaders had failed to ensure that the improvements required and identified in our previous inspections had been implemented, monitored and sustained.
- Leaders were aware of issues and priorities relating to the quality and future of services, however the improvements required to address concerns were not always identified, planned or implemented effectively.
- Staff told us that the leaders were visible and approachable and worked with them and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice vision and strategy was unclear and we staff that we spoke with were not aware of and did not understand the vision, values and strategy and their role in achieving them.

## Culture

- Some staff we spoke with stated they felt respected, supported and valued. However, some staff we spoke with told us that they did not feel supported by the leadership team.
- There were not processes in place for providing all staff with the development they need. All staff were overdue

an annual appraisal and we could not find evidence that a clinical member of staff had received any formal supervision since commencing work at the practice over 18 months prior to the inspection.

## Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

- The governance structure, systems, and processes were inadequate and did not ensure that patients and staff would be kept safe from harm.
- The management team informed us that whole practice meetings took place on a regular basis. Staff that we spoke with informed us that they rarely had whole practice meetings and could not recall the last meeting date.
- We requested to view the minutes from practice meetings. We were only provided with the minutes of three clinical meetings; one from July 2018, one from March 2018 and one from November 2017; we were not provided evidence of meetings with non-clinical staff or whole practice staff meetings.
- The GP patient survey data published July 2017 showed that patients consistently rated the practice lower than local or national averages. Although the practice was aware they were not able to evidence any specific actions that had been taken to improve patients' experiences.
- We did not see clear evidence that the system to ensure all complaints and significant events were actioned and monitored effectively ensuring learning was shared and changes made.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety.

## Managing risks, issues and performance

- The practice property is owned and maintained by NHS property services. However, the practice failed to have oversight of a fire risk assessment, management of Legionella disease or health and safety risk assessment.
- Practice leaders did not have full oversight of incidents and complaints to ensure that they were well managed, learning shared and improvements made.

## Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents and staff we spoke with displayed an awareness of these plans.

### Appropriate and accurate information

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

- We spoke with one member of the Patient Participation Group (PPG) who was complimentary in relation to the work undertaken with the practice. They told us that the practice were always willing to listen to feedback from the PPG and implement their ideas.

- The practice had failed to act upon a variety of patient feedback, including both NHS Choices and Google Reviews. We saw evidence that despite a large number of negative reviews that the practice were aware of, the practice had not responded to or put actions in place to remedy the concerns.

### Continuous improvement and innovation

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

- There was a lack of evidence to show that learning was identified from complaints, feedback and incidents and that learning was shared with the whole practice team and used to make improvements.
- No staff had received their appraisal and the practice did not evidence that regular reviews were undertaken to ensure that clinical staff were competent to undertake the work they were employed to perform.

**Please refer to the evidence tables for further information.**



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

#### Regulated activity

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

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### How the regulation was not being met:

- We could not evidence that appropriate recruitment checks were completed at the start of employment and ongoing checks (such as clinical registration) were not always completed where appropriate.

## Enforcement actions

### Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of oversight to ensure systems or processes that to enable the registered person to assess, monitor, and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• We found the practice system did not ensure that all patients who were taking a high-risk medicine were appropriately monitored.</li><li>• There were no systems in place to ensure the practice had oversight of risk assessments relating to the health and safety of the premises to ensure patients and staff were kept safe from harm.</li><li>• The practice failed to evidence they had oversight of staff training to ensure all staff were appropriately trained for the role they undertook.</li><li>• The practice did not evidence that they held regular meetings and the minutes of meetings did not contain sufficient detail to ensure that all actions and learning identified were recorded, completed and monitored.</li><li>• Not all staff had received their annual appraisal and the practice did not evidence there was an effective system in place for the monitoring of staff to ensure they were competent. A clinical member of staff told us that they had commenced employment over 18 months ago but had not had any formal reviews at the time of inspection.</li><li>• The National GP Patient Survey evidenced low results in relation to telephone access and availability of appointments. Negative feedback on both NHS Choices and Google reviews. Patient feedback on the</li></ul> |

This section is primarily information for the provider

## Enforcement actions

day was also negative in relation to access and availability of appointments. The practice was unable to evidence any actions taken in response to the negative feedback.

- The process for recording and handling significant events and complaints was not effective. We found that not all events and complaints were recorded and where they were, they were not always appropriately managed.