Elmdene Surgery

Inspection report

Elmdene
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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?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as inadequate. (The practice was previously inspected in June 2016 and was rated as good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

We carried out an announced responsive comprehensive inspection at Elmdene Surgery on 12 July 2018 in response to changes at the practice and concerns. For example, one partner left the practice in May 2018, two complaints have been received by CQC in quick succession regarding difficulties accessing care and treatment and there has been insufficient management infrastructure for approximately two years.

Elmdene Surgery has experienced significant growth with the registered patient list size growing by 50% in a two year period, from 6000 patients in 2016 to 9100 patients in 2018. The practice has failed to adequately respond to this challenge. There has been insufficient management infrastructure and insufficient leadership capacity and capability. There are significant concerns regarding the two dispensaries at the branch surgeries of this practice, which both lack leadership oversight and governance and do not operate safely.

A warning notice regarding the breach of the Health and Social Care Act 2008, Regulation 17, Good Governance, was served on the practice.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not consistently learn from them or improve their processes.
- Lack of skilled and qualified management staff increased the risks to people who use services.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The practice did not have reliable systems for appropriate and safe handling of medicines, including in the two dispensaries.
- The practice did not have a comprehensive programme of quality improvement activity and did not consistently review the effectiveness and appropriateness of the care provided.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients reported that the appointment system was easy to use, but that there were sometimes difficulties in accessing the practice by telephone.
- Leaders did not have the capacity to deliver high-quality, sustainable care.
- The provider was receptive to the findings of the inspection and the lead GP partner was immediately responsive, sending documents to show steps towards mitigation of risk and improvement.

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

- Ensure that there are effective systems and processes established to ensure good governance.
- Ensure that there is sufficiently qualified and experienced management at the practice.

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

- Review their recruitment policy so that it is in line with regulation.
- Review the lone working procedure for all staff to help mitigate risk.
- Review and improve the support they offer to carers.

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

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

Overall summary

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

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

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and a medicines specialist advisor.

Background to Elmdene Surgery

Elmdene Surgery is the name of the registered provider and this is a partnership between Dr Bhaskar Bora, Dr Yue Sheng Chen and Dr Saijit Shanker Shetty. Dr Yue Sheng Chen has left the practice and an application to remove her as a partner has been submitted to CQC on 28 June 2018, however, this has not yet been progressed.

Elmdene Surgery is situated at Horns Cross, 273 London Road, Greenhithe, Kent, DA9 9DB which is a residential area, and provides primary medical services to approximately 9100 patients. This has increased by 3000 from approximately 6000 registered patients at the last comprehensive inspection in June 2016.

The practice web site address is

The provider is registered to provide the regulated activities treatment of disease, disorder and injury, family planning, maternity and midwifery and diagnostic and screening procedures.

Elmdene Surgery is the registered location, however, there are two branch practices which also provide these regulated activities. These are located at The Bean Surgery, Beacon Drive, Bean, Greenhithe, Kent DA2 8BG and Bennett Way Surgery, Darenth, Kent DA2 7JT. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy at these branch surgeries' and both dispensaries were visited as part of this inspection.

The practice is based in a purpose built converted bungalow and there is minimal car parking, however this is available on the surrounding roads. The building is accessible for patients but is small, with two consulting rooms and one treatment room. All office space is contained within the reception room and the administration staff and receptionists all work from this area.

The practice patient population has more children than the national average, specifically between the ages of birth and nine years and an above average working age patient group specifically between the ages of 25 and 44. There are significantly less older people than the national average (from 55 – 85+ years). It is in an area where the population are less deprived, registering as seven on the index of multiple deprivation docile (IMD) where ten is the least deprived.

There are three GP partners registered at the practice two male and one female, although the female left in May 2018. Two salaried GPs, both female have been recruited and are due to start at the practice on 1 August 2018.There is one long-term locum GP who is male. There are three female members of the nursing team; two practice nurses and one health care assistant/phlebotomist. GP's and nurses are supported by a team of reception/administration staff.

Out of hours services are provided by Integrated Care 24.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

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

- The practice had some 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. Staff who acted as chaperones were trained for their role but had not all received a DBS check. The practice nurse had received a DBS check, but the administration team, who did act as chaperones, had not. The lead GP partner told us that these had been applied for. However, we did not see evidence of this on the day of the inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not always carry out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was not an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order in the surgeries. However, there was a lack of clinical oversight and governance processes at the two dispensaries at The Bean Surgery and Bennett Way Surgery.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were not 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. However, there had been no practice manager in post for two years across the three surgeries and the lead partner GP had been working ten clinical sessions a week across these sites and two others, whilst also trying to manage.
- There was an effective induction system for temporary staff tailored to their role.
- Elmdene Surgery was not equipped to deal with medical emergencies however, staff were suitably trained in emergency procedures. There was no defibrillator at The Bean Surgery or Bennet Way Surgery, which would impact on the ability to respond to medical emergencies. Several of the recommended emergency medicines were not available at Elmdene Surgery.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and administration staff had also been trained in recognising sepsis.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was 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 help enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols, however there had been a significant event regarding a cancer diagnosis delay due to the correct referral template not being used.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines, including high risk medicines.

Inadequate

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment did not minimise risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. However, this was not the case in the dispensaries.
- Patients' health was not consistently monitored in relation to the use of high risk medicines or followed up on appropriately. Patients were not consistently involved in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice did not keep patients safe.

Track record on safety

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

- There were no comprehensive risk assessments in relation to safety issues.
- The practice were not able to provide evidence that they had an embedded system to monitor and review activity. They were not able to demonstrate that they were aware of risks and did not have a clear, accurate and current picture of safety so could not show safety improvements.

Lessons learned and improvements made

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

- Staff did not consistently understand their duty to raise concerns and report incidents and near misses. Staff told us that they kept their own records, or that they raised concerns but did not expect an outcome.
- There were inadequate systems for reviewing and investigating when things went wrong. The practice did not consistently learn from significant events, share lessons, identify themes or take action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts, however, dispensing staff told us that they did not receive any alerts.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

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

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 clinical pathways and protocols.

- Patients' immediate and ongoing needs were assessed, however, not all patients had received appropriate medicine reviews.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated inadequate for effective:

- 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.
- 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.
- The practice did not have systems and processes to improve the quality of care for this population group.

People with long-term conditions:

This population group was rated inadequate for effective:

- Patients with long-term conditions did not consistently have 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 and this was on a patient basis rather than a formal system of meetings.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were referred for ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions was in line with or below local and national averages. There was a significant negative variation regarding the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less (01/04/2016 to 31/03/2017), with the practice average being 60% compared to 78% as a local average and 80% as a national average. The exception rate for the practice was however lower than both local and national averages, being 8% compared to 15% as a local average and 13% as a national average.

Inadequate

Are services effective?

- There were also negative variations identified in relation to the quality indicators for other areas of diabetes. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) was 61% at the practice compared to 76% as a local average and 80% as a national average. However, the practice exception reporting was lower than the local and national average being 5% compared to 15% and 12% respectively.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) was marked as a negative variation with the practice average being 63% compared to the national average of 76% and the national average of 78%. Exception reporting was lower at the practice being 6% compared to 125 as a local average and 9% as a national average.
- The practice did not have systems and processes to improve the quality of care for this population group.

We found that coding was not consistently well-managed at the practice. For example, a patient who was pre-diabetic had been coded as having diabetes, which would impact on quality targets being met. Patients who were reviewed for depression were re-coded in the practice system as newly diagnosed which impacted on the quality targets. We looked at four care records of patients diagnosed with cancer and found that the care provided was of a good quality, but that there was no formal cancer care code used by the practice.

Families, children and young people:

This population group was rated inadequate for effective:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice did not have systems and processes to improve the quality of care for this population group.

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

This population group was rated inadequate for effective:

- The practice's uptake for cervical screening was 76%, which was comparable to the 80% coverage target for the national screening programme.
- The practice did not have systems and processes to improve the quality of care for this population group.

The practice's uptake for breast and bowel cancer screening was below the national average. For example,

- Females, 50-70, screened for breast cancer in the last 36 months was 63% at the practice compared to 71% as a local average and 70% as a national average.
- Persons, 60-69, screened for bowel cancer in the last 30 months was 55% at the practice compared to 53% as a local average and 55% as a national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective:

- End of life care was delivered on a patient by patient process which took into account the needs of those whose circumstances may make them vulnerable.
- The practice did not hold multi-disciplinary meetings.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice did not have systems and processes to improve the quality of care for this population group.

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

This population group was rated inadequate for effective:

- The practice had a negative variation in relation to mental health indicators. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 70% at the practice, compared to 88% as a local average and 91% as a national average. Exception reporting for the practice was however lower at 2% than the local 12% and national average being 10%.
- 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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 87% compared to a local and national average of 84%. The practice exception rate was lower at 4% than the local average of 6% and the national average of 7%.
- The practice offered annual health checks to patients with a learning disability.
- The practice did not have systems and processes to improve the quality of care for this population group.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not consistently review the effectiveness and appropriateness of the care provided.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 458 of the maximum number of points available which was 559, and was lower than the clinical commissioning group (CCG) average of 527 points and national average of 539 points.

The overall exception rate was 5% which was comparable to the CCG average of 7% and the national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles, however, the practice's ability to translate this into good quality care was compromised by a lack of infrastructure, leadership and senior management support.

Inadequate

Are services effective?

- 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 provided staff with ongoing support. There was an induction programme for new staff. This included appraisals, clinical supervision and revalidation.
- There was a system for supporting and managing staff when their performance was identified as being poor or variable.
- Dispensary staff were appropriately qualified, however the practice were not able to demonstrate that their competence was assessed regularly and they could not demonstrate how they were kept up to date. There was no evidence of supervision of dispensary staff other than an annual appraisal.

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 that 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 way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and patients at risk of developing a long-term condition.
- 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.

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.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

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, translation services were available.
- Staff helped patients and their carers find further information and access community services. They helped them ask questions about their care and treatment.
- The practice did not proactively identify carers and there was limited information available for them. For example, the practice was not able to provide a carers pack, they did not have a dedicated carers champion and there no literature regarding support organisations available in the waiting area.
- The practices GP patient survey results were 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.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice as requires improvement for providing responsive services. The population groups are rated according to our findings.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 85% which was higher than the local average of 73% and the national average of 80%.
- The practice provided dispensary services for people who needed additional support with their medicines, for example a delivery service and weekly or monthly blister packs.

Older people:

This population group was rated good for responsive:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated requires improvement for responsive:

- Patients with a long-term condition did not consistently receive an annual review to check their health and medicines needs were being appropriately met.
- Consultation times were flexible to meet each patient's specific needs.
- The practice did not hold regular meetings with a multi-disciplinary team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated requires improvement for responsive:

- We found there were 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 or who did not attend a hospital appointment.
- Children who did not attend appointments were not systematically followed up.
- There was not a register of looked after or vulnerable children.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Requires improvement

Are services responsive to people's needs?

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

This population group was rated good for responsive:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

People whose circumstances make them vulnerable:

This population group was rated good for responsive:

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

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

This population group was rated good for responsive:

- Staff had an understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice provides advanced care planning for patients with a diagnosis of dementia.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use, but that there sometimes difficulties in accessing the practice by telephone.
- The practices GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and acted as a result to improve the quality of care.
- The practice used a texting service to remind patients of their appointment and to obtain feedback. They used the feedback to make improvements to the service provided. After a meeting on 21 May 2018 to review the feedback, the practice introduced new measure such as extending the pre-bookable appointment system from two weeks to four weeks; putting some emergency appointments at the beginning of each morning surgery so that patients who went to the practice to book their appointment did not need to go home again.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

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

Elmdene Surgery had experienced significant growth with the registered patient list size growing by 50% in a two year period, from 6000 patients in 2016 to 9100 patients in 2018. The practice failed to adequately respond to this challenge. There was insufficient management infrastructure and insufficient leadership capacity and capability. There were significant concerns regarding the two dispensaries, which both lacked leadership oversight and governance and did not operate safely.

Leadership capacity and capability

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

- The GP partners were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, but did not respond sufficiently to the challenges they experienced to be able to effectively address them.
- The lead GP partner was working across a number of different practices while also managing Elmdene Surgery. The second partner was also working across a number of practices. Although we found the GPs were approachable, we also found that there was limited time for availability to work closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice did not demonstrate effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. For example, they had been without skilled, experienced management for a two-year period, and although they had promoted some administrative staff to the role of practice supervisor, they has not sufficiently trained and supported this to be a management position.

Vision and strategy

The practice had a vision and strategy to deliver good quality, sustainable care, however, this was not fully embedded.

- There was a clear vision and the practice had a strategy and supporting business plans to achieve priorities. These were focused on the stabilisation of the clinical work force with the appointment of two salaried GPs due to start working at the practice on 1 August 2018; the continued improvement of patient access to care and treatment and the development along with the clinical commissioning group and two other practices, of a larger building for Elmdene Surgery.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice did not have a formal system to monitor progress against delivery of the strategy.

Culture

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

- We found that staff did not consistently feel respected, supported and valued.
- The practice focused on the needs of patients, but was under resourced and therefore not consistently able to meet the patient care and treatment needs.
- The two dispensaries at the practice branch surgeries lacked governance and oversight and did not operate safely.
- Openness, honesty and transparency were demonstrated when responding to those incidents and complaints that had been recorded.
- We found that staff were aware of concerns, but did not consistently know how to raise them and in some instances kept their own records. There was not a clear system to raise concerns and staff told us that they did not have confidence that these would be addressed.

Inadequate

Are services well-led?

- There were some processes for providing staff with the development they need. This included appraisal and career development conversations. Staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. However, we found that some of the dispensary staff had not updated training or any continuing professional development.
- There was not a strong emphasis on the safety and well-being of all staff. For example, some members of staff worked alone at the practice with public access, and one dispenser worked alone for an afternoon at the dispensary. Although the door was locked, we found that patients' who knocked were responded to.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective.
- The practice had an insufficient management infrastructure and leaders lacked capacity and capability to provide consistent good quality care and treatment.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. The lead GP partner was also the lead for all additional areas except infection control.
- Practice leaders had not established effective policies or procedures tailored to the practice, or activities to ensure safety

Managing risks, issues and performance

There were not clear and effective processes for managing risks, issues and performance.

- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, there was no health and safety risk assessment, fire risk assessment, comprehensive infection control audit, DBS checks had not been carried out on staff acting as chaperones and medicines were not safely managed.
- The practice did not have effective processes to manage current and future performance. For example, clinical meetings were not formally recorded and the practices' QOF score was low compared to the local and national average and we identified some incorrect coding.
- Practice leaders had some oversight of safety alerts, incidents, and complaints. However, there was not a consistent process for managing these across the three sites and not all staff who needed to had access to safety alerts.
- We found that there had been no effective clinical audit carried out at the practice in the preceding two years and there was no evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments but did not have the resources to address these.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- Quality and operational information was not consistently used to ensure and improve performance. We found that QOF data was lower than average, there were some coding issues and audits had not been conducted.
- Quality and sustainability were considered by the partners, who were invested in securing a larger practice site for their rapidly expanding registered patient list.

Inadequate

Are services well-led?

- The practice used information technology systems to monitor and help improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were 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

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice used information provided in the text message feedback to make changes to the service.
- There was not an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There were not enough resources at the practice for it to focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them. For example, on-line training systems.
- The practice made some use of internal and external reviews of incidents and complaints. Learning was not consistently shared or used to make improvements.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. There was not sufficient qualified and experienced management at the practice. The practice had an insufficient management infrastructure and leaders lacked capacity and capability to provide consistent good quality care and treatment.This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider was failing to operate effective systems and processes established to ensure compliance with the requirements of regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.A warning notice was served on the provider.This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.