Willenhall Primary Care Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willenhall Primary Care Centre on 22 September 2016. Overall the practice is rated as inadequate. (The practice is located in the same premises as another GP practice with a similar name.)

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

- Staff were did not have a clear understanding about reporting incidents, near misses and concerns and there was limited evidence of learning and communication with staff.
- Patients were at risk of harm because systems and processes were not sufficiently in place to keep them safe. These included recruitment procedures for locum doctors and the practice's ability to respond to all medical emergencies.
- Staff assessed needs and delivered care in line with current evidence based guidance. There was some limited evidence of clinical audit which showed improved patient outcomes.
- Not all staff had the skills, knowledge and experience to deliver effective care and treatment. Induction training had not been completed for all staff employed, ongoing training requirements for staff were not being met and appraisals were overdue for completion.
- Patient feedback on CQC comment cards was positive about interactions with staff and patients said they were treated with compassion and dignity.
- Results from the National GP Patient Survey showed that patients were able to access the practice easily by phone and were able to see or speak to their preferred GP. Results also identified areas where care could be improved.
- The practice did not have a patient participation group (PPG) and had not obtained feedback from its patients to identify where improvements could be made in services delivered.
- The practice did not have a clear leadership structure, there was insufficient leadership capacity and there were limited formal governance arrangements.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there are structured processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment processes include all necessary checks for locum staff working within the practice.
- Risk assess emergency medicines required within the practice and ensure all equipment held is fit for use in the event of an emergency.
- Ensure that all policies and processes used to govern activity are implemented and up to date. To include business continuity plans, infection control, incident reporting, complaints policy.
- Implement national guidance regarding the follow up of childrens' missed hospital appointments and document recording of actions taken.
- Maintain records of all practice meetings including clinical, multidisciplinary, practice and significant events discussions to evidence the ongoing care and treatment of patients and improvement of service.
- Ensure all the learning and development needs of all staff are identified through a system of comprehensive induction, annual appraisals and meetings which are recorded and monitored. Ensure all staff are up to date with attending the provider's mandatory training courses to include basic life support training, safeguarding training for non clinical staff, information governance and infection control.
- Ensure all staff are offered and provided with vaccinations relevant to their roles, including the hepatitis B vaccination, and that a register is maintained to reflect staff immunisation status.
- Implement processes for how the practice gathers feedback to ensure that patients and staff are involved with how the practice is run.
- Ensure their systems for identifying and responding to complaints are effective.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Review its arrangements to ensure compliance with contractual agreements. Patients must be able to speak with a GP when necessary between the core business hours of 8am to 9am.

The provider should have regard to:

- Review the system for managing alerts and notifications, including the recording of actions taken, to ensure patients are kept safe.
- Review the arrangements for storing medicines; to ensure vaccine fridges are calibrated monthly or to consider the use of a secondary thermometer.
- Review the frequency of their quality monitoring activity such as clinical audit to improve patient outcomes.
- Ensure that prescription pads are monitored by recording the sequential numbers on items held from point of delivery to point of dispatch to prescribing staff.
- Review its processes to ensure that carers are proactively identified and appropriate support offered.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as 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 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 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.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was an ineffective system for reporting and recording significant events and not all staff had received training. A low number of incidents had been reported and recorded within the previous twelve months. One incident we reviewed showed that the practice had undertaken an investigation. There was limited evidence to show that lessons were shared amongst all practice staff or that a safety culture was embedded within the practice.
- Documentation we reviewed did not indicate whether patients were provided with support, information and an apology although we were told that patients always received a verbal apology when things did go wrong.
- Patients were at risk of harm because some of the systems and processes were not sufficiently embedded to keep them safe. These included aspects of safeguarding, recruitment processes for locum doctors used, the management of business continuity planning and the practice's ability to deal with some medical emergencies. We checked defibrillator equipment held; the battery was stored separately and defibrillator pads had expired in 2002.
- Clinical staff were trained to an appropriate level in safeguarding and provided reports when necessary to external organisations involved in child protection.There was insufficient attention to all aspects of child safeguarding, which presented a risk that not all incidents of concern may be appropriately managed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable with the national average. The practice had achieved 99% of available QOF points in 2015/16 compared with the CCG and national averages of 94%. The practice's overall exception rate reporting was 5.7% which was below the CCG average of 8.5% and national average of 9.8%.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance although there was not a structured or documented process for dissemination and discussion of guidance.
- There was some limited evidence that clinical audit demonstrated quality improvement. We were provided with a co-prescribing medicines audit completed two years ago which was undertaken to ensure patients were not prescribed with particular interacting medicines. The audit showed improved patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Not all staff had the skills, knowledge and experience to deliver effective care and treatment. Induction training had not been completed for all staff employed, ongoing training requirements for staff were not being identified and appraisals were overdue for completion. Whilst nursing staff maintained their own professional development, the practice had not provided them with support to do this in working hours.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice lower than others for aspects of care, with some exceptions. For example, 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%. However, data also showed that 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- Data showed positive results regarding reception staff. For example, 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- The practice had not reviewed feedback received from the survey and had not identified any areas which could be strengthened, to ensure a caring service was always being provided.
- CQC comment cards completed showed that the majority of these patients were happy with the service they received and were treated with compassion, dignity and respect.

Summary of findings

- We saw reception staff treated patients with kindness and respect and patient and information confidentiality was maintained.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice reviewed some of the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. We also found an exception where patient needs were not met.
- Extended hours appointments were available in the evenings and during weekends for patients at three other practices in Coventry. These pre-bookable appointments were available with a nurse or GP.
- The practice did not have a website. This meant that patients were unable to book appointments, order repeat prescriptions online or access information about services and clinics provided.
- Patient feedback obtained showed that most patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. This was reflected in data from the National GP Patient Survey. For example: 73% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.
- Data also showed that 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%. The practice had not reviewed data from survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. We reviewed two complaints received in the past 12 months. We were not provided with evidence to show that learning from any complaints received had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.

Summary of findings

- There was no clear leadership structure. The previous practice manager had left the practice in April 2016 and their post had not been recruited to. As a result, some staff were unsure who to approach if they had particular issues. Staff did not feel valued or supported by management.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review or could not be located on the day of our inspection. For example, we were unable to review policies on incident reporting and infection control. A number of staff we spoke with had not been informed where policies were stored.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings which were not documented.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). We were informed that efforts had recently been made to form a PPG.
- Staff records we reviewed showed they had not received regular performance reviews and as a result, they did not have clear objectives. Our discussions with staff supported these findings.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population. Care plans were implemented for those who were at risk of hospital admission and those close to the end of their life.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We spoke with two care homes staff where practice patients were living. We received mixed feedback. Positive feedback included that practice GPs had supported care homes staff in the management of particular patients with complex needs, and were responsive in attending the home when required. Other feedback said responsiveness in GPs attending the practice could be improved and prescriptions were not always brought with them. This meant there could be delays in obtaining medicines for patients.
- National data showed the practice was performing above the local CCG and national averages for its achievement within stroke and transient ischaemic attack (TIA) related indicators. Data showed that 98% of patients with a history of stroke or TIA had received a blood pressure reading within the previous 12 months. The CCG average was 87% and national average was 88%.

People with long term conditions

Inadequate

The practice is rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- Performance for eleven diabetes related indicators was 98% which was higher than the CCG average of 90% and national average of 90%.
- 97% of patients diagnosed with asthma, on the register, had an asthma review in the last twelve months. This was above the CCG average of 77% and national average of 75%. The practice exception reporting was 0.4% which was lower than the CCG average of 3.8% and national average of 7.9%.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- Safeguarding systems required strengthening to ensure that vulnerable children were identified to all staff. For example, at the time of our inspection, there was no process in place to identify children who had missed hospital appointments.
- The practice told us they had been unable to hold formal meetings with attached health visiting staff, but recent recruitment within the health visiting team meant that more regular liaison meetings would be held in the near future.
- Immunisation rates for all standard childhood immunisations ranged from 88% to 100%. This was similar to CCG averages which ranged from 82% to 98%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- The age profile of patients at the practice included those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Whilst telephone consultations were offered to those who requested these,
- The practice offered screening that reflects the needs for this age group. Data showed that

Summary of findings

- Health promotion advice was offered, and we found a range of information in one of the clinic rooms. There was more limited health promotion material available in the practice waiting area.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 66 patients on the learning disability register and 53 had received an annual health check.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, those patients with drug or alcohol problems were referred to the Recovery Partnership, a service which provided advice, support and treatment for adults living within the practice area.
- The practice had identified 44 carers in total. This represented 1.3% of the practice list. Carers were offered an annual flu vaccination, a carers pack and provided with contact information for support organisations.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all the patients including this population group.

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 81% and national average of 84%. The practice had not exception reported any patients. The CCG average was 6.3% and national average was 6.8%.
- Data showed that 98% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 85% and above the national average of 89%. The practice had not exception reported any patients. The CCG average was 10.4% and national average was 12.7%.

Summary of findings

- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, the practice referred patients who would benefit to a counselling service available on site. (Improving Access to Psychological Therapies, IAPT).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was mixed in comparison with local and national averages. A total of 325 survey forms were distributed and 113 were returned. This represented a 35% completion rate.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, 23 of which were positive about the standard of care received. Comments included that doctors were excellent and staff were caring, helpful and polite. We reviewed 2 comment cards which referred to the difficulty in obtaining an appointment.

The practice provided us with their Friends and Family test data from July and August 2016. This showed that 30 responses had been received. Of those 30 responses, all were either extremely likely or likely to recommend the practice. Positive comments included that patients were happy with the service provided, appointments were generally accessible and staff were kind and helpful.

Areas for improvement

Action the service MUST take to improve

- Ensure there are structured processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment processes include all necessary checks for locum staff working within the practice.
- Risk assess emergency medicines required within the practice and ensure all equipment held is fit for use in the event of an emergency.
- Ensure that all policies and processes used to govern activity are implemented and up to date. To include business continuity plans, infection control, incident reporting, complaints policy.
- Implement national guidance regarding the follow up of childrens' missed hospital appointments and document recording of actions taken.
- Maintain records of all practice meetings including clinical, multidisciplinary, practice and significant events discussions to evidence the ongoing care and treatment of patients and improvement of service.
- Ensure all the learning and development needs of all staff are identified through a system of comprehensive induction, annual appraisals and meetings which are recorded and monitored. Ensure all staff are up to date with attending the provider's mandatory training courses to include basic life support training, safeguarding training for non clinical staff, information governance and infection control.
- Ensure all staff are offered and provided with vaccinations relevant to their roles, including the hepatitis B vaccination, and that a register is maintained to reflect staff immunisation status.
- Implement processes for how the practice gathers feedback to ensure that patients and staff are involved with how the practice is run.

Summary of findings

- Ensure their systems for identifying and responding to complaints are effective.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Review its arrangements to ensure compliance with contractual agreements. Patients must be able to speak with a GP when necessary between the core business hours of 8am to 9am.

Action the service SHOULD take to improve

- Review the system for managing alerts and notifications, including the recording of actions taken, to ensure patients are kept safe.
- Review the arrangements for storing medicines; to ensure vaccine fridges are calibrated monthly or to consider the use of a secondary thermometer.
- Review the frequency of their quality monitoring activity such as clinical audit to improve patient outcomes.
- Ensure that prescription pads are monitored by recording the sequential numbers on items held from point of delivery to point of dispatch to prescribing staff.
- Review its processes to ensure that carers are proactively identified and appropriate support offered.

Willenhall Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Willenhall Primary Care Centre

Willenhall Primary Care Centre is located in Willenhall, a suburb in the south-east of Coventry City in the West Midlands. The premises is shared with another GP practice with a very similar name.

There is direct access to the practice by public transport from surrounding areas. There are some limited parking facilities on site as well as public on street parking.

The practice currently has a list size of 3333 patients. The practice also has a branch surgery at 183 Green Lane, Finham, which is located 4 miles from the main site. We did not visit the branch site during our inspection.

The practice holds a Personal Medical Services (PMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides additional GP services commissioned by NHS Coventry and Rugby Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with higher levels of deprivation. The practice has a higher than national average number of children and working aged adults in their 40s and 50s. It also has a higher than national average number of patients of retirement age.

A lower number of patients registered at the practice are unemployed (3.7%) compared with the local CCG (6.7%) and national averages (5.4%).

The practice is currently managed by two GPs (male and female). They are supported by two female practice nurses. There is currently no practice manager in post since the previous manager left in April 2016. A member of administrative staff has been assisting the GP partners in the day to day operation of the practice. The partners did not have existing plans to formally recruit to the vacant practice manager role. The practice also employs a team of reception, clerical and administrative staff.

The main site and branch of the practice is open on Mondays, Tuesdays, Wednesdays and Fridays from 9am to 6.30pm and on Thursdays from 9am to 2pm. The provider did not have an arrangement in place with out of hours services between 8am and 9am for patient telephone calls to be answered. This is during core business hours. We were told that the senior GP partner answered all calls during this time. A member of staff was assigned to answer calls on a Thursday afternoon from 2pm when the practice was closed. Appointments are available at the main site on Mondays from 8.30am to 11am and 4pm to 6pm, Tuesdays from 9.30am to 11.30am and 4pm to 6pm, Wednesdays from 9am to 11am and 4pm to 6pm, Thursdays from 8.30am to 10.30am and Fridays from 9.30am to 11.30am

and 4pm to 6pm. Appointments at the branch site are available on Mondays from 9.30am to 11.30am and 4pm to 6pm, Tuesdays and Wednesdays from 11.20am to 1pm and Thursdays and Fridays from 9.30am to 11.30am.

The practice has started to offer extended hours services through the GP alliance it is affiliated with. Practice patients could therefore be seen at three other named practices each weekday evening from 6.50pm up until 9.10pm and both weekend mornings from 9am to 11.40am by pre-booking an appointment. Outside of this cover, out of hours service is provided by Coventry and Warwickshire Partnership Trust. Patients can also contact NHS 111.

As part of our inspection process we checked the service provider's registration with the Care Quality Commission under the Health and Social Care Act 2008. We found that the provider's registration did not reflect the current partnership arrangements in place. The registered partnership included a partner who had left the partnership in December 2013. We noted that a new partner had joined the partnership in January 2013 but the Care Quality Commission had not been notified of these changes. The Care Quality Commission (Registration) Regulations 2009 requires the registered person to give notice as soon as reasonably practicable; any change in the membership of the partnership.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2016. During our visit we:

- Spoke with a range of staff including attached staff (GPs, CCG pharmacist, reception and administrative staff). Nursing staff were unavailable on the day of our inspection. We spoke with these staff after our inspection took place.
- Reviewed an sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an ineffective system in place for reporting and recording significant events and staff training of incident reporting was inconsistent.

- Staff told us they would inform one of the GP partners of incidents and there was a recording form available on the practice's computer system. We found that staff who were more recently employed (within the last two years) had not received training on incident reporting and were not aware of the incident form available. The incident recording form we reviewed supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We were provided with the details of one significant event reported within the past 12 months, and were advised that a second incident was in the process of being recorded and investigated.
- The record we were provided with did not indicate whether the patient was informed of the incident, received support, information or an apology. The practice GPs told us that patients always received a verbal apology. The limited documentation we reviewed showed that when something had gone wrong with care and treatment, action was taken to improve processes to prevent the same thing happening again.
- The practice had carried out an analysis of the significant event with learning points identified. However, information was not shared with all appropriate staff. A member of reception staff we spoke with had no knowledge of the incident which had occurred.

The significant event reported involved a patient sample provided in an unsuitable container, which had been passed to practice reception staff for onward transfer and analysis. As a result of practice error, the sample was forwarded. Learning points identified included the training of staff about correct containers to be used for patient samples. The incident report stated that the matter was discussed in a practice meeting held but we were provided with no written evidence of this.

We reviewed a sample of patient safety alerts issued to see if the practice had taken appropriate action in response. These alerts included Medicines and Healthcare products Regulatory Agency (MHRA) notifications. The sample we selected showed that these alerts had been reviewed and action taken by the practice. However, the practice did not maintain a register of alerts received and their subsequent action taken in relation to them. This presented a risk that some alerts may become inadvertently overlooked, not re-checked at a later time and patient safety compromised.

The practice did not maintain documented records of staff meetings held where any incidents or patient safety alerts were discussed. There was limited evidence that lessons were shared and team wide learning took place. We were informed by the senior GP partner that meetings took place on a monthly basis but our discussions with staff did not support this. Staff recalled the last practice meeting held was in March 2016.

Overview of safety systems and processes

The practice had most systems, processes and practices in place to keep patients safe and safeguarded from abuse, although we noted exceptions:

- Most arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We were informed that changes in health visiting staff had impacted on the practice's ability to hold regular meetings. The GPs provided reports where necessary for other agencies. We found that the practice had not adopted national guidance, regarding implementing a procedure for the follow up of children who had missed hospital appointments. Clinical staff demonstrated they understood their roles and responsibilities. However, non-clinicalstaff employed within the last two years had not received any training in safeguarding. GPs were trained to child protection or safeguarding level three and nurses had received the relevant training required to undertake their roles. (Both had completed level 3)
- Notices displayed around the practice advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses had taken on responsibility as the clinical lead for infection control, but had not received support to undertake the role. The practice did not have an infection control protocol in place and our review of staff training records showed staff had not received training. This included reception staff training in handling patient samples. Staff also told us that training had not been carried out. We were informed that annual infection control audits were undertaken, the last one in January 2016. We asked to see a copy of the latest audit which could not be found during our inspection. Documentation was later obtained. We were told that action was taken to address improvements identified as a result of the audit. For example, laminated signs for handwashing had been placed on walls near to sinks.
- The practice did not hold any records to show if staff had had their health needs assessed. A register had not been compiled of staff vaccinations, including the hepatitis B vaccine . Healthcare workers are at risk from hepatitis B, a major cause of serious liver disease if they have had contact with an infected person's blood or other bodily fluids. Whilst nurses told us they had received the hepatitis B vaccine, reception and administrative staff we spoke with had not been assessed or offered any vaccinations. We asked if the practice had a policy for staff vaccinations, but were informed that if it did exist, it could not be found.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice mainly kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We noted however that the vaccine refrigerator did not have a secondary thermometer and was not calibrated on a monthly basis. Additional measures are recommended to ensure accuracy if only one fridge thermometer is held.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed samples of anonymised patient records where particular high risk medicines had been prescribed such as methotrexate, ACE inhibitors and warfarin. These showed that appropriate monitoring was in place. We reviewed an audit involving the co-prescribing of potentially interacting medicines. The audit was undertaken as a result of patient risk identified and included reference to current evidence based guidance and standards. Audit outcomes included 75% increase of patients who had been reviewed and prescribed with non-interacting medicines compared to the start of the audit exercise.The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored although a register was not maintained to show they were monitored in respect of the number of pads held, their sequential numbers and when distributed to GPs for use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDS are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had utilised locum doctors and we checked the information held on record by the practice. We did not find photographic identification or evidence of conduct in previous employment in two records we reviewed. We were informed that photographic identification had been checked at the point of recruitment.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place. The practice had up to date fire risk assessments and the agent who managed the practice premises had carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted

that testing had taken place in September 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The agent who managed the premises was responsible for these arrangements.

- There were some arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were informed that reception and administrative staffing was under resourced and this had impacted on current staff to ensure adequate cover was sufficiently in place. We were told that two new part time receptionists had now been recruited and were due to start work at the practice. The practice GPs utilised locum doctors to ensure their roles were covered when they took leave.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to all emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Records we reviewed showed that staff had last received basic life support training in November 2013 and refresher training was overdue.
- The practice had a defibrillator available on the premises, although we found that the battery was stored separately to the equipment and the pads had expired in 2002.
- Oxygen was available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not maintain a register of emergency medicines held whichshould include information regarding checks undertaken, stock held and expiry dates of products held. Whilst the practice held stocks of most emergency medicines required, we found that they did not hold benzylpenicillin (an antibiotic used as a treatment for suspected bacterial meningitis) or rectal diazepam (use as short term treatment of seizure attacks). The practice had not undertaken a risk assessment.
- The practice did not have a comprehensive business continuity plan for major incidents such as power failure or building damage. Staff we spoke with during our inspection did not know of any business continuity arrangements in place.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The practice did not have a structured or documented process in place to keep clinical staff informed of updates to current guidelines. We found however, that staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

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 99% of the total number of points available. This was above the CCG and national averages of 94%. The practice reported 5.7% overall exception reporting which was lower than the CCG average of 8.5% and national average of 9.8%. 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for overall diabetes related indicators was 98% which was above the CCG average of 90% and national average of 90%. The percentage of patients with diabetes with a record of a foot examination and risk classification was 97% which was above the CCG average of 89% and national average of 89%. Exception reporting was 2.5% which was lower than the CCG average of 6% and national average of 8%.
- The percentage of patients with hypertension having regular blood pressure tests was 93% which was above the Clinical Commissioning Group (CCG) average of 82% and above national average of 83%. Exception reporting was 0.8% which was lower than the CCG average of 2.9% and national average of 3.9%.
- 92% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was above the CCG average of 83% and the national average of 83%. Exception reporting was 7.4% which was lower than the CCGaverage of 23.2% and national average of 22% .
- 98% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 85% and above the national average of 89%. The practice had not exception reported any patients. The CCG average for exception reporting was 10.4% and national average 12.7%.

There was limited evidence of quality improvement including clinical audit.

- We asked the practice to provide us with details of any clinical audits they had undertaken. We were provided with documentation of one full cycle clinical audit completed two years ago. The practice did not provide evidence that a structured programme of audit activity was in place.
- We were provided with a variety of CCG prescribing data which included details of the practice's performance. Data showed the practice was compliant with its antibiotics prescribing.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had previously implemented an induction programme for all newly appointed staff. Topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality were included in the programme. We reviewed four staff files and spoke to five staff about the induction programme. We found that staff who had been employed for two years or more recalled attending an induction programme. However, three staff, including clinical and non clinical staff who had been employed within the last two years told us they had not received an induction. Our review of their files showed that a blank induction checklist was held on the records and these were unsigned. We noted that staff handbooks had been provided to staff. The handbooks contained general information on health and safety and confidentiality.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Nursing staff could demonstrate how they ensured they had role-specific training and updated their knowledge. For example, in reviewing those patients with long-term conditions. One of the practice nurses had updated her skills in chronic obstructive pulmonary disease (COPD) and was due to attend an update in diabetes. We were informed that the training attended had been in nursing staff's personal time.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example in training programmes attended.
- The learning needs of staff had not recently been identified through a system of appraisals, meetings and reviews of practice development needs. We found staff appraisals were overdue and noted that three members of staff had not had an appraisal since September and December 2014. Another member of staff had not had an appraisal since they started work for the practice in February 2015. We were told by staff that a group discussion had taken place in a practice meeting in March 2016 where appraisals were discussed but no arrangements had been made to hold subsequent one-to-one meetings with staff. This meant that staff did not have access to appropriate training to meet any learning needs and to cover the scope of their work. One member of staff told us they would be interested in undertaking training as a healthcare assistant but in the absence of a practice manager to approach, they had not raised this. Nursing staff we spoke with told us they could approach one of the two GP partners if they needed any clinical advice.
- A member of the administration/reception team had been tasked with undertaking additional roles and responsibilities, in the absence of a practice manager being employed. Training records showed she had been provided with some limited support to undertake additional duties through attending a course in leading and managing change. However, the member of staff did not have other specific skills and experience to enable her to her to effectively fulfil duties expected of her in a practice management role. We also noted that this member of staff had not received a job description.
- Staff who had worked in the practice for a number ofyears had received training that included: safeguarding, fire safety awareness, basic life support and information governance. We found that elements of this training required updating, such as basic life support. More recently employed staff had not received all essential training to carry out their work, and also required training to be delivered. For example, a member of the reception team had only received training in reception skills since she started work at the practice in February 2015.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly or bi-monthly basis when care plans were reviewed and updated for patients with complex needs. The practice did not maintain their own records of these meetings held, but provided us with some documented minutes produced by attached staff working with the practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. A number of information leaflets were available in one of the treatment rooms. These included help for those with diabetes and chronic obstructive pulmonary disease (COPD) those who had drug and alcohol problems and help for mothers who experienced post natal depression.

The practice's uptake for the cervical screening programme was 90%, which was above the CCG and national average of 81%. The practice contacted any patients who did not attend for their test by letter and followed this up with a telephone call. If a patient chose not to have the procedure, written confirmation was obtained. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 55% which was below the CCG average of 59%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 67% which was below the CCG average of 71%.

Childhood immunisation rates for the vaccinations given were above the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% within the practice. The CCG rates varied from 82% to 98%. Five year old vaccinations ranged from 97% to 100% within the practice. The CCG rates ranged from 93% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

We received 25 patient Care Quality Commission comment cards and 23 of these were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores in respect of receptionist staff. The practice was however, below average for its satisfaction scores on consultations with GPs and nurses with one exception. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We spoke with practice partners regarding the results of the National GP Patient Survey. The partners told us they had not reviewed the findings of the survey and were therefore unable to provide comments on the outcomes.

Care planning and involvement in decisions about care and treatment

Patient feedback we received on CQC comment cards showed that the majority of those patients felt involved in decision making about the care and treatment they received. Patients stated they felt listened to and supported by staff. We also saw that care plans were personalised.

Results from the national GP Patient Survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice partners had not identified any potential areas for improvement as they had not obtained patient views and feedback of the service provided.

The practice provided some facilities to help patients be involved in decisions about their care. These included translation services which were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information notices were available in the waiting area which told patients how to access some support groups and organisations. A number of leaflets were also available in clinical areas such as the nurses treatment room.

Requires improvement

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a total of 44 carers. (1.3% of the practice list). We were advised that carers were offered an annual flu vaccination, a carers pack and provided with support contact information.

Practice GPs told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. We were informed that advice would be given on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed some of the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. However, not all of the needs of the practice population were addressed.

- The practice offered some flexibility to those working age patients who could not attend the practice in usual surgery hours. Appointments were available until 6pm on Mondays, Tuesdays, Wednesdays and Fridays at its main site and on Mondays at its branch site.
- Telephone consultations were available to those patients who requested them or when there were no available urgent appointments available.
- Extended hours appointments were also available in the evenings and during weekends for patients at three other practices. These pre-bookable appointments were available with a nurse or GP.
- The practice did not have a website which meant that patients were unable to book appointments, order repeat prescriptions online or access information about services and clinics provided.
- There were longer appointments available for patients with a learning disability .
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Nurse led clinics were provided to assist in the management of those patients with long term conditions, such as asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- The practice referred those patients who experienced mental health problems to a counselling service available on site. (Improving Access to Psychological Therapies, IAPT).
- Other referrals were also made directly to services including the Arden Assessment Memory Service, provided for those patients who had concerns about their memory or for those with dementia.
- Those patients with drug or alcohol problems were referred to the Recovery Partnership, a service which provided advice, support and treatment for adults living within the vicinity.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The main site and branch of the practice was open on Mondays, Tuesdays, Wednesdays and Fridays from 9am to 6.30pm and on Thursdays from 9am to 2pm. The provider did not have arrangements in place with an out of hours provider for telephone calls to be answered between 8am and 9am. We were informed that the senior GP partner answered calls received during this time. On Thursday afternoons, when the practice closed at 2pm, staff were assigned to answer any calls received from this time. Appointments were available at the main site on Mondays from 8.30am to 11am and 4pm to 6pm, Tuesdays from 9.30am to 11.30am and 4pm to 6pm, Wednesdays from 9am to 11am and 4pm to 6pm, Thursdays from 8.30am to 10.30am and Fridays from 9.30am to 11.30am and 4pm to 6pm. Appointments at the branch site were available on Mondays from 9.30am to 11.30am and 4pm to 6pm, Tuesdays and Wednesdays from 11.20am to 1pm and Thursdays and Fridays from 9.30am to 11.30am.

In addition to pre-bookable appointments that could be booked up to four weeks in advance to see a GP, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared with local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 73% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice had not reviewed the feedback obtained from the survey. Feedback obtained in two of the 25 CQC comment cards made reference to the difficulty in obtaining an appointment because of waiting times.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

We were informed that a decision was made by one of the practice GPs prior to undertaking a home visit. The patient or carer requesting the visit was telephoned in advance so information could be obtained to allow the clinician to make an informed decision as to the priority of the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We noted that the system was not operating most effectively.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We noted that its procedure required updating as it included the details of the senior GP but also the previous practice managers details who no longer worked at the practice.
- In the absence of a practice manager in post, the senior GP partner was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We were provided with two complaints received in the last 12 months. One of the complaints made in May 2016 had been sent to NHS England who had passed the details to the practice for a response to be sent via NHS England. We did not find a copy of a response from the practice held on record. We approached NHS England to enquire as to whether a response had been issued by the practice. We were informed that whilst an initial response to NHS England had been made, the matter had not yet been concluded.

We looked at a second complaint received involving perceived attitude of a staff member shown towards a patient. We found this complaint was satisfactorily handled and dealt with in a timely way. Apologies were offered to the complainant. We noted however that the complainant was not advised of other organisations they could contact if they remained dissatisfied with the outcome.

We asked to see documentation to show how lessons were learnt from individual concerns and complaints raised. We were not provided with any evidence to show that trends of complaints were analysed or that any action was taken to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not demonstrate that it had a clear vision to deliver high quality care and promote good outcomes for patients.

- We were unable to identify the practice's strategic aims and objectives because the practice did not provide us with this information on request. Staff we spoke with did not know or understand the practice values or purpose.
- The practice had not developed a strategy or implemented any formal business plans at the time of our inspection.

Governance arrangements

The practice had a governance framework although particular areas were not operating effectively.

- There was a staffing structure but some staff were unclear of their own roles and responsibilities. Staff told us that in the absence of a practice manager in post, they were unsure of the correct reporting lines for management and whom to approach if they had questions or specific issues to raise.
- Whilst a number of practice policies had been previously implemented, some could not be located on the day of our inspection or they required review because they were out of date. We asked to see policies on incident reporting and infection control but these could not be located. The complaints policy we reviewed required updating as it contained the previous practice manager's contact information. The practice had not implemented a business continuity plan. This meant the practice would be unable to respond quickly in the event of an emergency such as a power failure or fault in their telephone systems. Not all staff knew where to look to locate policies.
- There was some understanding of the performance of the practice. This was reflected in QOF achievements and other positive CCG prescribing data. However, data wasn't used to target improvement activity. The practice had no systems or processes in place for the review of patient feedback such as the National GP Patient survey.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. For example, the management of high risk medicines, substantive staff recruitment procedures and there were sufficient processes in place for staff to undertake chaperone duties. However, we found systemic weaknesses in governance systems, as a number of risks to patients had not been recognised. These included significant event reporting, investment in staff training and the practice's ability to respond to an emergency.

Leadership and culture

At the time of our inspection, the practice was led by two partners. They were supported by other clinical and administrative staff.

Areas were identified where improved leadership was required to ensure an effective and consistent approach to all issues was adopted by the GP partners. For example, the partners had not adopted a structured approach to planning practice meetings, and any meetings held were informal and not documented. There were low levels of incident reporting and limited evidence of staff learning as a result.

Support training had not been provided for all staff (particularly more recently employed staff) on communicating with patients about notifiable safety incidents. Information we reviewed showed that the practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and an apology.
- The practice kept records of written correspondence.

There was lack of a clear leadership structure in place and staff required support by management.

- Staff told us the practice had not held regular team meetings. When meetings had taken place, they were ad-hoc and not generally documented.
- Whilst leadership required strengthening, staff told us they were able to approach particular colleagues or one of the GP partners if they needed to. For example, one of the practice nurses told us she could approach one of the GPs if she required any clinical advice or to discuss other issues.
- A number of staff we spoke with during our inspection did not feel respected, valued and supported,

Are services well-led?

Inadequate

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

particularly by the partners in the practice. Staff were not involved in discussions about how to run and develop the practice. They were not given opportunities to identify any improvements in the delivery of the service.

Seeking and acting on feedback from patients, the public and staff

The practice did not have a patient participation group (PPG). The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. We were informed that the practice had advertised for a PPG and had recruited some patients; although they had not met at the time of our inspection.

The practice had not sought to encourage feedback from patients, the public and staff in the delivery of the service. The practice had obtained Friends and Family test data however, the data had not directed or informed any responsive action taken by the practice.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures 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 arrangements in place to assess, monitor and improve the quality and safety of the services provided were not operating effectively enough. For example, the provider had not ensured that all incidents were identified, recorded and lessons shared amongst all staff. Staff had not received training in incident reporting. There were ineffective systems in place to ensure staff learning took place from individual concerns and complaints raised and that quality of patient care was improved as a result. The provider was unable to respond in the event of a patient emergency as it had not: ensured up to date training of staff, that equipment was fit for use or risk assessed emergency medicines to determine if these were required. The provider had not ensured there were systems or processes for obtaining feedback from stakeholders. Staff were not involved in how the service was run and there was no focus on continuous learning and improvement at all levels. There were ineffective governance, assurance and auditing processes to monitor the service. For example, policies and procedures were out of date and not all staff knew where to locate policies. Systems were not in place to ensure that national guidance was implemented. Staff immunisation requirements had not been assessed or recorded. Recruitment processes were not in place for locum staff working in the practice to confirm their identity or fitness to work. The provider held limited documentary evidence of any clinical, multidisciplinary or practice meetings.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not ensured that suitably competent and skilled persons were deployed. For example, not all staff had received appropriate support, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were expected to perform. This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.