Seymour House Surgery - Hudson

Inspection report

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

Ratings

Overall rating for this location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as Requires Improvement overall. (Previous rating December 2017 – Requires improvement)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Seymour House Surgery - Hudson on 20 November 2018 to follow up on breaches of regulations identified during the previous inspection in December 2017.

At this inspection we found:

- There was a lack for formal processes in place to manage risk, and the management team did not have sufficient oversight of the risk mitigation activities undertaken by staff members. When incidents did happen, the practice learned from them and improved their processes; however, the records of these incidents did not contain sufficient detail about the actions taken and lessons learned, and information about incidents were not always shared in a timely way with relevant staff members.
- The governance framework in place was insufficient to ensure the safe and effective running of the practice, and leaders lacked insight about the consequences of this.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

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

- Care and treatment must be provided in a safe way for service users.

- Systems or processes must be established and operated effectively.

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

- Take action to increase the number of patients with caring responsibilities identified.

- Continue to take action to increase the uptake of childhood immunisations.

- Take action to increase the uptake of cervical screening.

- Review the results of the most recent NHS GP Patient Survey and take action to address areas of low patient satisfaction.

- Take action to establish a patient participation group.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into 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 FRCGPChief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to Seymour House Surgery - Hudson

Seymour House Surgery provides primary medical services in Richmond to approximately 14,000 patients and is one of 23 practices in Richmond Clinical Commissioning Group (CCG). The practice is registered as a partnership. In addition to the main practice site, the practice also has a branch site.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 10%, which is higher than the CCG average of 9%, and for older people the practice value is 13%, which is higher than the CCG average of 11%. The age distribution of patients at the practice is broadly in line with the national average.

The main practice operates from a three storey converted premises; the branch surgery is located approximately 3 miles away and operates from a two storey purpose built premises. A small amount of car parking is available at the main practice, and there is space to park in the surrounding streets at both sites. The main practice site consists of a reception desk area and adjoining waiting area, administrative offices and six consultation rooms (one of which is a treatment room); the branch practice site consists of a reception desk area and adjoining waiting area, administrative offices and six consultation rooms (one of which is a treatment room).

The management team at the practice is made up of four GP partners and the practice manager, who is a managing partner. In total there are five male and three female GPs working across the two practice sites, providing a total of 59 GP sessions per week. The practice also employs two part time female nurses, two part time health care assistants and a phlebotomist. The clinical team are supported by a practice manager, two secretaries, two notes summarisers and 20 receptionists.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception is open between 8:30am and 6:30pm Monday to Friday and from 9am to 1pm on Saturdays (Saturday opening alternates between the two sites). Appointments are from 9am to 12 noon and from 4:30pm to 6:30pm on week days.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Requires improvement

Are services safe?

At the previous inspection in December 2017 we rated the practice Requires Improvement for providing safe services, as we found that the practice had insufficient systems in place to ensure the infection prevention and control arrangement were effective and to ensure that prescription stationery was stored securely and monitored. We also found that record keeping in respect of significant events, ongoing checks of professional registration for staff, and safety/medicines alerts lacked detail. When we returned to the practice in November 2018 we found that improvements had been made in respect of these issues; however, in some areas there still lacked the necessary governance arrangements in order to ensure safety.

The practice remains rated as requires improvement for providing safe services.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse; however, these were not always effective or clearly defined.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Most staff received up-to-date safeguarding and safety training appropriate to their role; however, we found that one GP was not trained to an appropriate level, and the practice were unsure of the level to which GPs should be trained. The practice provided evidence that this member of staff completed the necessary training immediately following the inspection. Staff knew how to identify and report concerns. Learning from safeguarding incidents were available to staff.
- There was a lack of clarity within the practice about the arrangements for chaperoning. The practice's chaperone policy stated that only clinical staff would chaperone; however, we found that a member of non-clinical staff had acted as a chaperone shortly prior to the inspection. We were told that this was due to the member of staff being asked to chaperone by a GP who was unfamiliar with the chaperone policy. All clinical staff 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice had a recruitment policy in place which set out the pre-employment checks they would carry-out to assure themselves that the employment of a prospective employee did not pose a risk (such as reference checks, occupational health checks and DBS checks). We found that the single member of non-clinical staff who had been recruited since the previous inspection had started work at the practice before references had been received; that the practice had not required a DBS check for this member of staff but had failed to conduct a risk assessment in respect of this decision, which was contrary to their recruitment policy; and that the member of staff had not undertaken an occupational health check.
- During the previous inspection in December 2017 we found that the practice had no process in place to monitor that staff had maintained their professional registration on an ongoing basis; when we returned to the practice in November 2018 we saw evidence that a process was in place and implemented to monitor this.
- During the previous inspection in December 2017 we found that the practice had not carried-out an infection prevention and control (IPC) audit, and was therefore unable to demonstrate that it had taken the necessary action to identify and mitigate infection risks. When we returned to the practice in November 2018 we found that an IPC audit had been completed; however, having identified IPC risks in relation to building's fixtures and fittings, the practice had taken action to address these issues in the long term (by successfully applying for funding for the necessary work to be done), but had failed to put plans in place to mitigate the identified risks in the interim period.
- Some checks were being undertaken to ensure that facilities and equipment were safe and in good working order; however, there was a lack of oversight in respect of these checks, as there was no formal process in place and leaders at the practice were unaware of the need for these checks. Following the inspection, the practice submitted evidence that they had subsequently introduced a formal process outlining the responsibilities for carrying-out and recording these checks.
- Arrangements for managing waste kept people safe. At the time of the inspection the practice had failed to

assess the risks in relation to the arrangements for managing clinical specimens in order to ensure that they were safe. Following the inspection, the practice considered this arrangement and undertook to install a sturdier fixed container to reduce the risk of it falling from the ledge.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures; however, the practice failed to establish processes to ensure that emergency equipment was well maintained. Following the inspection, the practice introduced a formal process outlining the responsibilities for carrying-out and recording these checks.
- We saw no evidence that the practice had the necessary processes in place to assess and monitor the impact on safety of changes to services, and there was no established culture of risk assessment and mitigation.
- The practice had a process in place to ensure that where patients required a referral to hospital for suspected cancer under the two week wait rule, these referrals were processed immediately. Staff members responsible for processing these referrals kept a personal record to ensure that the referral had been accepted by the hospital; however, the practice did not monitor to ensure that the patient attended their appointment and that the result of the referral was received. Following the inspection, the practice sent us a copy of their newly introduced policy on processing these referrals, which included establishing a centrally-accessed log to monitor that the outcomes of referrals were received.
- 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. The practice told us that they did not use locum GPs, as they were able to manage cover for absences internally.
- 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.

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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, required review; for example, we found that staff were administering flu vaccines without the correct legal paperwork being in place. The practice had also failed to put in place formal arrangements to check that they had sufficient supply of medical gases and emergency medicines and that emergency equipment was in good working order. Following the inspection, the practice provided evidence that they had addressed these issues by introducing a new form for the healthcare assistant to use when administering medicines. They also introduced a formal process for equipment to be checked and recorded.
- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There was a process in place to record the action taken in response to medicines and safety alerts; however, there was no record kept of those alerts which required no action.
- During the previous inspection in December 2017 we found that prescription stationery was not securely stored and its use was not monitored. When we returned to the practice in November 2018 we found that arrangements were in place to keep prescription stationery locked away and a log was being maintained to monitor its use.

Requires improvement

Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

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

- There were some risk assessments in place in relation to safety issues; however, these did not always include risk mitigation plans.

Lessons learned and improvements made

In some cases, the practice learned and made improvements when things went wrong; however, this was not always done in a timely way.

- Staff understood their duty to raise concerns and report incidents and near misses; however, not all non-clinical staff were aware of the process for this and there was a reliance on key members of the management team being present at the practice for the reporting process to be effective. Leaders and managers supported staff when they reported a safety incident.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, but this was not always done in a timely way and the record of significant events did not contain details of lessons learned and changes made.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

At the previous inspection in December 2017 we rated the practice, and all of the population groups, as requires improvement for providing effective services as the practice's uptake for childhood immunisations and cervical screening were below target and there was a lack of processes in place for the practice to assure themselves that care and treatment was delivered according to evidence-based guidance. When we returned to the practice in November 2018 we found that these issues were being addressed.

The practice and all of the population groups are now rated as good for providing effective services overall .

Effective needs assessment, care and treatment

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

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

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed-up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered 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 local and national averages.

Families, children and young people:

- During the previous inspection in December 2017 we found that the practice had failed to achieve the 90% uptake target for childhood immunisations for three of the four indicators. When we returned to the practice in November 2018 we found that childhood immunisation uptake rates were in line with the target percentage of 90% for one of the four indicators; for the other three indicators uptake was below the target; however, the practice's uptake rate had increased significantly compared to the previous reporting year. The practice told us that they had achieved this increase as a result of more diligently following up on patients who had not brought their children for immunisations and by using the newly introduced text message system to send patients reminders.
- The practice had arrangements for following-up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

Good

Are services effective?

- The practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme, but was in line with local and national averages.
- The practice's uptake for breast and bowel cancer screening was in line with the 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 health 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.
- The practice's uptake for cervical screening was below the 80% target rate, but was comparable with local averages.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- 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 practice offered annual health checks to patients with a learning disability.
- The practice had a high achievement rate for all Quality Outcomes Framework mental health indicators, and had a below average exception reporting rate for all six indicators. Overall their average exception reporting rate across all mental health indicators was 2.3%, compared to a local average of 8.4% and national average of 11%.

Monitoring care and treatment

During the previous inspection in December 2017 we found that the practice did not have in place a comprehensive programme of quality improvement; whilst they had completed some medicines audits, these were audits required by the Clinical Commissioning Group's pharmacy team. When we returned to the practice in November 2018 we found that they practice had completed a number of audits, including one which had been prompted by a significant event.

The practice routinely reviewed the effectiveness and appropriateness of the care provided.

- Overall, the practice's Quality Outcomes Framework achievement was high, with low exception reporting.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles; however, for non-clinical there was a lack of records to demonstrate that the appraisal process was 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 understood the learning needs of clinical staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The practice provided some evidence of formal appraisal arrangements being in place for non-clinical

staff; however, the record of these lacked detail. Records of appraisals in staff files consisted of only the staff member's self-assessment. There was no record kept of discussions held during the appraisal meeting; however, the practice manager compiled a list of actions that she would take forward. We viewed one example of a staff self-assessment form where the staff member had raised particular concerns about their working conditions and the impact that this could have on patient safety; whilst the practice manager told us that she had verbally addressed the issues with the staff member concerned, there were no records documenting this discussion, nor was there any record of ongoing monitoring of the issues raised by the staff member.

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, and liaised with, community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were not consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health; for example, through social prescribing schemes.
- 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.

Good

Are services caring?

We rated the practice as good 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 practice's 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.

- Staff communicated with people in a way that they could understand, for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified carers opportunistically and supported them.
- The practice's 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. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

At the previous inspection in December 2017 w e rated the practice, and all of the population groups, as good for providing responsive services; however, we noted some areas where the practice should make improvements in relation to their handling of complaints. We found that these issues had been addressed when we returned to the practice.

The practice, and all of the population groups remain rated as good for providing responsive services.

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 are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home 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.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- 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, Saturday appointments were available for both GP and nurse appointments.

People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with 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.
- Overall, the practice's GP patient survey results were in line with local and national averages for questions

Good

Are services responsive to people's needs?

relating to access to care and treatment; however, the proportion of patients who said that they found it easy to get through to the practice by phone was below the local and national average. Staff at the practice were unaware of the latest GP Patient Survey data; however, we discussed the results with staff during the inspection, who explained that the difficulties with phone access may be due to patients (incorrectly) having a perception that they must call as soon as the practice opens in order to be able to get an appointment.

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. During the inspection in December 2017 we noted that the practice did not always signpost patients to the Ombudsman in complaint response letters. Examples we viewed during the inspection in December 2018 included these details, which were also included in the practice's complaints leaflet.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

At the previous inspection in December 2017 we rated the practice as Inadequate for providing a well led service, as we found that the governance arrangements in place were not sufficient to ensure that a safe and effective service was consistently provided. When we returned to the practice in November 2018 we found that whilst there had been some improvement in respect of governance relating to the specific issues identified during the previous inspection, there had been little change in the practice's overall governance arrangements and in particular in their management of risk.

The practice remains rated as inadequate for providing a well-led service.

Leadership capacity and capability

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

- Leaders lacked insight in respect of the governance structures required to run a safe service. Whilst individual members of staff had an understanding of their roles and responsibilities, a lack of governance arrangements resulted in a strong reliance on the presence of key staff members at the practice. Leaders had failed to recognise this issue or to appreciate the associated risks.
- We saw no evidence that leaders consulted best practice guidance when putting in place processes. For example, leaders were unaware of the details that must be included on patient specific directions, and as a result the healthcare assistant had been administering flu immunisations without the correct legal paperwork being in place. Practice leaders were also unaware of the guidance in place in respect of the level of safeguarding training required for GPs and as a result we found that one of the GPs had not completed training to an appropriate level.
- Leaders at all levels were visible and approachable.
- Leaders held various roles within the local GP federation, and were therefore knowledgeable about issues and priorities relating to the quality and future of services locally.

Vision and strategy

The practice had an ethos aimed at delivering high quality care, which was understood and shared by all staff.

- The practice did not have a formal business plan or strategy; however, they had considered issues such the future of the partnership and succession planning, and were mindful of these issues when considering how the practice would be run in the future.
- Staff were clear about the practice's ethos of delivering a high quality and caring service to patients, and those we spoke to were able to describe how they demonstrated this ethos in the context of their role.

Culture

In some areas the practice had a culture of high-quality sustainable care; however, there lacked effective processes to ensure that concerns raised by staff and issues relating to staff performance could be formally addressed.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so; however, not all staff were clear about the process for doing this, and there was a heavy reliance on key members of staff being present at the practice in order for processes relating to the reporting of incidents to be effective.
- There were processes for providing all staff with the mandatory training they needed, but there was little evidence that the practice was committed to identifying the development needs of staff and addressing those needs. During the previous inspection in December 2017 we were told that the practice did not provide appraisals for non-clinical staff because staff had fed back that they did not find the process helpful. Following the inspection, the practice introduced an appraisal process and we saw some evidence of that this process had been carried-out for non-clinical staff; however, records of appraisals only contained the appraisee's self-assessment; there was no record of discussions held during the appraisal meeting and no employee-specific action or development plan. The practice manager did keep a personal list of actions she had committed to as a result of appraisal meetings; however, these actions did not form part of the employee's appraisal record.

Inadequate

Are services well-led?

- 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. As a result, there was a reliance on key members of the practice team being present at the practice in order for processes to be implemented. For example, non-clinical staff we spoke to were not aware of the location of significant event reporting forms. We were told that significant events were not routinely shared with non-clinical staff but that they could view significant event records via the practice's computer system; however, none of the non-clinical staff we spoke to knew the location of these records.
- Staff were clear on their roles and accountabilities in respect of safeguarding; however, in other areas there was a lack of clarity; for example, not all staff were clear about the practice's chaperone policy.
- Practice leaders had failed to establish policies, procedures and activities to ensure safety; for example, there was no formal arrangement in place to ensure that emergency equipment and medicines were regularly checked; whilst we saw evidence that the nurse had been completing these checks, the management team were not aware of this, and therefore there was no oversight of the process and no arrangements in place to ensure that these checks would continue if the nurse was absent from the practice.

Managing risks, issues and performance

In some areas there was a lack of clarity around processes for managing risks, issues and performance.

- There were some arrangements in place to identify and address risks, including risks to patient safety; however, these arrangements were insufficient to ensure the risks identified were effectively managed. For example, the practice had identified fire and infection control risks relating to the fabric of the building and its fixtures and fittings; whilst they had successfully secured funding in order to address these issues, they had failed to consider how they would mitigate the risks in the meantime.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints, but in some areas the records kept in respect of these lacked sufficient detail to enable a full audit trail.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents; however, these did not contain sufficient detail in order to allow any member of staff to be able to deal with an incident. Following the inspection the practice submitted an updated version of their policy, which contained all necessary information; they also confirmed that a copies were now stored off-site.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information relating to clinical outcomes was used to ensure and improve performance. However, leaders were unaware of the publication of the most recent NHS GP Patient Survey data, which was published in July 2018.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in place, 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

There was some evidence of the practice taking into account the views and concerns of staff and patients in shaping their service.

Inadequate

Are services well-led?

- The practice did not have an active patient participation group; they told us that they had found it difficult to recruit patients to a group, and were therefore in the process of considering whether patients would be willing to join if the group was email-based.
- The practice was able to provide examples of responding to patient feedback; for example, they had improved the external lighting at the branch practice following comments from patients about the entrance being dark in the winter.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a commitment to continuous learning and improvement in respect of clinical outcomes.
- The practice made use of internal and external reviews of incidents and complaints; however, learning was not always shared widely enough to ensure improvements were made.

Please refer to the evidence tables for further information.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance A Warning Notice was issued in respect of this Regulation, as the provider had failed to ensure that systems or processes were established and operated effectively. In particular: - They had failed to put in place processes to ensure that checks of equipment and medicines were carried-out. - They had failed to put in place arrangements to ensure that all staff were aware of the process for reporting a significant event, and that the learning and actions from significant events were shared with staff in a timely way and recorded. - They had failed to ensure that a complete record of the staff appraisal process was maintained. - They had failed to follow their own recruitment procedure in respect of pre-employment checking of new members of staff, and were therefore unable to demonstrate that they had taken action to manage the risks associated with introducing a new member of staff to the practice.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment A Warning Notice was issued in respect of this Regulation, as the provider had failed to ensure that care and treatment was provided in a safe way for service users. In particular: - They had failed to ensure that all staff were familiar with, and complied with, the chaperone policy.

This section is primarily information for the provider

Enforcement actions

- They had failed to ensure that all staff were trained in child safeguarding to an appropriate level.

- Staff had issued medicines to patients without the correct legal paperwork being in place.

- They had failed to adequately manage identified risks in respect of infection prevention and control and fire.

- They had failed to assess the risks relating to their process for specimen-handling.