Bayswater Medical Centre

Inspection report

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Date of inspection visit: 10 May 2018
Date of publication: 12/07/2018

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

Ratings

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

Overall summary

We carried out an announced comprehensive inspection at Bayswater Medical Centre on 4 June 2015. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. A second announced comprehensive inspection was undertaken on 3 February 2016 following the period of special measures. Although the practice had made improvements there were still concerns and the practice was rated as requires improvement. We carried out a third announced inspection on 27 July 2017. Although the practice had addressed the issues of our previous inspection we found new concerns and the practice remained rated as requires improvement. The full comprehensive report of the June 2015, February 2016 and July 2017 inspections can be found by selecting the 'all reports' link for Bayswater Medical Centre on our website at www.cqc.org.uk.

This inspection, on 10 May 2018, was an announced comprehensive inspection to confirm that the practice was now meeting the requirements that we had identified in our previous inspection on 27 July 2017. Upon publication of our previous report we asked the provider, under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to send us a written report of the action they would take to achieve the requirements of the Health and Social Care Act 2008, associated regulations and any other legislation we had identified they were in breach of. This was required by 20 October 2017. The provider failed to return the action plan despite reminders being sent. The provider only provided an action plan when it was requested following the announcement of this inspection.

This report covers our findings in relation to the requirements of our previous inspection and any improvements made since our last inspection.

The practice is now rated as Inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

At this inspection we found:

- The provider had failed to submit CQC statutory notification requirements within the required timescale.
- We found that the practice had not addressed all of the findings of our previous inspection and additional concerns were found.
- Risks to patients were not assessed and well managed including legionella, equipment, fire safety, and infection control.
- Clinical staff we spoke with were able to demonstrate how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- 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.
- Leaders did not consistently have the knowledge or capacity to prioritise safety and quality improvement. There was a poor track record in terms of maintaining improvement and the practice was reactive rather than proactive.
- We found there was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
- There was no evidence of regular structured or formalised clinical or practice meetings. The practice were unable to evidence how learning from significant events, patient safety alerts, clinical guidance and complaints was shared with staff.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Amend the safeguarding children policy so it is practice-specific.
- Review best practice in relation to the recognition, diagnosis and early management of sepsis and consider if the practice can appropriately assess all patients, including children, with suspected sepsis.

Overall summary

- Continue to review and monitor patient outcomes in relation to childhood immunisations and the cervical screening programme.

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

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

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

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

Population group ratings

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

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 Bayswater Medical Centre

Bayswater Medical Centre operates from 46 Craven Road, London W2 3QA. The practice has access to six consulting rooms, three are located on the ground floor and three in the basement. The basement is accessible by stairs.

The practice provides NHS primary care services to approximately 7,500 patients and operates under a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS West London Clinical Commissioning Group (CCG).

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

The practice staff comprises of a principal GP (eight sessions per week), a male and female salaried GP (totalling 11 sessions per week) and a regular male locum GP (four and a half sessions per week). The clinical team is supported by two healthcare assistants (1.7 WTE) and a locum practice nurse one day a week. There is a full-time practice manager, who is a non-clinical partner and the registered manager for its CQC registration, and five administration/reception staff.

The practice is open between 8am and 6:30pm Monday to Friday. Extended hours appointments are available on Tuesday from 6.30pm to 8pm and Saturday from 9am to 1pm. The practice offers on-line services, which include appointment booking and repeat prescriptions which can be accessed through the practice website . Patients also have access to two GP hub services offering appointments from 6pm to 9pm Monday to Friday and from 8am to 8pm on Saturday and Sunday.

The practice population is in the fourth most deprived decile in England, on a scale of one to 10 with one being the most deprived and 10 being the least deprived. People living in more deprived areas tend to have greater need for health services. Data shows that 39% of patients at the practice area were from Black and Minority Ethnic (BME) groups. The highest proportion of the practice population was in the 15 to 44 year old age category.

Inadequate

Are services safe?

At our previous inspection on 27 July 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safeguarding training, infection prevention and control, recruitment and aspects of medicine management required improvement.

At our follow up inspection on 10 May 2018 we found that the practice had addressed some of the issues identified at our previous inspection in relation to the management of high risk medicines and recruitment. However, the practice had failed to act on some of the findings of our previous inspection in relation to infection prevention and control and Patient Specific Directions (PSDs), and we found new concerns in relation to the vaccine cold chain, fire and Legionella risk assessments and calibration of medical equipment. The practice is now rated as inadequate for providing safe services.

Safety systems and processes

Although the practice had systems in place to keep people safe and safeguarded from abuse these were inadequate.

- The practice had systems in place to safeguard children and vulnerable adults from abuse. Policies were in place covering child and adult safeguarding and these were available to staff. However, we noted the clinical codes provided in the safeguarding children policy related to a clinical system not used by the practice. The practice told us after the inspection that the safeguarding children policy provided prior to the inspection was an inactive policy. A combined children and adult safeguarding policy was available and contained correct information. All staff had received up-to-date safeguarding training. However, we noted that healthcare assistants had only received training to safeguarding level one which was below the minimum training requirements of level two deemed necessary for this role to recognise child maltreatment and take effective action. This had been a finding of our previous inspection. Staff we spoke with knew how to identify and report concerns and knew who the safeguarding leads were.
- The practice took steps, including working with other agencies, to protect patients from abuse and neglect. They told us they met with the health visitors on a monthly basis but the meetings were not minuted.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice did not have an effective system to manage infection prevention and control (IPC). In particular, we found that the cleaning storage room was cluttered and colour-coded mop heads were dirty and touching, which posed a risk of cross-contamination. This had been a finding of our previous inspection and the finding of a formal IPC audit undertaken in January 2016. In addition, the practice could not provide a record to evidence decontamination of medical devices, for example the ear irrigator, and had not undertaken any Control of Substances Hazardous to Health (COSHH) risk assessments.
- We saw that on-line IPC training was made available to staff but training records showed that some staff had not undertaken annual update training as outlined in their policy. Furthermore, the clinical and non-clinical staff members nominated as IPC leads had not undertaken any enhanced training to support their role, and records showed that on-line training had last been completed in 2016.
- Prior to the inspection the practice shared an IPC audit undertaken in January 2016 by the local Commissioning Support Unit. This audit was not made available to us at our previous inspection. We found that some outcomes outlined in the action plan were still outstanding. For example, evidence of immunisation status for all clinical staff in direct patient contact in line with guidance. The IPC non-clinical lead had also undertaken an audit in April 2018 but this did not include an action plan which outlined the findings of the audit and any actions taken.
- The arrangements in place to ensure facilities and equipment were safe and in good working order were not adequate. Although the practice was able to demonstrate that calibration of medical equipment had been undertaken in June 2017, we found some equipment had not been included in the schedule, for example, two foetal Doppler monitors (a hand-held ultrasound transducer used to detect the

Are services safe?

foetal heartbeat for prenatal care) and an ophthalmoscope had not been calibrated since January 2016. The practice told us they did not maintain an inventory of medical equipment.

- The practice had engaged an external contractor to undertake fire and Legionella risk assessments in July 2017. However, we found some actions identified had not been carried out. For example, the fire risk assessment action plan included in-house fire alarm warning system checks and fire/evacuation drills to be carried out; and the Legionella risk assessment included low use water outlets to be run, water outlet temperature to be checked and routine water sampling and testing to be undertaken. The practice could not evidence that these had been carried out.

We found arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The practice had some systems in place to assess, monitor and manage risks to patient safety. However, we found some weaknesses in the processes.

- We found that the practice had not adequately assessed risks and monitored the impact on safety.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. However, there was no paediatric pulse oximeter available. Non-clinical staff we spoke with were aware of 'red flag' symptoms, for example, shortness of breath and chest pain; however, they were unable to demonstrate an understanding of 'red flag' sepsis symptoms and how to respond. The practice told us there was no sepsis protocol and no training had been given to non-clinical staff.
- The practice was equipped to deal with medical emergencies and all staff we spoke with knew the location of the emergency equipment. We saw from training records that all staff had received basic life support training.
- 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 it used locums where necessary and retained a regular locum GP as well as a practice nurse one day a week.

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. Clinical staff were able to demonstrate a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols, which included the two-week wait referral pathway.

Appropriate and safe use of medicines

Although the practice had systems in place for the safe handling of medicines we found that these processes were not consistent.

- The practice had two pharmaceutical refrigerators for the storage of patient vaccines. We found that the maximum temperature for one refrigerator had been consistently recorded at 17oC since August 2017 and the maximum temperature of a second refrigerator had been recorded at 9oC in March and April 2018 and at 14oC on numerous occasions in November 2017. Staff responsible for recording the temperatures had failed to act and report that the temperatures had fallen outside the recommended range of 2oC and 8oC. In addition, the practice had failed to undertake a quarterly audit of its fridge temperature records as stated in its own Cold Chain Policy which may have alerted it to this breach of the cold chain.
- We found that Patient Specific Directions (PSDs) did not meet requirements and therefore were not a legal authority for the administration or supply of medicines by the healthcare assistants. This had been a finding of our previous inspection in July 2017. The practice had produced a generic instruction to be applied to any patient who may be seen by a healthcare assistant on any particular day who fitted the criteria. We saw that the practice had printed off its entire influenza and pneumococcal patient registers and attached a generic PSD signed by the lead GP.
- The systems for managing and storing medical gases and emergency medicines met with requirements.

Inadequate

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had access to its antibiotic prescribing data from the CCG.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. This included the management of patients on high risk medicines. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a good track record on safety and they could not demonstrate that all the findings of our previous inspection had been actioned. In addition, the practice had failed to submit an action plan following our previous inspection.

Lessons learned and improvements made

Although there was a system in place for recording and acting on significant events and incidents the practice could not demonstrate how learning and improvements were shared with staff.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses.
- The practice had recorded eight significant events in the past 12 months and we saw that these had been investigated and outcomes recorded. However, not all clinical and non-clinical staff we spoke with were able to recall any recent incidents that had occurred or any learning outcomes.
- The practice could not evidence how learning was shared within the practice. Since our last inspection the practice manager told us that there had been no formal minuted meetings.
- There was a system in place to receive patient safety alerts but the practice could not demonstrate a formal system to act upon those which were relevant to the practice or provide evidence of action taken from recent alerts.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

At our previous inspection on 27 July 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training, staff appraisals, clinical protocols to support the role of the healthcare assistants and the management of two-week wait referrals required improvement.

At our follow up inspection on 10 May 2018, we found that the practice had addressed some of the issues identified at our previous inspection in relation to staff appraisals and the management of two-week wait referrals. However, the practice had failed to act on our findings in relation to clinical protocols to support the role of the healthcare assistants and staff training. We also found new concerns in relation to quality improvement, including clinical audit.

The practice remains rated as requires improvement for providing effective services overall and across all population groups except families, children and young people where it is rated as inadequate.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The GPs we spoke with were able to demonstrate how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. We were told that the practice kept GPs up to date with current evidence-based practice through practice meetings. However, there were no recent minuted meetings to confirm this.

- The practice had failed to ensure that clinical protocols were available for healthcare assistants which outlined the framework for the management of specific clinical situations which had been assessed as within their scope of responsibility. For example, we were told that the healthcare assistants undertook contraceptive pill check follow-ups, health checks and wound management/change of dressings but there were no protocols to support these roles including defined circumstances where patients should be referred to a GP for further assessment. This had been a finding of our previous inspection.
- 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 used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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 demonstrated they had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of

high-intensity 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 they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- QOF data showed that outcomes for patients with long-term conditions, for example diabetes, hypertension and atrial fibrillation were comparable with local and national averages. Outcomes for patients with Chronic Obstructive Pulmonary Disease (COPD) were above local and national averages.
- The practice participated in the local CCG-led Whole Systems Integrated Care (WSIC) programme dashboard for the management of its patients with diabetes.

Families, children and young people:

The practice is rated as inadequate for providing safe and well-led services, requires improvement for providing effective services overall with a rating of inadequate for families, children and young people. This population group is therefore rated as inadequate overall.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. NHS England data for the period 1 April 2016 to 31 March 2017 showed that uptake rates for children aged one with completed primary course of 5:1 vaccine was 96% which was above the target of 95%. However, the uptake rates for the vaccines given to children aged two showed a significant negative variation from the 95% target. For example, the percentage of children aged two who had received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) was 72%, the percentage of children aged two who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) was 75% and the percentage of children aged 2 who had received immunisation for measles, mumps and rubella (first dose of MMR) was 74%. This had been a finding of our previous inspection. The practice told us they were meeting the targets of childhood immunisations direct enhanced service (DES) but were unaware of the outcome data we presented. The practice told us they had recall systems in place.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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):

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice's uptake for cervical screening was 58%, which was in line with the CCG average of 56% but below the 80% coverage target for the national screening programme. The practice told us their QOF achievement for cervical screening had been 81% (CCG average 74%; England average 81%) but were unaware of the Public Health data we presented. The practice told us they had a recall system in place and sent out patient reminders.
- The practices' uptake for breast and bowel cancer screening was in line the national average.
- There were systems in place to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

Requires improvement

Are services effective?

- 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 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):

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is statistically comparable to the CCG average 87% and the national average of 84%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 89% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 92% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the CCG average 91% and the national average of 91%.
- 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.

Monitoring care and treatment

There was minimal evidence of quality improvement, including clinical audit, being carried out within the practice. The practice provided an overview of four single cycle audits (diabetes, cholesterol, rheumatoid arthritis and atrial fibrillation) undertaken in 2015 but these had not been re-audited. The lead GP told us that there had been no recent formalised clinical audits undertaken and a salaried GP told us they had not been involved in any clinical audits at the practice.

The practice told us they engaged with the local Medicines Optimisation Team to review prescribing but were unable to provide any recent audits undertaken. Data showed that antibiotic prescribing was low and other prescribing was comparable to local and national averages.

The practice told us they attended Commissioning Learning Set (CLS) meetings with local practices for the purposes of fostering collaboration and learning amongst members, sharing and benchmarking data, improving performance, spreading good practice and generating ideas for new services or improvements to existing ones.

We saw that QOF achievement for 2016/17 was 96%, which was comparable to the CCG average of 94% and the national average of 97%.

Effective staffing

Although staff had the skills, knowledge and experience to carry out their roles, we found there were gaps in training which the practice had identified as mandatory and some training, including role-specific training, had not been undertaken at a level and/or frequency outlined in its own policies. In particular, healthcare assistants had only undertaken safeguarding children level one training, a healthcare assistant who undertook ear irrigation had not had update training since 2013 which was outside its own policy of two yearly updates, and some staff had not undertaken annual fire, infection prevention and control and information governance training.

We saw that staff responsible for undertaking immunisations and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Requires improvement

Are services effective?

We saw evidence of an induction process for new staff. However, a new member of staff who was recruited in October 2017 had not completed the practice's mandatory training schedule until the week prior to our inspection which was outside its own policy for completion.

We saw that substantive clinical and non-clinical staff had received an annual appraisal.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had put a system in place to safety-net its two-week wait referrals which it had been unable to demonstrate at our previous inspection.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people.
- 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 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. Patients over the age of 55 requiring support could be referred to a Primary Care Navigator who was attached to the practice and could help signpost patients to health, social care and voluntary sector services.
- 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. The practice hosted a weekly smoking cessation adviser clinic.

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. Clinical staff had undertaken Mental Capacity Act (MCA) Training.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

At our previous inspection on 27 July 2017, we rated the practice as good for providing caring services. The practice remains rated as good for providing caring services.

Kindness, respect and compassion

We observed staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff we spoke with demonstrated they understood patients' personal, cultural, social and religious needs. We saw that staff had received equality and diversity training.
- The practice gave patients timely support and information.
- We received 34 patient Care Quality Commission comment cards, all of which were positive about the service. Patients told us that staff were kind, helpful and caring and they are treated with dignity and respect.
- The practice sought patient feedback through the NHS Friends and Family Test (FFT). Results for the period August 2017 to March 2018, based on 16 responses, showed that

88% of patients would be extremely likely to recommend the service.

- We did not speak with any patients during the inspection.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Results from the latest national GP patient survey showed patients on the whole responded positively to questions about their involvement in planning and making decisions about their care and treatment. For consultations with GPs, we found that 93% of patients who responded said they had confidence and trust in the GP they saw or spoke with (CCG average 95%; national average (96%) and 81% of patients who responded said the last time they saw or spoke with a GP, they were good or very good at explaining tests and treatments (CCG average 88%; national 86%). For consultations with nurses, we found some responses were below the local and national averages. For example, 71% of patients who responded said that the last time they saw or spoke with a nurse, the nurse was good or very good at involving them in decision about their care (CCG average 80%; national average 85%).

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. We saw that staff had received privacy and dignity training.

Please refer to the Evidence Tables for further information.

Good

Are services responsive to people's needs?

At our previous inspection on 27 July 2017, we rated the practice as good for providing responsive services. The practice remains rated as good for providing responsive services.

Responding to and meeting people's needs

- The practice told us it organised and delivered services to meet patients' needs, for example it provided extended opening hours. Staff told us they understood the needs and preferences of the local population but had not undertaken any formal analysis or needs assessment.
- The practice engaged a locum practice nurse one day per week to undertake childhood immunisations and the cervical screening programme. Data showed that patient outcomes were below target. Childhood immunisations had been below target at our previous inspection. The practice had not increased its practice nurse availability since our previous inspection.
- The facilities and premises were sufficient for the services delivered. However, the practice had not addressed some premises-related risk assessments and we found concerns around infection prevention and control and the management of medical calibration of medical equipment.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients requiring additional support and help could be referred to an in-house Primary Care Navigator who could signposted patients to health, social care and voluntary sector services.

People with long-term conditions:

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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. However, there were no minutes available for these meetings.

Families, children and young people:

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services, requires improvement for providing effective services overall with a rating of inadequate for families, children and young people. This population group is therefore rated as inadequate overall.

- 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 were offered a same day appointment when necessary.

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

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- 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, the practice offered extended opening hours on Tuesday evening until 8pm and on Saturday from 9am to 1pm, and offered telephone consultations.

People whose circumstances make them vulnerable:

Good

Are services responsive to people's needs?

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- We saw clinical staff had undertaken domestic violence awareness and learning disabilities awareness training.

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

Although we saw examples of some good care, the practice is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services, which affects all six population groups. This population group is rated as requires improvement overall.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- We saw that clinical and non-clinical staff had undertaken dementia awareness training.
- The practice offered annual health checks to patients with a learning disability.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use and they were able to get appointments when they needed them.
- Results from the latest national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example, 86% of patients who responded said they could get through easily to the practice by phone (CCG average 84%; national average 71%) and 73% of patients responded positively to the overall experience of making an appointment (CCG average 77%; national average 73%).

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff we spoke with demonstrated they would treat patients who made complaints compassionately. We saw that staff had undertaken on-line complaints training.
- The complaint policy and procedures were in line with recognised guidance.
- The practice had recorded three written complaints in the past 12 months. The practice told us they also recorded verbal complaints but none had been received in this period.
- We reviewed all the complaints and found that they were satisfactorily handled in a timely way. We saw that patients had been contacted and offered face-to-face discussions where appropriate.
- We were told that complaints were discussed in practice meetings but there had been no formal minuted meetings since our previous inspection so it was not possible to assess how learning from complaints was shared with the team.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

At our previous inspection on 27July 2017, we rated the practice as Requires Improvement for well-led services as we found that the overarching governance framework was not implemented well enough to ensure patients were kept safe and there was no written strategy or supporting business plan that detailed the short and long-term development objectives of the practice.

At our follow up inspection on 10 May 2018 we found that the practice did not have clear systems in place to assess, monitor and improve the quality and safety of the service or to mitigate the risks associated with safe care and treatment. The practice leadership did not demonstrate that they had knowledge or capacity to oversee high quality safe care. The practice had failed to address some of the concerns from our previous inspection, had failed to provide notifications and action plans to CQC in line with regulations, and new concerns were found on the day of the inspection.

The practice is now rated as Inadequate for providing well-led services.

Leadership capacity and capability

The delivery of high-quality care was not assured by the leadership, governance or culture at the practice.

- There was a lack of continuous leadership at the practice. A senior manager, responsible for the day-to-day running of the practice and oversight for its registration with CQC, had been physically absent from the practice for the majority of each working week since December 2017 until the week prior to our inspection. They told us they had attended the practice one day a week and had worked remotely for the remainder of the time. They told us they had delegated some responsibilities, however, we found there had been insufficient oversight and monitoring during this period to ensure delegated tasks and responsibilities had been carried out. The senior clinical lead was unaware that all concerns identified at our previous inspection had not been actioned.
- The practice had failed to comply with CQC regulation in relation to providing a written report of the action they would take to achieve the requirements of our previous inspection in July 2017. This was not submitted in October 2017 as required, despite regular reminders. The practice finally submitted an action plan when requested after the current inspection was announced.
- The practice had failed to notify us that a new partner had been added to their NHS England (NHSE) contract in August 2017.

Vision and strategy

The practice had a mission statement and described its vision as caring, traditional, patient-centred primary care. However, there was no clear credible strategy or forward thinking plan to deliver high quality, sustainable care in line with health and social priorities across the region. This had been a finding of our previous inspection. The practice manager provided a business plan document but this was in draft form. This had not been shared with any of the practice team. The senior clinical lead told us that no formal strategy had been written.

Culture

Although practice leaders told us there was a culture to deliver high-quality sustainable care, we found the capacity to prioritise quality improvement was limited, there was a poor track record in terms of maintaining improvement and the practice was reactive rather than proactive.

However, staff we spoke with told us:

- They felt respected, supported and valued and there were positive relationships between staff and the management team. They were happy to work at the practice.
- They were able to raise concerns and had confidence that these would be addressed. We saw from training records that staff had received duty of candour and whistleblowing training. However, we found that some staff who had undertaken this training did not understand the meaning of these terms and required prompting.
- They had received an appraisal in the last year.
- They felt that practice promoted equality and diversity and felt they were treated equally. We saw from training records that staff had received equality and diversity training.

Governance arrangements

Inadequate

Are services well-led?

There were no clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were ineffective. They were not consistently implemented or monitored and there was a lack of day-to-day oversight by the leaders to ensure effective management of safety and risk.
- There was no evidence of regular structured or formalised clinical or practice meetings to demonstrate shared learning. The practice told us that clinical meetings were informal and not minuted. We were informed that learning from significant events, patient safety alerts, clinical guidance and complaints was discussed in clinical and practice meetings, However, they could not provide evidence of this in the absence of meeting minutes.
- There was no formal system to act upon patient safety alerts. The practice could not provide evidence of action taken regarding recent patient safety alerts, for example, patient searches.
- There were gaps in staff training and some training, including role-specific training, had not been undertaken at a level and frequency outlined in its own policy.
- Although staff we spoke with told us they were clear on their roles and responsibilities we found that some delegated responsibility had not been undertaken and there was insufficient management monitoring and oversight of this.

Managing risks, issues and performance

There were no clear and effective processes for managing risks or prioritising quality improvement. We found that the practice had not acted upon some of the findings of our previous inspection and new concerns had been found. In particular:

- There was a breach of the cold chain for both of the practice's vaccine storage fridges which potentially impacted on the efficacy of the medicines stored.
- The practice had failed to address all the actions of risk assessments for fire and Legionella and an infection prevention and control audit. Arrangements in relation to IPC did not mitigate the risk of infection.
- The practice had failed to ensure all medical equipment had been calibrated in line with guidance.
- Patient Specific Directions (PSDs) did not meet requirements and therefore were not a legal authority for the administration or supply of medicines by the healthcare assistants.
- The practice had failed to ensure that clinical protocols were available for HCAs outlining the framework for the management of specific clinical situations or definition of circumstances where patients should be referred to a GP for further assessment.
- There was minimal evidence of quality improvement, including clinical audit, being carried out within the practice. We found single cycle audits undertaken in 2015 had not been re-audited.
- The practice had a business continuity plan and emergency equipment and medicines were available. Clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis. However, there was no sepsis protocol, no paediatric pulse oximeter available, non-clinical staff were unable to demonstrate an understanding of 'red flag' sepsis symptoms and how to respond and managers confirmed there had been no formal training.

Appropriate and accurate information

We found the information used in reporting, performance management and delivering quality care was not always accurate, valid, reliable, timely or relevant. Leaders and staff did not always receive information to enable them to challenge and improve performance. For example, the senior clinical leader was unaware that all concerns identified at our previous inspection had not been actioned, there was insufficient oversight of delegated responsibilities which had led to further concerns being identified, and staff responsible for making statutory CQC notifications had not done so within required timescales.

Engagement with patients, the public, staff and external partners

The practice told us it gathered feedback from patients through the NHS Friends and Family Test (FFT), NHS choices comments, comments and complaints received directly and its patient participation group (PPG), who met quarterly. We did not speak with any members on this inspection.

Inadequate

Are services well-led?

Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns they had. There had been no formal and regular meetings since our previous inspection. All staff had received an annual appraisal.

Continuous improvement and innovation

There is little innovation or service development. The clinical and non-clinical leaders could not demonstrate that improvement was a priority as the practice had failed to act on the findings of previous inspections which included a failure to comply with CQC notification regulations. There was minimal evidence of learning and reflective practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider had failed to ensure an effective cold chain for medicines stored in the vaccine fridge. • The provider had failed to ensure that all actions in relation to fire and Legionella risk assessments had been addressed. • The provider had failed to ensure that all actions in relation to an Infection Prevention and Control (IPC) audit had been addressed. • The provider had failed to ensure that arrangements in relation to IPC mitigated the risk of infection. • The provider had failed to ensure that Patient Specific Directions for the administration or supply of medicines by the healthcare assistants met legal requirements. • The provider had failed to ensure that all medical equipment had been calibrated in line with guidance. • The provider had failed to ensure that clinical protocols were available for healthcare assistants outlining the framework for the management of specific clinical situations or definition of circumstances where patients should be referred to a GP for further assessment.

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 **There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:** • There was no formal systems to act upon patient safety alerts.

This section is primarily information for the provider

Enforcement actions

- There was little evidence of quality improvement, including clinical audit being carried out within the practice.
- There were gaps in staff training and some training, including role-specific training, had not been undertaken at a level and frequency outlined in its own policy.
- There was no formal strategy and business plan written in line with health and social priorities of the area or to meet the needs of the practice population.
- There was no evidence of regular structured or formalised clinical or practice meetings to demonstrate shared learning.